

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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](http://www.irs.gov/form990).

OMB No. 1545-0047

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

## Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

25 BROADWAY

Room/suite

1700

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10004

## F Name and address of principal officer:

ERIC FINGERHUT

25 BROADWAY, STE 1700, NEW YORK, NY 10004

## D Employer identification number

13-1624240

## E Telephone number

(212) 284-6500

## G Gross receipts \$ 703,102,175.

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

## H(c) Group exemption number ▶

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

J Website: ▶ WWW.JEWISHFEDERATIONS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1935 M State of legal domicile: NY

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	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	122
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	122
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	190
	6	Total number of volunteers (estimate if necessary)	6	180
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h)	264,610,007.	679,167,610.
	9	Program service revenue (Part VIII, line 2g)	7,800,736.	18,290,178.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,909,970.	4,263,612.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,346,113.	687,732.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	278,666,826.	702,409,132.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	234,595,050.
14		Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,408,251.	23,189,487.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	NONE	1,986,850.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 732,760.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,966,382.	31,190,562.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	282,969,683.	616,253,124.
19		Revenue less expenses. Subtract line 18 from line 12	-4,302,857.	86,156,008.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	343,684,388.	504,221,551.
	21	Total liabilities (Part X, line 26)	147,530,106.	216,065,791.
	22	Net assets or fund balances. Subtract line 21 from line 20	196,154,282.	288,155,760.

## Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/14/2025		P01384178
	Firm's name ▶ BDO USA	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166	Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

**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 \$ 340,719,801. including grants of \$ 337,605,482. ) (Revenue \$ NONE )

ISRAEL EMERGENCY CRISIS: IMMEDIATELY FOLLOWING THE BRUTAL ATTACK  
BY HAMAS ON ISRAEL ON OCTOBER 7, 2024, JFNA LAUNCHED AN ISRAEL  
EMERGENCY CAMPAIGN TO SUPPORT IMMEDIATE NEEDS OF THE VICTIMS OF  
TERROR AND EVACUEES, AND PROVIDE TRAUMA SUPPORT, PSYCHOSOCIAL  
CARE, AND EMERGENCY MEDICAL EQUIPMENT. PROGRAMS HAVE ALSO BEEN  
DEVELOPED FOCUSING ON ECONOMIC RECOVERY, COMMUNITY RESILIENCE, AND  
ONGOING SUPPORT FOR IMPACTED YOUTH AND FAMILIES.

**4b** (Code: ) (Expenses \$ 190,055,294. including grants of \$ 188,318,110. ) (Revenue \$ NONE )

GRANTS TO UNITED ISRAEL APPEAL, INC.: THE AMERICAN JEWISH JOINT  
DISTRIBUTION COMMITTEE AND WORLD ORT. PROVIDING IMMIGRATION AND  
ABSORPTION SERVICES FOR JEWISH IDENTITY PROGRAMS, EDUCATIONAL AND  
VOCATIONAL TRAINING, RELIEF AND WELFARE PROGRAMS AROUND THE WORLD  
AND SOCIAL DEVELOPMENT PROGRAMS.

**4c** (Code: ) (Expenses \$ 36,555,071. including grants of \$ 17,819,577. ) (Revenue \$ 10,629,039. )

POWER OF THE COLLECTIVE: JFNA HELPS FEDERATIONS BUILD FLOURISHING  
JEWISH COMMUNITIES. IN THE FIELDS OF CAREGIVING, AGING,  
PHILANTHROPY, DISABILITY, FOREIGN POLICY, HOMELAND SECURITY AND  
HEALTH CARE, WE ARE THOUGHT LEADERS AND ADVOCATES.

**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 37,144,557. including grants of \$ 16,143,057. ) (Revenue \$ 7,661,139. )

**4e** Total program service expenses 604,474,723.

**Part IV Checklist of Required Schedules**

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

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

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

**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

X

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 190		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X	
<b>b</b> If "Yes," enter the name of the foreign country ISRAEL			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b>		
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<b>15</b>		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	<b>17</b>		
If "Yes," complete Form 6069.			

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒ X**Section A. Governing Body and Management**

	1a	122	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .		122		
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 on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .	<b>1b</b>	122		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .	<b>3</b>			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>			X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	<b>5</b>			X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>		X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>		X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? . . . . .	<b>8a</b>		X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>		X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . .	<b>9</b>			X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 LAWRENCE BROOKS 25 BROADWAY, SUITE 1700, NEW YORK, NY 10004

212-284-6957

Form 990 (2023)

**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 ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC FINGERHUT PRESIDENT & CEO	50.00 NONE			X				691,018.	NONE	59,019.
(2) SHIRA HUTT EXECUTIVE VICE PRESIDENT	50.00 NONE			X				386,778.	NONE	18,491.
(3) REBECCA CASPI DIRECTOR GENERAL ISRAEL OFFICE	50.00 NONE				X			340,108.	NONE	38,229.
(4) MICHELLE KRAVETZ CHIEF IMPACT & GROWTH OFFICER	50.00 NONE				X			327,893.	NONE	48,429.
(5) SARAH EISENMAN CHIEF JEWISH LIFE OFFICER	50.00 NONE					X		277,880.	NONE	54,714.
(6) DAVI ELLIS CHIEF INFORMATION OFFICER	50.00 NONE					X		284,074.	NONE	46,611.
(7) ELIZABETH FISHER CHIEF TALENT OFFICER	50.00 NONE					X		276,234.	NONE	50,483.
(8) AMANDA GOLDSTEIN VP, PHILANTHROPY & FRD	50.00 NONE					X		296,487.	NONE	14,526.
(9) ADAM TEITELBAUM SNR DIRECTOR PHILANTHR INITIAT	50.00 NONE					X		264,049.	NONE	32,723.
(10) EVAN HOCHBERG DEPUTY DIRECTOR, ASSOC VP IL	25.00 25.00			X				108,769.	108,769.	54,646.
(11) ELANA BROITMAN FORMER SR. VP, PA - THRU 10/23	50.00 NONE						X	218,482.	NONE	44,563.
(12) PAMELA A ZALTSMAN SENIOR ADVISOR, ISRAEL&OVERSEAS	25.00 25.00			X				123,312.	123,312.	15,452.
(13) PAMELA KURTZMAN MANAGING DIRECTOR, BOND PROG	50.00 NONE				X			177,895.	NONE	10,197.
(14) ROBERT SPODEK FORMER CFO - THRU 6/23	50.00 NONE						X	111,180.	NONE	26,686.

Form **990** (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 15 ) MARK WILF PAST CHAIR OF THE BOARD	1.00 NONE	X						NONE	NONE	NONE
( 16 ) DAVID T. BROWN VICE CHAIR OF THE BOARD	20.00 NONE	X		X				NONE	NONE	NONE
( 17 ) JULIE B. PLATT CHAIR OF THE BOARD	20.00 NONE	X		X				NONE	NONE	NONE
( 18 ) ARI ACKERMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 19 ) SUSANNA LACHS ADLER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 20 ) SANFORD ANTIGNAS TRUSTEE	1.00 10.00	X						NONE	NONE	NONE
( 21 ) STEPHEN ARONSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 22 ) ARIEL BENTATA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 23 ) GITA BERK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 24 ) DENNIS BERNARD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 25 ) DEBORAH BRANT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .								3,884,159.	232,081.	514,769.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,884,159.	232,081.	514,769.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 58

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 26 ) MATT BRONFMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 27 ) DAVID J. BUTLER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 28 ) AMY BERGER CHAFETZ TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 29 ) BRETT COHEN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 30 ) LESLIE DANNIN ROSENTHAL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 31 ) CINDY FINESTONE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 32 ) WILLIAM FREEDMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 33 ) JUDITH GALLER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 34 ) THEODORE GOLDBERG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 35 ) MICHAEL GOLDBERG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 36 ) DAVID GOLDER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 37 ) BETH GOLDSMITH TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 38 ) MERIDITH GOLDSTEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 39 ) SARA GOTTLIEB TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 40 ) JACY GRAIS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 41 ) SUZANNE B. GRANT TREASURER	20.00 NONE	X		X				NONE	NONE	NONE
( 42 ) JAMES HEEGER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 43 ) J. DAVID HELLER NAT. CAMPAIGN CHAIR	20.00 NONE	X		X				NONE	NONE	NONE
( 44 ) DANA HIRT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 45 ) ANDREW S. HOCHBERG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 46 ) ANDY HODES TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 47 ) RACHEL HOFFER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 48 ) CYNTHIA JANOWER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 49 ) BRIAN KATZ TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 50 ) JUDITH KAYE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 51 ) LINDA KERZNER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 52 ) SIMONE KNEGO TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 53 ) HEATHER KLINE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 54 ) LORI KLINGHOFFER TRUSTEE	1.00 15.00	X						NONE	NONE	NONE
( 55 ) RAENA KORENMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 56 ) SHELLY KUPFER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 57 ) DEBORAH MINKHOFF TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 58 ) MAXINE MURNICK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 59 ) MARCEY ORLEY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 60 ) CINTRA POLLACK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 61 ) ALBERT PRAW TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 62 ) DENA BORONKAY RASHES TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 63 ) JILL ROSE TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 64 ) DAVID SAGINAW TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 65 ) RICHARD V. SANDLER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 66 ) JANE SCHIFF TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 67 ) MARISSA SCHLAIFER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 68 ) JEFFREY SCHOENFELD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 69 ) ROBERT SCHOTTENSTEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 70 ) HOPE SILVERMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 71 ) JODIE SOBEL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 72 ) SUSAN SORKIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 73 ) TRACEY SPIEGELMAN TRUSTEE	1.00 1.00	X						NONE	NONE	NONE
( 74 ) LECIA SUD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 75 ) DAVID SUFRIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 76 ) DARREN SUKONICK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 77 ) PAM SZOKOL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 78 ) BETH WAIN BRANDON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 79 ) NEIL WALLACK SECRETARY	20.00 NONE	X		X				NONE	NONE	NONE
( 80 ) ANDREA WEINBERGER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 81 ) ELLEN WEINSTEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 82 ) JEFFREY WILD TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 83 ) ROBERT YASS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 84 ) GARY YOURA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 85 ) DANIEL ZELMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 86 ) JODY ELLANT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 87 ) ROBIN KAUFFMAN SARAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 88 ) MAX SCHRAYER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 89 ) JODI SCHWARTZ TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 90 ) JODIE KAUFMAN DAVIS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 91 ) ELLIE BRESSMAN DAVIS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
( 92 ) SUZANNE DOFT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 93 ) APRIL EISEN-LEAVY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 94 ) LISA ENGEL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 95 ) LADONA FISHKIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 96 ) IRIS KRAEMER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 97 ) JACK MAIZEL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 98 ) YEHUDA NEURBERGER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
( 99 ) JON PARRITZ TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(100) SUSAN SHULMAN PERTNOY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(101) JOSEPH PROBASCO TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(102) ARIELLA ROHRINGER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(103) JOEL SEGAL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(104) LILLIAN SERVIANSKY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(105) ANDRE TARRAF TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(106) HELEN ZALIK TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(107) WENDY ABRAMS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(108) SHARON JANKS TRUSTEE	1.00 3.00	X						NONE	NONE	NONE
(109) ZOE RIEKES TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(110) ANN PAVA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(111) JACOB SHAPIRO TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(112) BETH AROGETI TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(113) AMY BENEDIKT TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(114) BARRY BERG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(115) LISA BRASHEM TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(116) AMY BRESSMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(117) JILL DULITSKY TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(118) BRYAN GOLDBERG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(119) CYNTHIA GOLUB TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(120) KIM HARTMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(121) DOT HAYMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(122) BETSY HEUER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(123) DAN KINEL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(124) JAN LEVINSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(125) BETH LISS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(126) JOAN LUBAR TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(127) MICHAEL MARKMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(128) LANA MARKS PULVER TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(129) BRADLEY SHERMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(130) ROBIN STEIN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(131) PAUL WOLFF TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(132) LESLIE RICHMOND TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(133) DANIELLE BRESLOW GROSS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(134) RENA KOPELMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(135) BRETT TANZMAN TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

(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				
136) LYNNE COHEN ----- TRUSTEE - BEGAN SERVICE AUG '23	1.00 ----- NONE	X						NONE	NONE	NONE	
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<b>1b Sub-total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

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

<b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.			
SEE SCHEDULE O	<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►			

**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
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	4,496,109.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	674,671,501.			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 8,982,473.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		679,167,610.			
	<b>Program Service Revenue</b>				Business Code		
<b>2a</b>		FUNDRAISING INFRASTRUCTURE		900099	5,735,585.	5,735,585.	
<b>b</b>		POWER OF THE COLLECTIVE		900099	10,629,039.	10,629,039.	
<b>c</b>		RECRUITING AND DEVELOPING TALENT		900099	1,126,643.	1,126,643.	
<b>d</b>		WORK WITH OVERSEAS PARTNERS		900099	626,221.	626,221.	
<b>e</b>		HUMANITARIAN DISASTER RELIEF		900099	172,690.	172,690.	
<b>f</b>		All other program service revenue . . . . .					
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		18,290,178.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			3,813,027.		3,813,027.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .			NONE		
	<b>5</b>	Royalties . . . . .			NONE		
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
				127,427.			
			<b>6b</b>	Less: rental expenses		NONE	
	<b>c</b>	Rental income or (loss)	<b>6c</b>	127,427.	NONE		
	<b>d</b>	Net rental income or (loss) . . . . .			127,427.		127,427.
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				1,143,628.			
			<b>7b</b>	Less: cost or other basis and sales expenses . .		693,043.	
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	450,585.			
	<b>d</b>	Net gain or (loss) . . . . .			450,585.		450,585.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .					
			<b>8a</b>	NONE			
			<b>8b</b>	Less: direct expenses . . . . .		NONE	
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
		<b>9a</b>	NONE				
		<b>9b</b>	Less: direct expenses . . . . .		NONE		
<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
		<b>10a</b>	NONE				
		<b>10b</b>	Less: cost of goods sold . . . . .		NONE		
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE			
<b>Miscellaneous Revenue</b>				Business Code			
	<b>11a</b>	MISCELLANEOUS INCOME		900099	560,305.		560,305.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .					
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			560,305.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			702,409,132.	18,290,178.	NONE	4,951,344.

**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 . . . . .	546,568,225.	546,568,225.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE	NONE		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	13,318,000.	13,318,000.		
4 Benefits paid to or for members . . . . .	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,323,127.	1,861,941.	429,445.	31,741.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE	NONE		
7 Other salaries and wages . . . . .	17,292,338.	12,247,087.	4,544,163.	501,088.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,393,956.	1,005,080.	350,280.	38,596.
9 Other employee benefits . . . . .	2,769,985.	2,170,848.	540,791.	58,346.
10 Payroll taxes . . . . .	1,396,931.	1,085,596.	280,927.	30,408.
11 Fees for services (nonemployees):				
a Management . . . . .	NONE			
b Legal . . . . .	271,024.	220,744.	50,248.	32.
c Accounting . . . . .	201,569.	23,625.	177,944.	
d Lobbying . . . . .	227,750.	227,750.		
e Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
f Investment management fees . . . . .	556,631.		556,631.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	10,463,110.	8,726,375.	1,726,308.	10,427.
12 Advertising and promotion . . . . .	1,637,603.	1,625,282.	9,684.	2,637.
13 Office expenses . . . . .	1,346,976.	614,513.	721,663.	10,800.
14 Information technology . . . . .	114,150.		114,150.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	4,006,197.	3,380,811.	625,386.	
17 Travel . . . . .	230,628.	220,042.	3,229.	7,357.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
19 Conferences, conventions, and meetings . . . . .	8,362,484.	8,143,707.	177,449.	41,328.
20 Interest . . . . .	22,558.	22,558.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . . . .	584,093.	475,452.	108,641.	
23 Insurance . . . . .	628,702.		628,702.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MISSIONS . . . . .	2,537,087.	2,537,087.		
b . . . . .				
c . . . . .				
d . . . . .				
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	616,253,124.	604,474,723.	11,045,641.	732,760.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	60,817,953.	<b>1</b>	110,966,146.
	<b>2</b> Savings and temporary cash investments. . . . .	1,580,540.	<b>2</b>	102,616,478.
	<b>3</b> Pledges and grants receivable, net . . . . .	33,946,347.	<b>3</b>	34,869,512.
	<b>4</b> Accounts receivable, net . . . . .	158,305,386.	<b>4</b>	148,439,873.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	5,493.	<b>7</b>	5,493.
	<b>8</b> Inventories for sale or use . . . . .	NONE	<b>8</b>	NONE
	<b>9</b> Prepaid expenses and deferred charges . . . . .	776,640.	<b>9</b>	2,327,807.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 11,445,814.		
	<b>b</b> Less: accumulated depreciation. . . . .	<b>10b</b> 9,582,052.		
	<b>11</b> Investments - publicly traded securities. . . . .	2,419,999.	<b>10c</b>	1,863,762.
	<b>12</b> Investments - other securities. See Part IV, line 11. . . . .	51,481,174.	<b>11</b>	55,619,966.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	20,617,400.	<b>12</b>	23,134,399.
	<b>14</b> Intangible assets . . . . .	NONE	<b>13</b>	NONE
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	NONE	<b>14</b>	NONE
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	13,733,456.	<b>15</b>	24,378,115.	
<b>17</b> Accounts payable and accrued expenses. . . . .	343,684,388.	<b>16</b>	504,221,551.	
<b>Liabilities</b>	<b>18</b> Grants payable . . . . .	25,601,242.	<b>17</b>	34,711,351.
	<b>19</b> Deferred revenue . . . . .	NONE	<b>18</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	2,120,020.	<b>19</b>	3,900,990.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>20</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>21</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>22</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	NONE	<b>23</b>	NONE
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	NONE	<b>24</b>	NONE
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	119,808,844.	<b>25</b>	177,453,450.
	<b>27</b> Net assets without donor restrictions. . . . .	147,530,106.	<b>26</b>	216,065,791.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions. . . . .	58,050,719.	<b>27</b>	63,322,277.
	<b>28</b> Net assets with donor restrictions. . . . .	138,103,563.	<b>28</b>	224,833,483.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	196,154,282.	<b>32</b>	288,155,760.	
<b>33</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	343,684,388.	<b>33</b>	504,221,551.	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	702,409,132.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	616,253,124.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	86,156,008.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	196,154,282.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	6,340,997.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	NONE
<b>7</b>	Investment expenses . . . . .	<b>7</b>	NONE
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	NONE
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	-495,527.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	288,155,760.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☒

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
☐ Separate basis ☐ Consolidated basis ☐ 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:  
☐ Separate basis ☒ Consolidated basis ☐ 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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2023)

SCHEDULE A  
(Form 990)

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.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

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).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 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						

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

Schedule A (Form 990) 2023



**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	232,199,982.	251,520,361.	357,105,507.	264,610,007.	679,167,610.	1,784,603,467.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						NONE
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						NONE
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .	232,199,982.	251,520,361.	357,105,507.	264,610,007.	679,167,610.	1,784,603,467.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						NONE
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						1,784,603,467.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	232,199,982.	251,520,361.	357,105,507.	264,610,007.	679,167,610.	1,784,603,467.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,060,898.	1,599,606.	1,853,890.	1,784,211.	3,940,454.	11,239,059.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						NONE
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .		20,231.	430,227.	1,311,113.	560,305.	2,321,876.
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						1,798,164,402.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	29,706,254.
<b>13</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.25 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.24 %
<b>16a</b> <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VII*). 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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

  

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

  

Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 . . . . .			
<b>b</b>	From 2019 . . . . .			
<b>c</b>	From 2020 . . . . .			
<b>d</b>	From 2021 . . . . .			
<b>e</b>	From 2022 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 . . . .			
<b>b</b>	Excess from 2020 . . . .			
<b>c</b>	Excess from 2021 . . . .			
<b>d</b>	Excess from 2022 . . . .			
<b>e</b>	Excess from 2023 . . . .			

Schedule A (Form 990) 2023

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

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS INCOME		20,231.	430,227.	1,311,113.	560,305.	2,321,876.
TOTALS		20,231.	430,227.	1,311,113.	560,305.	2,321,876.

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

13-1624240

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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



Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 106,159,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 65,582,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 54,965,163.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 20,208,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 32,584,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 27,349,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$ 22,647,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 31,971,914.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 20,747,546.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 14,309,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 13,674,457.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 18,082,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

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

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

Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

**Part III** **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization	Employer identification number
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.	13-1624240

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

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2023

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

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .		67,627.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		608,643.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		676,270.													
<b>d</b> Other exempt purpose expenditures . . . . .		615,576,855.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .		616,253,125.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures	804,065.	846,390.	819,670.	608,643.	3,078,768.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	80,406.	84,639.	91,074.	67,627.	323,746.

Schedule C (Form 990) 2023

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included on line 2a . . . . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year . . . . .	
4 Number of states where property subject to conservation easement is located . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year . . . . .	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1. . . . .	\$
(ii) Assets included in Form 990, Part X. . . . .	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2023



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

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

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

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

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

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

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	54,933,000.	52,104,000.	56,919,000.	52,431,000.	29,843,000.
b Contributions . . . . .	1,669,000.	1,639,000.	251,000.	388,000.	128,000.
c Net investment earnings, gains, and losses . . . . .	3,686,000.	3,388,000.	-2,463,000.	6,500,000.	602,000.
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	1,961,000.	2,198,000.	2,603,000.	2,400,000.	602,000.
f Administrative expenses . . . . .					
g End of year balance . . . . .	58,327,000.	54,933,000.	52,104,000.	56,919,000.	29,971,000.

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

a Board designated or quasi-endowment 48.0000 %

b Permanent endowment 52.0000 %

c Term endowment \_\_\_\_\_ %

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

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

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

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 . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		6,904,409.	5,510,956.	1,393,453.
d Equipment . . . . .		3,396,502.	3,020,122.	376,380.
e Other . . . . .		1,144,903.	1,050,974.	93,929.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				1,863,762.

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO RELATED ENTITIES	147,253,529.
(3)	TRUSTS PAYABLE	1,713,827.
(4)	LEASES	347,241.
(5)	OPERATING LEASE ROU LIABILITY	28,138,853.
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).		177,453,450.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	716,660,089.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	6,340,997.
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	464,767,120.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	471,108,117.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	245,551,972.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	556,631.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	456,300,529.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	456,857,160.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	702,409,132.

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	628,059,698.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	468,663,734.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	468,663,734.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	159,395,964.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	556,631.
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	456,300,529.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	456,857,160.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	616,253,124.

**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.

SEE SUPPLEMENTAL PAGE

**Part XIII** Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE JEWISH FEDERATIONS OF NORTH AMERICA MAINTAINS ENDOWMENT FUNDS TO  
SUPPORT PROGRAMS INCLUDING THE JEWISH DATABANK, CREATE A JEWISH LEGACY,  
VARIOUS PROGRAMS ABROAD INCLUDING ISRAEL AND THE FORMER SOVIET UNION,  
SUPPORT FEDERATIONS ANNUAL CAMPAIGNS AND TO MAINTAIN THE JEWISH DATABANK.

SCHEDULE D, PART X, LINE 2:

UNDER ASC 740, INCOME TAXES, AN ORGANIZATION MUST RECOGNIZE THE TAX  
BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN  
IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON  
EXAMINATION BY A TAXING AUTHORITY. THE IMPLEMENTATION OF ASC 740 HAD NO  
IMPACT ON JFNA'S CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION DOES  
NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND,  
ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX  
BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX  
EXEMPTIONS IN THE JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO.  
ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION  
RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS  
WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2024, THERE WERE NO  
INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT  
OF ACTIVITIES.

**Part XIII** Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 2D:

REVENUE OF \$464,767,120. ATTRIBUTABLE TO UNITED ISRAEL APPEAL, INC. (A WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990.

SCHEDULE D, PART XI, LINE 4B:

JFNA/UIA ELIMINATION ENTRY.....\$456,300,529

SCHEDULE D, PART XII, LINE 2D:

EXPENSES OF \$468,663,734 ATTRIBUTABLE TO UNITED ISRAEL APPEAL, INC. (A WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990.

SCHEDULE D, PART XII, LINE 4B:

JFNA/UIA ELIMINATION ENTRY.....\$456,300,529

SCHEDULE D, PART V, COLUMN D, LINES 1A THRU 1G:

**Part XIII** Supplemental Information *(continued)*

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THE NUMBERS REPRESENTED HERE INCLUDE ENDOWMENTS BELONGING TO JFNA AND UIA (WHOLLY OWNED SUBSIDIARY) FOR WHICH JFNA IS THE CUSTODIAN. JFNA HOLDS UIA'S ENDOWMENTS AND THIS PRESENTATION IS CONSISTENT WITH FINANCIAL STATEMENT PRESENTATION.

UNTIL FY 2021, JFNA FINANCIALS ONLY DISCLOSED PERMANENTLY RESTRICTED ENDOWMENTS ON ITS NOTES TO THE FINANCIAL STATEMENTS. STARTING FY 2021, BOTH 0 THE BOARD DESIGNATED AND PERMANENTLY RESTRICTED ENDOWMENTS HAVE BEEN DISCLOSED IN THE NOTES TO THE FINANCIAL STATEMENTS, LEADING TO AN INCREASE IN THE BEGINNING BALANCE FROM FY 2021. THE PRIOR YEAR'S NUMBERS HAVE BEEN RESTATED TO CONFORM TO THE FINANCIAL STATEMENT NUMBERS.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

**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	25	PROGRAM SERVICES	SEE PART V	13,712,525.
(2) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		10,910,000.
(3) RUSSIA/INDEPENDENT STATES			GRANTMAKING		920,000.
(4) EUROPE			GRANTMAKING		1,475,000.
(5) NORTH AMERICA			GRANTMAKING		13,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> . . . . .	1	25.			27,030,525.
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>	1.	25.			27,030,525.

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

Schedule F (Form 990) 2023

**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/NORTH AFRICA	ISRAEL EMER CAMPAIGN	10,785,000.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	HAREDIM SECURITY	125,000.	WIRE			
(3)			RUSSIA/NEWLY IND. STATES	UKRAINE RELIEF	920,000.	WIRE			
(4)			EUROPE/ICELAND/GREENLAND	UKRAINE RELIEF	1,475,000.	WIRE			
(5)			NORTH AMERICA	EDUCATION PROGRAMS	6,000.	WIRE			
(6)			NORTH AMERICA	OCTOBER 7 MICROGRANTS	7,000.	WIRE			
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . 21
- 3 Enter total number of other organizations or entities . . . . . NONE



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

Schedule F (Form 990) 2023

**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:

UNDER THE DIRECTION OF THE JEWISH FEDERATIONS OF NORTH AMERICA, LAY LEADER COMMITTEES AND PROFESSIONALS EVALUATE EACH GRANTEE EXTENSIVELY, BEFORE AND AFTER FUNDS ARE DISTRIBUTED. THE COMMITTEES MONITOR THE USE OF FUNDS, ENSURING THAT ALLOCATIONS REFLECT THE PRIORITIES OF THE JEWISH FEDERATION MOVEMENT. FUNDING GUIDELINES INCLUDE THAT ALL GRANTEE ORGANIZATIONS MUST BE WELL-GOVERNED, COMPLY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, PRODUCE AN ANNUAL AUDIT BY AN INDEPENDENT FIRM AND MAINTAIN BY-LAWS THAT CONFIRM THE LEGALLY ACCEPTED STANDARDS, INCLUDING PROVISIONS FOR APPROPRIATE LAY OVERSIGHT OF ALL FIDUCIARY MATTERS. GRANTEES ARE ALSO REQUIRED TO PROVIDE THE COMMITTEE WITH REPORTS ON HOW FUNDS ARE SPENT, AND THE COMMITTEES CONDUCT SITE VISITS AS NECESSARY TO ENSURE COMPLIANCE.

**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 3(1):

JFNA GLOBAL OPERATIONS ADDRESS CRITICAL NEEDS IN ISRAEL AND AROUND THE  
WORLD, WITH MISSIONS TO ISRAEL ORGANIZED THROUGHOUT THE YEAR.

Name of the organization  
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 E. 42ND ST. STE 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	60,628,112.				ANNUAL/TURKEY GRANTS
(2) UNITED ISRAEL APPEAL, INC. 25 BROADWAY #17 NEW YORK, NY 10004	13-1760102	501(C)(3)	454,726,538.				ANNUAL/UKRAINE GRANT
(3) THE ASSOCIATED: JEWISH COMMUNITY FEDERATION 101 WEST MOUNT ROYAL AVENUE	52-0607957	501(C)(3)	7,000.				CATALYST GRANT
(4) JEWISH FEDERATION GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS, TX 75230	75-0800654	501(C)(3)	6,949.				CATALYST GRANT
(5) JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD #200	21-0634489	501(C)(3)	6,841.				CATALYST GRANT
(6) MILWAUKEE JEWISH FEDERATION 1360 N. PROSPECT AVE MILWAUKEE, WI 53202	39-0806312	501(C)(3)	6,710.				CATALYST GRANT
(7) JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN ROAD	51-0064315	501(C)(3)	5,438.				CATALYST GRANT
(8) JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE	34-0714445	501(C)(3)	60,000.				COMMUNITY STUDY
(9) JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DRIVE	43-0652643	501(C)(3)	60,000.				COMMUNITY STUDY
(10) MILWAUKEE JEWISH FEDERATION 1360 N. PROSPECT AVE MILWAUKEE, WI 53202	39-0806312	501(C)(3)	60,000.				COMMUNITY STUDY
(11) BRANDEIS UNIVERSITY 415 SOUTH STREET MS 014 WALTHAM, MA 02454	04-2103552	501(C)(3)	30,058.				COMMUNITY STUDY
(12) JEWISH COMMUNITY LEGACY PROJECT 601 RIVERLAWN COURT ATLANTA, GA 30339	81-1708125	501(C)(3)	25,000.				GENERAL OPERATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 196
- 3 Enter total number of other organizations listed in the line 1 table

Name of the organization  
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HINENU: THE BALTIMORE JUSTICE SHTIEBL 232 WEST END AVENUE BALTIMORE, MD 21211	82-4347258	501(C)(3)	5,940.				GIVING CIRCLE
(2) JEWISH COMMUNITY SERVICES OF HAWAII PO BOX 235805 HONOLULU, HI 96823	99-0334439	501(C)(3)	310,000.				HAWAII WILDFIRES
(3) JEWISH COMMUNITY SERVICES OF HAWAII PO BOX 235805 HONOLULU, HI 96823	99-0334439	501(C)(3)	219,000.				HAWAII WILDFIRES
(4) MAUI KOSHER FARM 1300 MALAIHI RD P.O. BOX 1545	82-1677500	501(C)(3)	20,000.				HAWAII WILDFIRES
(5) CHABAD OF MAUI 3031 MAPU PLACE KIHEI, HI 96753	82-2840361	501(C)(3)	10,000.				HAWAII WILDFIRES
(6) KAVOD - ENSURING DIGNITY FOR HOLOCAUSE SURV 820 S. MONACO, PKWY SUITE 234	47-5495289	501(C)(3)	1,500,000.				HOLOCAUST GRANT
(7) U.J.A. FEDERATION OF NEW YORK 130 E. 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	300,000.				HOLOCAUST GRANT
(8) NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE SUITE 100	13-2752418	501(C)(3)	207,626.				HOLOCAUST GRANT
(9) JFCS EAST BAY 2121 ALLSTON WAY BERKELEY, CA 94720	94-3250304	501(C)(3)	169,404.				HOLOCAUST GRANT
(10) HABITAT FOR HUMANITY INTERNATIONAL 285 PEACHTREE CTR AVE NE 2700	91-1914868	501(C)(3)	150,000.				HOLOCAUST GRANT
(11) YOUNG MENS YOUNG WOMENS HEBREW ASSOCIATION 4912 14TH AVENUE BROOKLYN, NY 11219	11-1630917	501(C)(3)	130,500.				HOLOCAUST GRANT
(12) JEWISH FEDERATION OF GREATER METROWEST 5901 STATE ROUTE 105 WHIPPANY, NJ 07981	22-1487222	501(C)(3)	125,000.				HOLOCAUST GRANT

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

Employer identification number  
13-1624240

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF GREATER MIAMI 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624404	501(C)(3)	125,000.				HOLOCAUST GRANT
(2) JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167761	501(C)(3)	125,000.				HOLOCAUST GRANT
(3) JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH ROAD	38-1359214	501(C)(3)	125,000.				HOLOCAUST GRANT
(4) JEWISH FEDERATION OF ATLANTA 1440 SPRING STREET NW ATLANTA, GA 30309	58-1021791	501(C)(3)	100,000.				HOLOCAUST GRANT
(5) MENORAH CENTER FOR NURSING & REHABILITATION 1516 ORIENTAL BLVD BROOKLYN, NY 11235	11-1672777	501(C)(3)	100,000.				HOLOCAUST GRANT
(6) UNITED JEWISH COMM OF BROWARD COUNTY INC 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-0967823	501(C)(3)	100,000.				HOLOCAUST GRANT
(7) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	95,992.				HOLOCAUST GRANT
(8) JEWISH FAMILY & CHILDREN'S SERVICES OF GRE 2100 ARCH ST PHILADELPHIA, PA 19103	23-1352026	501(C)(3)	75,775.				HOLOCAUST GRANT
(9) MINOT STATE UNIVERSITY 500 UNIVERSITY AVE W MINOT, ND 58707	45-6002481	501(C)(3)	75,000.				HOLOCAUST GRANT
(10) NEW YORK CITY DEPARTMENT OF THE AGING 2 LAFAYETTE ST 11TH FLOOR	13-6400434	501(C)(3)	75,000.				HOLOCAUST GRANT
(11) SWORDS OF PLOWSHARES VETERANS RIGHTS ORGANI 401 VAN NESS AVE STE313	94-2260626	501(C)(3)	58,500.				HOLOCAUST GRANT
(12) SELFHELP COMMUNITY SERVICES INC 520 EIGHTH AVENUE, 5TH FLOOR	13-1624178	501(C)(3)	57,500.				HOLOCAUST GRANT

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

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES, INC. 6718 PATTERSON AVE RICHMOND, VA 23226	54-0526201	501(C)(3)	57,000.				HOLOCAUST GRANT
(2) DISABILITY NETWORK SOUTHWEST MICHIGAN 517 E. CROSSTOWN PARKWAY	38-2351028	501(C)(3)	52,500.				HOLOCAUST GRANT
(3) JEWISH FAMILY SERVICE ST. PAUL 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	52,500.				HOLOCAUST GRANT
(4) JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD #200	21-0634489	501(C)(3)	50,000.				HOLOCAUST GRANT
(5) PROJECT LEAD INC. 123-19 HILLSIDE AVENUE	13-3761446	501(C)(3)	50,000.				HOLOCAUST GRANT
(6) RAYMOND AND MIRIAM KLEIN JCC 10100 JAMISON AVE PHILADELPHIA, PA 19116	27-0840848	501(C)(3)	50,000.				HOLOCAUST GRANT
(7) JEWISH FAMILY & CHILDREN'S SERVICES OF NORT 1485 TEANECK RD TEANECK, NJ 07666	22-2223109	501(C)(3)	48,000.				HOLOCAUST GRANT
(8) JEWISH FAMILY SERVICE OF ROCHESTER, INC. 255 EAST AVE SUITE 201 ROCHESTER, NY 14604	16-0743059	501(C)(3)	45,000.				HOLOCAUST GRANT
(9) PESACH TIKVAH HOPE DEVELOPMENT, INC 365 WILLOUGHBY AVE STE 400	11-2642641	501(C)(3)	45,000.				HOLOCAUST GRANT
(10) COLORADO HEALTH NETWORK INC 6260 EAST COLFAX AVE DENVER, CO 80220	84-0961159	501(C)(3)	42,000.				HOLOCAUST GRANT
(11) JEWISH FEDERATION OF GREATER DALLAS 7800 NORTHAVEN RD DALLAS, TX 75230	75-0800654	501(C)(3)	37,500.				HOLOCAUST GRANT
(12) JEWISH FAMILY SERVICE OF METROWEST NEW JERS 256 COLUMBIA TPKE STE105	22-1687995	501(C)(3)	33,600.				HOLOCAUST GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY SERVICES 1070 COLLEGE AVE COLUMBUS, OH 43209	31-4379497	501(C)(3)	33,096.				HOLOCAUST GRANT
(2) RUTH & NORMAN RALES JEWISH FAMILY SERVICES 21300 COLEMAN BLVD BOCA RATON, FL 33428	65-1115689	501(C)(3)	33,000.				HOLOCAUST GRANT
(3) CJE SENIOR LIFE 3003 W. TOUHY AVENUE CHICAGO, IL 60645	36-2727597	501(C)(3)	32,500.				HOLOCAUST GRANT
(4) MAOT CHITIM OF GREATER CHICAGO, INC 3710 COMMERCIAL AVE STE 7	36-3398501	501(C)(3)	30,000.				HOLOCAUST GRANT
(5) JEWISH FAMILY SERVICES OF SEATTLE 1601 16TH AVE. SEATTLE, WA 98122	91-0565537	501(C)(3)	28,125.				HOLOCAUST GRANT
(6) DOROT INC 171 W 85TH ST, NEW YORK, NY 10024	13-3264005	501(C)(3)	25,000.				HOLOCAUST GRANT
(7) JEWISH FEDERATION OF BROWARD COUNTY 5890 S PINE ISLAND RD DAVIE, FL 33328	59-0967823	501(C)(3)	25,000.				HOLOCAUST GRANT
(8) JEWISH FEDERATION OF GREATER LOS ANGELES 6505 WILSHIRE BLVD, LOS ANGELES, CA 90048	95-6111928	501(C)(3)	25,000.				HOLOCAUST GRANT
(9) JEWISH FAMILY SERVICES OF THE CINCINNATI AR 8487 RIDGE AVE. CINCINNATI, OH 45236	31-0744786	501(C)(3)	23,992.				HOLOCAUST GRANT
(10) EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE 7802 BAY PKWY BROOKLYN, NY 11214	11-1633484	501(C)(3)	22,500.				HOLOCAUST GRANT
(11) CHALDEAN COMMUNITY FOUNDATION 3601 15 MILE RD STERLING HEIGHTS, MI 48310	20-3963417	501(C)(3)	22,000.				HOLOCAUST GRANT
(12) GENERATIONS HOUSING INITIATIVES 350 W HUBBARD ST STE 500 CHICAGO, IL 60654	81-1349143	501(C)(3)	10,000.				HOLOCAUST GRANT

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

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PROJECT KESHER 2660 NO. 16 BROADWAY NEW YORK, NY 10025	36-3673594	501(C)(3)	900,000.				HUMANITARIAN FUND
(2) WORLD JEWISH RELIEF 1350 AVE OF THE AMERICAS STE #266	87-4022962	501(C)(3)	900,000.				HUMANITARIAN FUND
(3) HIAS INC 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501(C)(3)	450,000.				HUMANITARIAN FUND
(4) PALADIN PBC, INC 200 N GREEN STREET, FLOOR 3	47-4787440	501(C)(3)	40,000.				ISRAEL EMER CAMPAIGN
(5) KAMOCDAH 251 LITTLE FALLS DRIVE	92-1470069	501(C)(3)	28,380.				ISRAEL EMER CAMPAIGN
(6) SECURE COMMUNITY NETWORK, INC 350 W. HUBBARD ST. SUITE 470	20-1437733	501(C)(3)	6,125,000.				LIVESECURE SECURITY
(7) JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD #200	21-0634489	501(C)(3)	500,000.				LIVESECURE SECURITY
(8) MINNEAPOLIS JEWISH FEDERATION 4330 CEDAR LAKE RD SOUTH	41-0693866	501(C)(3)	500,000.				LIVESECURE SECURITY
(9) JEWISH COMMUNITY FEDERATION OF SAN FRANCISCO 121 STEUART STREET SAN FRANCISCO, CA 94105	94-1156533	501(C)(3)	375,000.				LIVESECURE SECURITY
(10) COMBINED JEWISH PHILANTHROPIES OF GREATER B 126 HIGH STREET BOSTON, MA 02110	04-2104347	501(C)(3)	325,000.				LIVESECURE SECURITY
(11) U.J.A. FEDERATION OF NEW YORK 130 E. 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	267,500.				LIVESECURE SECURITY
(12) GREATER MIAMI JEWISH FEDERATION INC 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624404	501(C)(3)	250,000.				LIVESECURE SECURITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH COMMUNITY FEDERATION OF GREATER ROCH 255 EAST AVENUE SUITE #201	16-0868942	501(C)(3)	250,000.				LIVESECURE SECURITY
(2) JEWISH FEDERATION GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS, TX 75230	75-0800654	501(C)(3)	250,000.				LIVESECURE SECURITY
(3) JEWISH FEDERATION GREATER KANSAS CITY 5801 WEST 115 ST #201	44-0545913	501(C)(3)	250,000.				LIVESECURE SECURITY
(4) JEWISH FEDERATION OF CINCINNATI 8499 RIDGE ROAD CINCINNATI, OH 45236	31-0744786	501(C)(3)	250,000.				LIVESECURE SECURITY
(5) JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE	34-0714445	501(C)(3)	250,000.				LIVESECURE SECURITY
(6) JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET NW ATLANTA, GA 30309	58-1021791	501(C)(3)	250,000.				LIVESECURE SECURITY
(7) JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE	06-0655482	501(C)(3)	250,000.				LIVESECURE SECURITY
(8) JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1352026	501(C)(3)	250,000.				LIVESECURE SECURITY
(9) JEWISH FEDERATION OF GREATER WASHINGTON 6101 EXECUTIVE BLVD	52-0214465	501(C)(3)	250,000.				LIVESECURE SECURITY
(10) JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH RD	38-1359214	501(C)(3)	250,000.				LIVESECURE SECURITY
(11) JEWISH FEDERATION OF PALM BEACH COUNTY 1 HARVARD CIR STE 100	59-0948696	501(C)(3)	250,000.				LIVESECURE SECURITY
(12) JEWISH UNITED FUND-CHICAGO 30 SOUTH WELLS STREET CHICAGO, IL 60606	36-2167034	501(C)(3)	250,000.				LIVESECURE SECURITY

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

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	250,000.				LIVESECURE SECURITY
(2) UNITED JEWISH COMM OF BROWARD COUNTY INC 5890 SOUTH PINE ISLAND ROAD DAVIE, FL 33328	59-0967823	501(C)(3)	219,421.				LIVESECURE SECURITY
(3) JEWISH COMMUNITY FED LOUISVILLE 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)(3)	180,254.				LIVESECURE SECURITY
(4) JEWISH FEDERATION OF GREATER INDIANAPOLIS I 6705 HOOVER ROAD INDIANAPOLIS, IN 46260	35-0888017	501(C)(3)	165,545.				LIVESECURE SECURITY
(5) JEWISH FEDERATION OF SARASOTA-MANATEE 580 MCINTOSH ROAD SARASOTA, FL 34232	59-1227747	501(C)(3)	150,000.				LIVESECURE SECURITY
(6) MEMPHIS JEWISH FEDERATION 6560 POPLAR AVENUE MEMPHIS, TN 38138	62-0475747	501(C)(3)	148,783.				LIVESECURE SECURITY
(7) UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DRIVE SALT LAKE CITY, UT 84113	87-0282380	501(C)(3)	142,605.				LIVESECURE SECURITY
(8) JEWISH FEDERATION COUNCIL OF GREATER LOS AN 6505 WILSHIRE BLVD, LOS ANGELES, CA 90048	95-1643388	501(C)(3)	125,000.				LIVESECURE SECURITY
(9) JEWISH FEDERATION OF FLORIDA'S GULF COAST 13191 STARKEY ROAD LARGO, FL 33773	59-0697685	501(C)(3)	125,000.				LIVESECURE SECURITY
(10) JEWISH FEDERATION OF GREATER PORTLAND 9900 SW GREENBURG RD STE 220	93-0386825	501(C)(3)	125,000.				LIVESECURE SECURITY
(11) JEWISH FEDERATION OF SOUTH PALM BEACH COUNT 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	125,000.				LIVESECURE SECURITY
(12) JEWISH FEDERATION OF ST LOUIS 12 MILLSTONE CAMPUS DRIVE	43-0652643	501(C)(3)	125,000.				LIVESECURE SECURITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

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.

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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.

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(1) YOUNGSTOWN AREA JEWISH FEDERATION							
505 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	125,000.				LIVESECURE SECURITY
(2) JEWISH COLORADO							
300 S DAHLIA ST DENVER, CO 80246	01-0831698	501(C)(3)	120,000.				LIVESECURE SECURITY
(3) JEWISH COLUMBUS							
1175 COLLEGE AVENUE COLUMBUS, OH 43209	31-0838745	501(C)(3)	113,447.				LIVESECURE SECURITY
(4) JEWISH FEDERATION OF NORTHERN NEW JERSEY							
50 EISENHOWER DRIVE PARAMUS, NJ 07652	20-1195592	501(C)(3)	106,667.				LIVESECURE SECURITY
(5) JEWISH COMMUNITY BOARD OF AKRON							
750 WHITE POND DRIVE AKRON, OH 44320	34-1884695	501(C)(3)	102,500.				LIVESECURE SECURITY
(6) BIRMINGHAM JEWISH FEDERATION							
3966 MONTCLAIR ROAD BIRMINGHAM, AL 35213	63-0833692	501(C)(3)	100,000.				LIVESECURE SECURITY
(7) JEWISH COMMUNITY FEDERATION OF RICHMOND							
5540 FALMOUTH ST STE 201 RICHMOND, VA 23226	54-0524512	501(C)(3)	100,000.				LIVESECURE SECURITY
(8) JEWISH FEDERATION AND FOUNDATION OF NORTHEA							
8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217	59-0637864	501(C)(3)	100,000.				LIVESECURE SECURITY
(9) JEWISH FEDERATION OF GREATER HOUSTON							
5603 SOUTH BRAESWOOD BLVD HOUSTON, TX 77096	74-1109654	501(C)(3)	100,000.				LIVESECURE SECURITY
(10) JEWISH FEDERATION OF GREATER LONG BEACH							
3801 EAST WILLOW STREET	95-1647830	501(C)(3)	100,000.				LIVESECURE SECURITY
(11) JEWISH FEDERATION OF SAN DIEGO COUNTY							
4950 MURPHY CANYON RD SAN DIEGO, CA 92123	95-1319015	501(C)(3)	100,000.				LIVESECURE SECURITY
(12) JEWISH FEDERATION OF WESTERN MASSACHUSETTS							
1160 DICKINSON STREET SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	100,000.				LIVESECURE SECURITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Employer identification number  
13-1624240

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED JEWISH COMMUNITY VIRGINIA PENINSULA 401 CITY CENTER BLVD NEWPORT NEWS, VA 23606	54-0480621	501(C)(3)	100,000.				LIVESECURE SECURITY
(2) UNITED JEWISH FEDERATION OF TIDEWATER, INC 5000 CORPORATE WOODS DR	54-0535603	501(C)(3)	100,000.				LIVESECURE SECURITY
(3) JEWISH FEDERATION OF GREATER ANN ARBOR 2939 BIRCH HOLLOW DRIVE ANN ARBOR, MI 48108	38-2711480	501(C)(3)	91,100.				LIVESECURE SECURITY
(4) CHARLESTON JEWISH FEDERATION 176 CROGHAN SPUR RD STE100	57-6000188	501(C)(3)	88,900.				LIVESECURE SECURITY
(5) UNITED JEWISH FEDERATION OF GREATER HARRISB 3301 NORTH FRONT STREET	23-1352338	501(C)(3)	84,450.				LIVESECURE SECURITY
(6) SAVANNAH JEWISH FEDERATION 5111 ABERCORN STREET SAVANNAH, GA 31405	58-0566231	501(C)(3)	75,500.				LIVESECURE SECURITY
(7) JEWISH FEDERATION OF OMAHA, INC 333 SOUTH 132 STREET OMAHA, NE 68154	47-0384659	501(C)(3)	75,000.				LIVESECURE SECURITY
(8) TAMPA JCC/FEDERATION INC 13009 COMMUNITY CAMPUS DRIVE	23-7182057	501(C)(3)	75,000.				LIVESECURE SECURITY
(9) JEWISH FEDERATION OF GREATER METROWEST 5901 STATE ROUTE 105 WHIPPANY, NJ 07981	22-1487222	501(C)(3)	72,000.				LIVESECURE SECURITY
(10) GREENSBORO JEWISH FEDERATION 5509 C WEST FRIENDLY AVENUE	23-7107693	501(C)(3)	70,303.				LIVESECURE SECURITY
(11) JEWISH FEDERATION OF ROCKLAND COUNTY 450 WEST NYACK ROAD WEST NYACK, NY 10994	13-3268920	501(C)(3)	66,666.				LIVESECURE SECURITY
(12) JEWISH FEDERATION OF GREATER NEW ORLEANS 3747 W. ESPLANADE AVE METAIRIE, LA 70002	72-0408938	501(C)(3)	58,300.				LIVESECURE SECURITY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH ALLIANCE OF GREATER RHODE ISLAND 401 ELMGROVE AVENUE PROVIDENCE, RI 02906	27-4127671	501(C)(3)	56,500.				LIVESECURE SECURITY
(2) JEWISH FEDERATION OF GREATER BUFFALO 338 HARRIS HILL RD 10B	16-0743210	501(C)(3)	55,000.				LIVESECURE SECURITY
(3) JEWISH FEDERATION OF LEHIGH VALLEY 702 NORTH 22 STREET ALLENTOWN, PA 18104	23-6396949	501(C)(3)	54,940.				LIVESECURE SECURITY
(4) JEWISH FEDERATION OF GREATER PHOENIX 12701 N SCOTTSDALE RD 201	87-3313737	501(C)(3)	50,000.				LIVESECURE SECURITY
(5) JEWISH FEDERATION OF LAS VEGAS/ JEWISH NEVA 8861 W. SAHARA #120 LAS VEGAS, NV 89117	88-0098500	501(C)(3)	50,000.				LIVESECURE SECURITY
(6) JEWISH FEDERATION OF NEVADA 9510 W SAHARA AVE #225 LAS VEGAS, NV 89117	88-0098500	501(C)(3)	50,000.				LIVESECURE SECURITY
(7) UNITED JEWISH FEDERATION OF GREATER STAMFOR 1035 NEWFIELD AVENUE #200	06-0923384	501(C)(3)	47,392.				LIVESECURE SECURITY
(8) JEWISH FEDERATION OF GREATER TOLEDO 6465 SYLVANIA AVE SYLVANIA, OH 43560	34-4428259	501(C)(3)	42,500.				LIVESECURE SECURITY
(9) JEWISH FEDERATION OF SOUTHERN ARIZONA 3718 EAST RIVER ROAD TUCSON, AZ 85718	86-0096795	501(C)(3)	41,657.				LIVESECURE SECURITY
(10) JEWISH FEDERATION OF CENTRAL NEW YORK 5655 THOMPSON ROAD DEWITT, NY 13214	15-0543614	501(C)(3)	41,250.				LIVESECURE SECURITY
(11) JEWISH FEDERATION OF GREATER PITTSBURGH 2000 TECHNOLOGY DR 1ST FL	25-1017602	501(C)(3)	39,834.				LIVESECURE SECURITY
(12) JEWISH FEDERATION OF NORTHEASTERN PENNSYLVANIA 601 JEFFERSON AVENUE SCRANTON, PA 18510	24-0809371	501(C)(3)	35,000.				LIVESECURE SECURITY

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

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

Schedule I (Form 990) 2023

Employer identification number  
13-1624240

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF GREATER NEW HAVEN 360 AMITY ROAD WOODBRIDGE, CT 06525	06-0647025	501(C)(3)	33,825.				LIVESECURE SECURITY
(2) JEWISH FEDERATION WESTERN CONNECTICUT, INC. 444 MAIN STREET NORTH SOUTHBURY, CT 06488	06-0646691	501(C)(3)	29,055.				LIVESECURE SECURITY
(3) UJA FEDERATION OF GREENWICH 1 HOLLY HILL LANE GREENWICH, CT 06830	06-6068624	501(C)(3)	18,866.				LIVESECURE SECURITY
(4) COLUMBIA JEWISH FEDERATION 306 FLOARA DRIVE COLUMBIA, SC 29223	57-0704341	501(C)(3)	16,000.				LIVESECURE SECURITY
(5) JEWISH FEDERATION OF GREATER BINGHAMTON 500 CLUBHOUSE ROAD VESTAL, NY 13850	23-7300057	501(C)(3)	16,000.				LIVESECURE SECURITY
(6) JEWISH COMMUNITY FEDERATION OF THE MOHAWK V 2310 ONEIDA STREET UTICA, NY 13501	15-0533576	501(C)(3)	8,000.				LIVESECURE SECURITY
(7) JEWISH FEDERATION OF GREATER BUFFALO 338 HARRIS HILL RD 10B	16-0743210	501(C)(3)	11,500.				RESET & REFRESH PROG
(8) JEWISH FEDERATION OF GREATER PORTLAND 9900 SW GREENBURG RD STE 220	93-0386825	501(C)(3)	11,500.				RESET & REFRESH PROG
(9) SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	11,000.				RESET & REFRESH PROG
(10) EDUCATION CENTER SHALOM INC 1140 ROCKVILLE PIKE STE 100	20-1651612	501(C)(3)	15,000.				RUSSIAN SPEAKING JEW
(11) ADDISON PENZAK JEWISH COMMUNITY CENTER 14855 OKA ROAD LOS GATOS, CA 85032	94-2222989	501(C)(3)	40,000.				RUSSIAN SPEAKING JEW
(12) JEWISH FEDERATION OF GREATER ST PAUL 790 SOUTH CLEVELAND AVE 227	41-0693887	501(C)(3)	40,000.				RUSSIAN SPEAKING JEW

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

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(1)JOOKENDER COMMUNITY INITIATIVES INC 945 CONCORD STREET FRAMINGHAM, MA 01071	82-3470470	501(C)(3)	20,000.				RUSSIAN SPEAKING JEW
(2)MID ISLAND Y JCC 45 MANETTO HILL ROAD PLAINVIEW, NY 11803	11-1841899	501(C)(3)	20,000.				RUSSIAN SPEAKING JEW
(3)JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE	34-0714445	501(C)(3)	10,000.				SHINE A LIGHT GRANT
(4)JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	20-1195592	501(C)(3)	10,000.				SHINE A LIGHT GRANT
(5)WEST COAST NCSY 40 RECTOR STREET, 4TH FLOOR	13-5623717	501(C)(3)	10,000.				SHINE A LIGHT GRANT
(6)GREENVILLE JEWISH FEDERATION P.O. BOX 5262 GREENVILLE, SC 29606	23-7038986	501(C)(3)	9,500.				SHINE A LIGHT GRANT
(7)TEMPLE BETH TIKVAH 950 PREAKNESS AVENUE WAYNE, NJ 07470	58-1754983	501(C)(3)	8,450.				SHINE A LIGHT GRANT
(8)THE PHILOS PROJECT, INC 12 E. 33RD STREET, 2ND FLOOR	47-1182714	501(C)(3)	7,750.				SHINE A LIGHT GRANT
(9)KAPLEN JCC ON THE PALISADES 411 EAST CLINTON AVENUE TENAPLY, NJ 07670	22-1487220	501(C)(3)	7,500.				SHINE A LIGHT GRANT
(10)AMERICAN MUSLIM AND MULTIFAITH WOMEN'S EMPO 770 5TH ST NW APT 518 WASHINGTON, DC 20001	82-3637225	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(11)AMERICAN ZIONIST MOVEMENT, INC. 633 3RD AVENUE 21ST FLOOR	13-2679404	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(12)ARTISTS 4 ISRAEL 1060 S. COCHRAN AVENUE	80-0415734	501(C)(3)	7,000.				SHINE A LIGHT GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

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General Information on Grants and Assistance

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(1) BUILDING RELATIONSHIPS INC 23179 TELEGRAPH ROAD SOUTHFIELD, MI 48033	46-1366330	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(2) CHAMPAIGN-URBANA JEWISH FEDERATION 503 E. JOHN STREET CHAMPAIGN, IL 61820	23-7344693	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(3) CLAFLIN UNIVERSITY 400 MAGNOLIA ST. ORANGEBURG, SC 29115	57-0314374	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(4) HILLEL AT THE UNIVERSITY OF VERMONT 439 COLLEGE ST. BURLINGTON, VT 05401	81-0554021	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(5) HILLEL AT UCLA 574 HILGARD AVENUE LOS ANGELES, CA 90024	46-0573247	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(6) HILLEL JEWISH CENTER AT THE UNIVERSITY OF V 1824 UNIVERSITY CIRCLE	54-6061871	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(7) HILLEL OF SAN DIEGO 5717 LINDO PASEO SAN DIEGO, CA 92115	33-0519225	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(8) HOFSTRA UNIVERSITY HILLEL 200 HOFSTRA UNIVERSITY SU 213	52-1758794	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(9) JEWISH COMMUNITY ALLIANCE INC 8505 SAN JOSE BLVD. JACKSONVILLE, FL 32217	59-2620208	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(10) JEWISH FEDERATION GREATER DALLAS 7800 NORTHAVEN ROAD DALLAS, TX 75230	75-0800654	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(11) JEWISH FEDERATION OF GREATER TOLEDO 6465 SYLVANIA AVE SYLVANIA, OH 43560	34-4428259	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(12) JEWISH FEDERATION OF NASHVILLE AND MIDDLE T 801 PERCY WARNER BLVD #102	62-6077703	501(C)(3)	7,000.				SHINE A LIGHT GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Name of the organization  
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number  
13-1624240

Part I General Information on Grants and Assistance

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(1) JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD #200	21-0634489	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(2) PATHWAYS FOR MIDDLE EAST PEACE 1321 BEAUMONT DRIVE GLADWYNE, PA 19083	85-1172022	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(3) POZEZ JCC OF NORTHERN VIRGINIA, INC 8900 LITTLE RIVER TURNPIKE	54-1145849	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(4) SOUTHERN NCSY 11 BROADWAY NEW YORK, NY 10004	13-5623717	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(5) STUDENT TO STUDENT (BE THE NARRATIVE) PO BOX 16873 ST. LOUIS, MO 63105	87-3354547	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(6) TAMPA JCC/FEDERATION INC 13009 COMMUNITY CAMPUS DRIVE	23-7182057	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(7) TEMPLE SINAI 3509 S. GLENCOE STREET DENVER, CO 80237	84-6050187	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(8) THE ALPHA EPSILON PI FOUNDATION INC 8815 WESLEYAN ROAD INDIANAPOLIS, IN 46268	13-6141078	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(9) UNITED JEWISH FEDERATION OF GREATER STAMFOR 1035 NEWFIELD AVENUE #200	06-0923384	501(C)(3)	7,000.				SHINE A LIGHT GRANT
(10) JEWISH COMMUNITY RELATIONS COUNCIL OF SAN F 121 STEUART STREET #301	94-1156335	501(C)(3)	6,000.				SHINE A LIGHT GRANT
(11) JEWISH FEDERATION OF GREATER NEW ORLEANS 3747 W. ESPLANADE AVE METAIRIE, LA 70002	72-0408938	501(C)(3)	6,000.				SHINE A LIGHT GRANT
(12) STANFORD UNIVERSITY 485 BROADWAY MAIL CODE 8838	94-1156365	501(C)(3)	229,767.				TEEN MENTAL HEALTH

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

Employer identification number  
13-1624240

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE SUITE 100	13-2752418	501(C)(3)	204,863.				TEEN MENTAL HEALTH
(2) JCFS JEWISH CHILD AND FAMILY SERVICES 216 W. JACKSON BLVD STE700	36-2167757	501(C)(3)	14,000.				TEEN MENTAL HEALTH
(3) SHALOM AUSTIN 7300 HART LANE AUSTIN, TX 78731	74-1469465	501(C)(3)	14,000.				TEEN MENTAL HEALTH
(4) PRIZMAH CENTER FOR JEWISH DAY SCHOOLS INC 254 W. 54TH ST 11TH FLOOR	81-1750864	501(C)(3)	10,800.				TEEN MENTAL HEALTH
(5) JEWISH FEDERATION OF SAN DIEGO COUNTY 4950 MURPHY CANYON RD SAN DIEGO, CA 92123	95-1319015	501(C)(3)	10,500.				TEEN MENTAL HEALTH
(6) FERD & GLADYS ALPERT JEWISH FAMILY & CHILDR 5841 CORPORATE WAY	59-1520581	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(7) JEWISH COMMUNITY CENTERS ASSOCIATION OF NORT 520 EIGHTH AVE NEW YORK, NY 10018	13-5599486	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(8) JEWISH FAMILY SERVICES OF GREATER CHARLOTTE 5007 PROVIENCE ROAD STE105	20-1146861	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(9) JEWISH FEDERATION NORTHEASTERN NEW YORK 184 WASHINGTON AVE EXTENSION	22-2805163	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(10) JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE	06-0655482	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(11) JEWISH FEDERATION OF GREATER METROWEST 5901 STATE ROUTE 105 WHIPPANY, NJ 07981	22-1487222	501(C)(3)	6,000.				TEEN MENTAL HEALTH
(12) HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE 800 EIGHTH STREET, NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	6,000.				TEEN FUNDERS SCALING

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

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA 12000 BISCAYNE BLVD SUITE# 303	59-0637867	501(C)(3)	37,000.				UKRAINE RESETTLEMENT
(2) JEWISH FEDERATION OF CLEVELAND 25701 SCIENCE PARK DRIVE	34-0714445	501(C)(3)	25,100.				UKRAINE RESETTLEMENT
(3) ENGIN INC 9 HENSON OAKS LANE ROCKVILLE, MD 20850	88-3527494	501(C)(3)	50,000.				VIRTUAL VOLUNTEER
(4) AMERICAN ORT 75 MAIDEN LANE NEW YORK, NY 10038	13-5562424	501(C)(3)	2,637,739.				VOCATIONAL TRAINING
(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 . . . . .
- 3 Enter total number of other organizations listed in the line 1 table . . . . .

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

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

SCHEDULE I, PART I, LINE 2:

UNDER THE DIRECTION OF THE JEWISH FEDERATIONS OF NORTH AMERICA, LAY LEADER COMMITTEES AND PROFESSIONALS EVALUATE EACH GRANTEE EXTENSIVELY, BEFORE AND AFTER FUNDS ARE DISTRIBUTED, THE COMMITTEE'S MONITOR THE USE OF FUNDS, ENSURING THAT ALLOCATIONS REFLECT THE PRIORITIES OF THE JEWISH FEDERATION MOVEMENT. FUNDING GUIDELINES INCLUDE THAT ALL GRANTEE ORGANIZATIONS MUST BE WELL-GOVERNED, COMPLY WITH GENERALLY ACCEPTED ACCOUNTING STANDARDS, INCLUDING PROVISIONS FOR APPROPRIATE LAY OVERSIGHT OF ALL FIDUCIARY MATTERS. GRANTEES ARE ALSO REQUIRED TO PROVIDE THE

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

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

COMMITTEE WITH REPORTS ON HOW FUNDS ARE SPENT, AND THE COMMITTEES CONDUCT

SITE VISITS AS NECESSARY TO ENSURE COMPLIANCE.

JFNA REPORTS GRANTS ON SCHEDULE I TO UIA A SUBSIDIARY OF JFNA, AND THE  
AMERICAN JOINT DISTRIBUTION COMMITTEE (JDC) BOTH 501(C)(3) ORGANIZATIONS.

EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F.

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV

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

SCHEDULE I, PART II, LINE 1(H):

THE PURPOSE OF GRANTS TO UNITED ISRAEL APPEAL, INC. WAS TO SUPPORT  
PROGRAM SERVICES RELATED TO IMMIGRATION, ABSORPTION, YOUTH CARE SERVICE &  
JEWISH IDENTITY AND EMERGENCY RELIEF.



SCHEDULE J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Compensation Information

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

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

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Employer identification number

13-1624240

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 checked="" 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 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" 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	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8	X	
9	X	

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAMELA A ZALTSMAN 1 SENIOR ADVISOR, ISRAEL&OVERSEAS	(i)	121,582.		1,730.	6,087.	1,639.	131,038.	
	(ii)	121,582.		1,730.	6,087.	1,639.	131,038.	
SHIRA HUTT 2 EXECUTIVE VICE PRESIDENT	(i)	385,788.		990.	15,250.	3,241.	405,269.	
	(ii)							
ERIC FINGERHUT 3 PRESIDENT & CEO	(i)	615,392.		75,626.	15,250.	43,769.	750,037.	
	(ii)							
DAVI ELLIS 4 CHIEF INFORMATION OFFICER	(i)	283,120.		954.	11,290.	35,321.	330,685.	
	(ii)							
PAMELA KURTZMAN 5 MANAGING DIRECTOR, BOND PROG	(i)	176,345.		1,550.	6,956.	3,241.	188,092.	
	(ii)							
ELANA BROITMAN 6 FORMER SR. VP, PA - THRU 10/23	(i)	216,235.		2,247.	12,854.	31,709.	263,045.	
	(ii)							
AMANDA GOLDSTEIN 7 VP, PHILANTHROPY & FRD	(i)	295,577.		910.	13,045.	1,481.	311,013.	
	(ii)							
ROBERT SPODEK 8 FORMER CFO - THRU 6/23	(i)	110,226.		954.	8,356.	18,330.	137,866.	
	(ii)							
SARAH EISENMAN 9 CHIEF JEWISH LIFE OFFICER	(i)	277,236.		644.	13,345.	41,369.	332,594.	
	(ii)							
ADAM TEITELBAUM 10 SNR DIRECTOR PHILANTHR INITIAT	(i)	263,520.		529.	13,416.	19,307.	296,772.	
	(ii)							
ELIZABETH FISHER 11 CHIEF TALENT OFFICER	(i)	274,808.		1,426.	14,125.	36,358.	326,717.	
	(ii)							
MICHELLE KRAVETZ 12 CHIEF IMPACT & GROWTH OFFICER	(i)	327,233.		660.	12,071.	36,358.	376,322.	
	(ii)							
EVAN HOCHBERG 13 DEPUTY DIRECTOR, ASSOC VP IL	(i)	108,388.		381.	5,114.	22,209.	136,092.	
	(ii)	108,388.		381.	5,114.	22,209.	136,092.	
REBECCA CASPI 14 DIRECTOR GENERAL ISRAEL OFFICE	(i)	314,915.		25,193.	38,229.		378,337.	
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2023

**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 1A:

THERE ARE SEVERAL MEETINGS DURING THE YEAR WHICH REQUIRE THE ATTENDANCE  
OF THE SPOUSE OF THE CEO.

SCHEDULE J, PART I, LINE 8:

AMOUNTS WERE PAID TO ERIC FINGERHUT, PRESIDENT & CEO EFFECTIVE AUGUST  
2019, PURSUANT TO CONTRACT SUBJECT TO THE INITIAL CONTRACT EXCEPTION  
DESCRIBED IN REGULATIONS SECTION 53.4958-4(A)(3). A BINDING WRITTEN  
CONTRACT WAS EXECUTED BETWEEN THE ORGANIZATION AND ERIC FINGERHUT. ERIC  
FINGERHUT WAS NOT A DISQUALIFIED PERSON WITH RESPECT TO THE ORGANIZATION  
IMMEDIATELY PRIOR TO ENTERING INTO THE CONTRACT ON JULY 22, 2019. THE  
STARTING DATE ACCORDING TO THE CONTRACT WAS JULY 22, 2019 FOR A CONTRACT  
OF FIVE YEARS.

**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 II:

SALARY RELATED TO THE WORK PERFORMED FOR UNITED ISRAEL APPEAL, INC. (A  
RELATED 501(C)(3) ORGANIZATION) BY PAMELA ZALTSMAN, SENIOR ADVISOR,  
ISRAEL & OVERSEAS, WAS PAID BY JFNA AND RECORDED IN EXPENSES IN JFNA  
FINANCIAL STATEMENTS.

FOUR MEMBERS OF JFNA BOARD OF TRUSTEES ARE ON THE BOARD OF DIRECTORS OF  
UIA.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	23	8,982,473.	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( ) . . . . .				
26 Other ( ) . . . . .				
27 Other ( ) . . . . .				
28 Other ( ) . . . . .				

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

29

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

--	--	--

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

Schedule M (Form 990) 2023

JSA

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

---

PART I, COLUMN B:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

13-1624240

**FORM 990, PART I, LINE 1:**

THE JEWISH FEDERATIONS OF NORTH AMERICA INC.(THE ORGANIZATION) IS THE  
NATIONAL ORGANIZATION FOR 146 JEWISH FEDERATIONS AND OTHER 300  
INDEPENDENT JEWISH COMMUNITIES ACROSS NORTH AMERICA. THE JEWISH  
FEDERATION SYSTEM COLLECTIVELY RAISES AND DISTRIBUTED MORE THAN \$3  
BILLION ANNUALLY TO SUPPORT FLOURISHING JEWISH LIFE AND THE NEEDS OF THE  
JEWISH PEOPLE IN THEIR HOME COMMUNITIES AND AROUND THE WORLD. THE  
ORGANIZATION'S MISSION IS TO PROTECT AND ENHANCE THE WELL-BEING OF JEWS  
WORLDWIDE THROUGH MEANINGFUL CONTRIBUTIONS TO THE COMMUNITY, ISRAEL, AND  
CIVIL SOCIETY. THE ORGANIZATION LEADS PROGRAMMING ACROSS NORTH AMERICA,  
PROVIDES FUNDRAISING SUPPORT, ORGANIZATIONAL ASSISTANCE, TRAINING AND  
OVERALL LEADERSHIP TO THE JEWISH FEDERATIONS AND COMMUNITIES THROUGHOUT  
THE UNITED STATES AND CANADA.

**FORM 990, PART III, LINE 4D:**

OTHER PROGRAM SERVICES:

THE JEWISH FEDERATIONS OF NORTH AMERICA HAS AWARDED GRANTS TO AGENCIES  
FOR HUMANITARIAN PURPOSES IN THE FACE OF DISASTERS INCLUDING THE HAWAII  
WILDFIRES. THESE EFFORTS ARE COORDINATED BY THE JEWISH FEDERATIONS OF  
NORTH AMERICA DISASTER RELIEF COMMITTEE. SINCE 1989, THE FEDERATION  
MOVEMENT HAS RAISED ABOUT \$50 MILLION FOR CRISIS RELIEF.

ISRAEL AND OVERSEAS - JFNA WORKS CLOSELY WITH OUR OVERSEAS PARTNERS TO  
CARE FOR JEWS IN NEED AND BUILD COMMUNITY IN ISRAEL AND 60-PLUS NATIONS  
WORLDWIDE. JFNA ISRAEL ALSO ASSESSES FEDERATION-FUNDED SOCIAL SERVICE  
EFFORTS IN ISRAEL AND HELPS ENSURE FEDERATION FUNDS ARE USED EFFECTIVELY.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

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13-1624240

JFNA ISRAEL WORKS WITH THE GOVERNMENT OF ISRAEL ON ISSUES OF PUBLIC  
POLICY AND DIPLOMACY AND HELPS CONNECT THE ISRAEL PUBLIC TO JEWISH  
FEDERATION WORK.

U.S. GOVERNMENT GRANT - IN RECOGNITION OF JEWISH FEDERATIONS OF NORTH  
AMERICA'S EXPERTISE IN SERVING HOLOCAUST SURVIVORS, THE U.S.  
ADMINISTRATION FOR COMMUNITY LIVING HAS AWARDED A GRANT TO JFNA TO EXPAND  
THE AGING NETWORK'S CAPACITY TO PROVIDE PERSON-CENTERED, TRAUMA-INFORMED  
(PCTI) CARE FOR HOLOCAUST SURVIVORS, OLDER ADULTS WITH A HISTORY OF  
TRAUMA, AND THEIR FAMILY CAREGIVERS. THIS IS ACCOMPLISHED THROUGH TWO  
GOALS-1) INCREASE THE NUMBER AND TYPE OF INNOVATIONS IN PCTI CARE  
AVAILABLE FOR HOLOCAUST SURVIVORS, OLDER ADULTS WITH A HISTORY OF TRAUMA,  
AND THEIR FAMILY CAREGIVERS. THIS GOAL IS ACCOMPLISHED THROUGH THE  
AWARDING OF SUB-GRANTS TO AGENCIES TO IMPLEMENT AND EVALUATE INNOVATIONS  
IN PCTI CARE SUCH AS INITIATIVES FOR SOCIALIZATION, MENTAL HEALTH, HEALTH  
AND WELLNESS, COGNITIVE HEALTH, FAMILY CAREGIVER SUPPORT, AND PCTI  
TRAINING. 2) BUILD THE CAPACITY OF AGING SERVICE PROVIDERS ACROSS THE  
COUNTRY TO PROVIDE PCTI CARE TO HOLOCAUST SURVIVORS, OLDER ADULTS WITH A  
HISTORY OF TRAUMA, AND THEIR FAMILY CAREGIVERS. THIS GOAL IS ACHIEVED  
THROUGH PUBLICATIONS, PRESENTATIONS, WEBINARS, TRAINING WORKSHOPS, AND  
DISSEMINATION OF INFORMATION AND RESOURCES ON AGING, TRAUMA, AND PCTI  
CARE. IN ADDITION TO THE FEDERAL GRANT, THE JEWISH FEDERATIONS OF NORTH  
AMERICA RAISES MONEY TO SUPPORT THESE GOALS.

TALENT: JFNA IS DEVOTED TO ENSURING THAT JEWISH FEDERATIONS CONNECT WITH



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THE TOP PROFESSIONAL AND VOLUNTEER TALENT IN THE COMMUNITY.

JFNA'S MANDEL CENTER FOR LEADERSHIP EXCELLENCE WORKS WITH FEDERATIONS TO  
PROVIDE THE TOOLS THEY REQUIRE TO IDENTIFY, RECRUIT, DEVELOP AND RETAIN  
TALENTED PROFESSIONALS AND TO CONTINUE TO CONNECT WITH TOP VOLUNTEERS.

**FORM 990, PART V, LINE 2A:**

EMPLOYEES BASED IN THE U.S. - 190  
EMPLOYEES BASED IN ISRAEL (BRANCH) - 24  
TOTAL REPORTED - 214

**FORM 990, PART VI, SECTION A, LINE 6:**

ALL THE MEMBERS OF THE BOARD OF TRUSTEES ARE APPOINTED FROM MEMBER  
FEDERATIONS BY THE FEDERATION MEMBERS CORPORATION. FEDERATION MEMBERS  
CORPORATION IS RESPONSIBLE FOR RATIFICATION OF THE APPOINTMENT OF THE  
GROUP OF TRUSTEES.

**FORM 990, PART VI, SECTION A, LINES 7A & 7B:**

UNDER THE CORPORATION BY-LAWS THE FEDERATION MEMBERS CORPORATION IS  
RESPONSIBLE FOR ADOPTION OF THE ANNUAL BUDGET OF THE CORPORATION  
RECOMMENDED BY THE BOARD OF TRUSTEES.

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

THE FORM 990 IS PREPARED BY JFNA FINANCE DEPARTMENT PROFESSIONALS. THE  
FORM IS REVIEWED BY MANAGEMENT BEFORE BEING PRESENTED FOR REVIEW BY  
INDEPENDENT TAX PROFESSIONALS AND REVIEWED BY THE JFNA AUDIT COMMITTEE,  
AN INDEPENDENT STANDING COMMITTEE OF THE BOARD OF TRUSTEES OF JFNA. THE  
FORM 990 IS ALSO POSTED ON THE JFNA SECURE WEBSITE FOR MEMBERS OF THE  
BOARD OF TRUSTEES TO VIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE

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SERVICE.

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

MEMBERS OF JFNA'S PROFESSIONAL STAFF SERVE A PUBLIC INTEREST ROLE AND  
HAVE A DUTY TO CONDUCT ALL AFFAIRS OF JFNA IN A MANNER CONSISTENT WITH  
THIS CONCEPT.

ALL DECISIONS MADE BY STAFF ARE TO BE MADE SOLELY ON THE BASIS OF A  
DESIRE TO PROMOTE THE BEST INTERESTS OF JFNA AND THE PUBLIC GOOD. THIS  
POLICY IS INTENDED TO CLEARLY ESTABLISH JFNA'S POLICIES AND PROCEDURES  
WITH REGARD TO ACTIVITIES ENGAGED IN BY MEMBERS OF THE PROFESSIONAL STAFF  
THAT MAY BE CONSIDERED A CONFLICT OF INTEREST. JFNA'S CHIEF FINANCIAL  
OFFICER AND HEAD OF THE HUMAN RESOURCES DEPARTMENT WILL MONITOR  
COMPLIANCE WITH THIS POLICY. ADMINISTRATION OF THIS POLICY WILL BE THE  
RESPONSIBILITY OF THE CEO & PRESIDENT OR EXECUTIVE VICE PRESIDENT.

A "CONFLICT OF INTEREST" MAY EXIST WHENEVER THE PERSONAL INTERESTS OF A  
JFNA EMPLOYEE INTERFERE - OR HAVE THE APPEARANCE THAT THEY MIGHT  
POTENTIALLY INTERFERE - IN ANY WAY WITH THE INTERESTS OF JFNA. A CONFLICT  
MAY EXIST WHEN AN EMPLOYEE TAKES ACTIONS OR HAS BUSINESS INTERESTS THAT  
MAKE IT DIFFICULT TO PERFORM HIS OR HER WORK OBJECTIVELY AND EFFECTIVELY.  
CONFLICTS MAY ALSO ARISE WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER  
FAMILY RECEIVES AN IMPROPER PERSONAL BENEFIT AS A RESULT OF THE  
EMPLOYEE'S POSITION IN JFNA, WHETHER RECEIVED FROM JFNA OR A THIRD PARTY.

PROFESSIONAL STAFF MEMBERS ARE REQUIRED TO AVOID ALL CONFLICTS OF

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INTEREST UNLESS THEY RECEIVE PRIOR APPROVAL IN WRITING FROM THE  
CEO/PRESIDENT OR DESIGNATE (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH  
THE OVERSIGHT OF CONFLICTS OF INTEREST), WHO WILL CONFER WITH JFNA'S  
OUTSIDE COUNSEL PRIOR TO MAKING A DETERMINATION.

ALTHOUGH IT IS NOT POSSIBLE TO SPECIFY EVERY ACTION THAT MIGHT CREATE A  
CONFLICT OF INTEREST, THIS POLICY SETS FORTH THE ONES THAT MOST  
FREQUENTLY PRESENT PROBLEMS.

THE POTENTIAL FOR A CONFLICT OF INTEREST EXISTS WHEN JFNA'S EMPLOYEES OR  
MEMBERS OF THEIR FAMILIES:

1. HAVE A FINANCIAL INTEREST IN, BUSINESS RELATIONSHIP WITH, OR  
INDEBTEDNESS TO AN ENTITY WITH WHICH THEY DO OR SEEK BUSINESS ON BEHALF  
OF JFNA;
2. ACCEPT PAYMENTS, LOANS, SERVICES, OR GIFTS FROM ANYONE DOING OR  
SEEKING TO DO BUSINESS WITH JFNA;
3. ARE OFFICERS, DIRECTORS, PARTNERS, INFLUENTIAL EMPLOYEES OR  
CONSULTANTS TO ANY ORGANIZATION DOING OR SEEKING TO DO BUSINESS WITH  
JFNA;
4. HAVE FAMILY MEMBERS WHO ARE MEMBERS OF JFNA'S BOARD OF TRUSTEES AND/OR  
COMMITTEE STRUCTURE; OR
5. ENGAGE IN CONDUCT WHICH IS ADVERSE OR HARMFUL TO THE POLICIES,  
PURPOSES AND GOALS OF JFNA.

JFNA'S LEADERSHIP, INCLUDING MEMBERS OF THE PROFESSIONAL STAFF, HOLD

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POSITIONS OF TRUST TO DONORS AND OUR BENEFICIARIES. MOREOVER, CHARITIES SERVE A PUBLIC INTEREST, AND JFNA HOLDS A POSITION OF SPECIAL PROMINENCE AMONG AMERICAN CHARITIES. TO PRESERVE THIS TRUST, JFNA MUST PRESUME THAT TRANSACTIONS ARE NOT AT ARM'S LENGTH WHEN THEY ARE BETWEEN PERSONS WHOSE RELATIONSHIP MAY SUGGEST A POTENTIAL CONFLICT OF INTEREST, AND TO PROTECT JFNA FROM THE TAIN OF IMPROPRIETY, ACTUAL OR PERCEIVED, WE WILL SUBJECT SUCH TRANSACTIONS TO A CLOSER SCRUTINY AND MORE RIGOROUS OVERSIGHT THAN WOULD OTHERWISE APPLY TO OTHER TRANSACTIONS.

EMPLOYEES ARE ALSO REQUIRED TO OBTAIN WRITTEN APPROVAL FROM THE CEO/PRESIDENT OR DESIGNATE BEFORE PARTICIPATING IN OUTSIDE WORK ACTIVITIES. APPROVAL WILL BE GRANTED UNLESS THE ACTIVITY CONFLICTS WITH JFNA'S INTEREST. PLEASE SEE JFNA'S MOONLIGHTING POLICY FOR INFORMATION ON THE TYPES OF OUTSIDE WORK ACTIVITIES THAT WOULD NOT BE ALLOWED.

SCOPE:

THIS POLICY APPLIES TO ALL EMPLOYEES INVOLVED IN CONTRACTING FOR GOODS OR SERVICES ON BEHALF OF JFNA AND TO ALL PROFESSIONAL STAFF.

DISCLOSURE:

MEMBERS OF THE PROFESSIONAL STAFF SHALL BE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT ATTESTING:

1. THAT THEY HAVE READ AND ARE FAMILIAR WITH THE POLICY;
2. THAT NEITHER THEY, NOR TO THE BEST OF THEIR KNOWLEDGE, THEIR FAMILY MEMBERS, HAVE IN THE PAST ENGAGED, ARE PRESENTLY ENGAGING, OR PLAN TO

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ENGAGE IN ANY ACTIVITY THAT PRESENTS A POTENTIAL CONFLICT OF INTEREST.

DISCLOSURES REQUIRED FROM MEMBERS OF THE STAFF MUST BE DIRECTED IN WRITING TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT. IN THE EVENT THAT MEMBERS OF THE STAFF BECOME AWARE OF A CONFLICT, THEY SHALL DISCLOSE SUCH INFORMATION TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT OR CHIEF FINANCIAL OFFICER, WHO WILL COMMUNICATE TO THE CEO/PRESIDENT OR THE EXECUTIVE VICE PRESIDENT THOSE DISCLOSURES THAT ARE REQUIRED BY THIS POLICY. THESE DISCLOSURES SHALL BE HELD IN CONFIDENCE EXCEPT WHEN THE BEST INTERESTS OF JFNA WOULD BE SERVED BY COMMUNICATING THE INFORMATION TO THE BOARD OF TRUSTEES IN EXECUTIVE SESSION OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST.

ANY STAFF MEMBER WHO IS UNCERTAIN ABOUT A POSSIBLE CONFLICT OF INTEREST IN ANY MATTER OR WHO HAS QUESTIONS ABOUT THIS POLICY SHOULD CONTACT HUMAN RESOURCES. ANY STAFF MEMBER MAY REQUEST A DECISION REGARDING WHETHER A PARTICULAR CIRCUMSTANCE CREATES A CONFLICT OF INTEREST FROM THE CEO/PRESIDENT OR DESIGNATE (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST) WHO WILL CONFER WITH JFNA'S OUTSIDE COUNSEL TO DETERMINE WHETHER A POSSIBLE CONFLICT EXISTS.

REPORTING:

THE CEO/PRESIDENT OR DESIGNATE SHALL MAKE A REPORT TO THE AUDIT COMMITTEE, AT LEAST ANNUALLY, LISTING ALL CONFLICTS AND IDENTIFYING THOSE THAT WERE APPROVED.

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PENALTY FOR NON-COMPLIANCE:

A VIOLATION OF THIS POLICY WILL RESULT IN IMMEDIATE AND APPROPRIATE  
DISCIPLINE, UP TO AND INCLUDING TERMINATION. DISCIPLINE, UP TO AND  
INCLUDING TERMINATION.

**FORM 990, PART VI, SECTION B, LINE 13:**

JFNA'S BOARD OF TRUSTEES ADOPTED THIS WHISTLEBLOWER POLICY WHICH SETS  
FORTH PROCEDURES THAT JFNA TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS  
("COVERED PERSONS") MAY FOLLOW TO REPORT ALLEGED MISCONDUCT. THIS POLICY  
APPLIES TO COVERED PERSONS AND SHALL BE DISTRIBUTED TO ALL JFNA TRUSTEES,  
OFFICERS, EMPLOYEES AND VOLUNTEERS. THE OBJECTIVES OF THIS WHISTLEBLOWER  
POLICY ARE TO ENCOURAGE AND ENABLE COVERED PERSONS, WITHOUT FEAR OF  
RETALIATION, TO RAISE CONCERNS REGARDING SUSPECTED VIOLATION OF JFNA  
POLICIES, UNETHICAL AND/OR ILLEGAL CONDUCT OR PRACTICES SO THAT JFNA CAN  
ADDRESS AND CORRECT INAPPROPRIATE CONDUCT AND ACTIONS.

REPORTING CONCERNS OR COMPLAINTS:

JFNA IS COMMITTED TO TAKING ACTION TO PREVENT MISCONDUCT, INCLUDING  
FRAUD, VIOLATIONS OF LAW, VIOLATIONS OF JFNA POLICIES, AND IMPROPER  
ACCOUNTING OR AUDIT PRACTICES ("MISCONDUCT"). COVERED PERSONS SHOULD  
PROMPTLY COME FORWARD AND REPORT ANY INSTANCES IN WHICH THEY BECOME AWARE  
OF MISCONDUCT OR POTENTIAL MISCONDUCT, WITHOUT REGARD TO THE IDENTITY OR  
POSITION OF A SUSPECTED OFFENDER. FOR THIS PURPOSE AND DESCRIBED HEREIN,  
AN OUTSIDE ORGANIZATION HAS BEEN AUTHORIZED TO RECEIVE COMPLAINTS OF  
SUSPECTED MISCONDUCT.

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HOW TO REPORT CONCERNS OR COMPLAINTS:

COVERED PERSONS MAY COMMUNICATE SUSPECTED MISCONDUCT BY CALLING THE  
TOLL-FREE TELEPHONE NUMBER (800) 482-3920 IN THE US OR CANADA OR, IN  
ISRAEL, FROM AN OUTSIDE LINE DIAL 1(800) 94-94-949; A VOICE PROMPT WILL  
THEN ASSIST THE CALLER IN DIALING THE TOLL-FREE NUMBER. ANOTHER OPTION IS  
TO MAKE A REPORT USING THE FOLLOWING CONFIDENTIAL WEBSITE:  
[WWW.ETHICSPPOINT.COM](http://WWW.ETHICSPPOINT.COM). BOTH THE TELEPHONE NUMBER AND THE WEBSITE ARE HOSTED  
BY "ETHICSPPOINT" (NOW OWNED BY NAVEX GLOBAL), AN INDEPENDENT PRIVATE  
ORGANIZATION WHICH IS NOT AFFILIATED WITH JFNA AND WHICH PROVIDES A  
CONFIDENTIAL WAY FOR COVERED PERSONS TO REPORT SUSPECTED MISCONDUCT.

IN ORDER TO BE BETTER EQUIPPED TO RESPOND TO ANY INFORMATION OR  
COMPLAINT, IT WOULD BE HELPFUL IF THE CALLER IDENTIFIES THEMSELVES AND  
PROVIDES THEIR TELEPHONE NUMBER AND OTHER CONTACT INFORMATION WHEN MAKING  
THE REPORT. HOWEVER, IF ANONYMITY IS PREFERRED, IT IS NOT NECESSARY THAT  
ONE'S NAME OR POSITION BE DISCLOSED AND CALLER ID WILL NOT BE ACTIVATED  
ON THE LINE.

REGARDLESS OF WHETHER IDENTIFICATION IS GIVEN, PLEASE PROVIDE AS MUCH  
INFORMATION AS POSSIBLE SO AS TO ENABLE A THOROUGH INVESTIGATION,  
INCLUDING WHERE AND WHEN THE ACT OR INCIDENT OCCURRED, NAMES AND TITLES  
OF INDIVIDUALS INVOLVED, AND ANY OTHER RELEVANT DETAILS. ALTERNATIVELY,  
EMPLOYEES MAY ALSO RAISE CONCERNS ABOUT SUSPECTED MISCONDUCT TO JFNA'S  
EXECUTIVE VICE PRESIDENT AND/OR THE HEAD OF THE HUMAN RESOURCES  
DEPARTMENT.

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EXAMPLES OF WHAT TO REPORT:

ACCOUNTING AND AUDITING MATTERS: THE IMPROPER SYSTEMATIC RECORDING AND ANALYSIS OF JFNA'S BUSINESS AND/OR FINANCIAL TRANSACTIONS. EXAMPLES INCLUDE MISSTATEMENT OF CONTRIBUTIONS, EXPENSES, ASSETS AND/ OR MISAPPLICATIONS OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND WRONGFUL TRANSACTIONS.

CONFLICTS OF INTEREST: A SITUATION IN WHICH A COVERED PERSON HAS A PRIVATE OR PERSONAL INTEREST SUFFICIENT TO APPEAR TO INFLUENCE THE OBJECTIVE EXERCISE OF HIS OR HER OFFICIAL DUTIES. AN EXAMPLE IS IF JFNA HAS ENTERED INTO A CONTRACT FOR A COMPANY'S SERVICES AND A COVERED PERSON RESPONSIBLE FOR THE ENGAGEMENT HAS FAILED TO INFORM JFNA THAT HE OR SHE HAS A RELATIVE WHO IS A PRINCIPAL IN THAT COMPANY.

FALSIFICATION OF CONTRACTS, REPORTS OR RECORDS: THIS CONSISTS OF ALTERING, FABRICATING, FALSIFYING OR FORGING ALL OR ANY PART OF A DOCUMENT, CONTRACT OR RECORD FOR THE PURPOSE OF GAINING AN ADVANTAGE OR MISREPRESENTING THE VALUE OF THE DOCUMENT, CONTRACT OR RECORDS.

VIOLATION OF LAW: ANY VIOLATION OF APPLICABLE LAW.

THE EXAMPLES SET FORTH ABOVE DO NOT LIMIT THE DEFINITION OF MISCONDUCT.

BAD FAITH:

ANY ALLEGATIONS THAT PROVE TO HAVE BEEN MADE MALICIOUSLY OR IN BAD FAITH



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WILL BE VIEWED AS A SERIOUS OFFENSE AND COULD SUBJECT THE COVERED PERSON  
TO DISCIPLINE UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT AND/OR  
REMOVAL FROM OFFICE OR APPOINTMENT.

**CONFIDENTIALITY:**

JFNA WILL TREAT ALL COMMUNICATIONS UNDER THIS POLICY IN A CONFIDENTIAL  
MANNER TO THE EXTENT POSSIBLE, CONSISTENT WITH THE NEED TO CONDUCT AN  
ADEQUATE INVESTIGATION. ANY COVERED PERSON RAISING A CONCERN OR COMPLAINT  
PURSUANT TO THIS POLICY MUST BE ACTING IN GOOD FAITH AND HAVE REASONABLE  
GROUNDS FOR BELIEVING THE INFORMATION DISCLOSED INDICATES MISCONDUCT.

**NO RETALIATION:**

NO COVERED PERSON WHO IN GOOD FAITH REPORTS A CONCERN REGARDING  
MISCONDUCT SHALL SUFFER INTIMIDATION, HARASSMENT, RETALIATION,  
DISCRIMINATION OR ADVERSE EMPLOYMENT CONSEQUENCES BECAUSE OF SUCH A  
REPORT. ANY COVERED PERSON WHO RETALIATES AGAINST SOMEONE WHO HAS  
REPORTED A CONCERN OF MISCONDUCT IN GOOD FAITH IS SUBJECT TO DISCIPLINE  
UP TO AND INCLUDING TERMINATION OF EMPLOYMENT OR THEIR APPOINTMENT (AS  
APPLICABLE).

JFNA'S COMMITMENT TO PROTECTING FROM RETALIATION COVERED PERSONS WHO IN  
GOOD FAITH REPORT SUSPECTED MISCONDUCT HAS BEEN DELEGATED JOINTLY TO  
JFNA'S EXECUTIVE VICE PRESIDENT AND THE HEAD OF THE HUMAN RESOURCES  
DEPARTMENT. THEY WILL ADMINISTER THE WHISTLEBLOWER POLICY AND REPORT  
CONCERNS TO THE AUDIT COMMITTEE.

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

THE COMPENSATION COMMITTEE IS CHARGED WITH ESTABLISHING AND MAINTAINING  
POLICIES AND STANDARDS FOR EXECUTIVE COMPENSATION. THE COMMITTEE ENGAGES  
IN THE FOLLOWING AREAS OF RESPONSIBILITY:

- SETS THE TERMS AND CONDITIONS OF EMPLOYMENT FOR THE CEO/PRESIDENT AND  
DETERMINES SALARY INCREASES GOING FORWARD. IN ITS ANNUAL REVIEW OF THE  
CEO/PRESIDENT'S COMPENSATION, COMMITTEE MEMBERS ARE PROVIDED WITH  
RELEVANT COMPENSATION INFORMATION ALONG WITH COMPARABLE DATA AS PREPARED  
BY AN OUTSIDE EXPERT.
- APPROVES THE TERMS AND CONDITIONS OF SENIOR MANAGEMENT TEAM (SMT)  
HIRES. IN ADDITION, THE COMMITTEE REVIEWS SALARY INCREASE PROPOSALS, AS  
PRESENTED BY THE CEO/PRESIDENT, FOR EVERY SMT MEMBER. IN ADVANCE OF THIS  
REVIEW, THE COMMITTEE IS PROVIDED WITH RELEVANT SALARY INFORMATION.
- REVIEWS AND IS ASKED TO APPROVE PROPOSED ANNUAL SALARY INCREASES FOR  
NON UNION STAFF. THE COMMITTEE IS PROVIDED WITH APPROPRIATE SALARY DATA  
ADVANCE AND IS GIVEN A PERSON-BY-PERSON REVIEW OF ANY SALARY REQUESTS  
OVER A PREDETERMINED AMOUNT. SOLID SALARY REVIEWS ARE DONE EVERY YEAR.

OTHER: PROVIDES GUIDANCE ON ANY MAJOR CLAIM BEING MADE AGAINST THE  
ORGANIZATION AND REVIEWS/APPROVES ANY SETTLEMENT PROPOSALS; LABOR  
NEGOTIATIONS STRATEGIES; OTHER MATTERS AS DETERMINED BY THE  
CEO/PRESIDENT. THE COMMITTEE IS COMPRISED OF THE CHAIR OF THE BOARD  
(CHAIR OF THE COMMITTEE), VICE CHAIR, TREASURER PLUS TWO OTHER MEMBERS.

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

JFNA'S CEO MAKES A RECOMMENDATION TO THE CHAIR OF BOARD WHO IS ALSO CHAIR

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OF THE COMPENSATION COMMITTEE WHO THEN PRESENTS IT TO THE COMPENSATION COMMITTEE. A SEPARATE CHART IS PROVIDED THAT GIVES RELEVANT INFORMATION ON EACH KEY EMPLOYEE/OFFICER AND PROVIDES INDUSTRY SALARY PARAMETERS AS CONTAINED WITHIN THE HAY GROUP SALARY RANGES. THE COMPENSATION COMMITTEE REVIEWS THE RECOMMENDATIONS AND MAKES ITS DECISION.

**FORM 990, PART VI, SECTION C, LINE 18:**

THE JEWISH FEDERATION OF NORTH AMERICA'S (JFNA) 990 IS AVAILABLE ON ITS WEBSITE, GUIDESTAR AND UPON REQUEST. JFNA RECEIVED ITS RULING FROM THE IRS AS A TAX-EXEMPT CHARITY ON FEBRUARY 1936. JFNA DOES NOT HAVE A COPY OF ITS APPLICATION. AN ORGANIZATION THAT FILED ITS APPLICATION BEFORE JULY 15, 1987, MUST MAKE THE APPLICATION AVAILABLE ONLY IF IT HAD A COPY OF THE APPLICATION ON JULY 15, 1987. SEE NOTICE 88-120 FOR DETAILS.

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

ALL JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) STATEMENTS INCLUDING GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, MANAGEMENT LETTER, FORM 990, CONFLICT OF INTEREST STATEMENTS AND WHISTLE BLOWER POLICY ARE AVAILABLE UPON REQUEST. THE JFNA ANNUAL REPORT AND FORM 990 IS AVAILABLE ON ITS WEBSITE - [WWW.JEWISHFEDERATIONS.ORG](http://WWW.JEWISHFEDERATIONS.ORG).

**FORM 990, PART XI, LINE 9:**

ADJUSTMENT TO MINIMUM PENSION LIABILITIES AND OTHER POSTRETIREMENT BENEFITS.....\$(495,527)

**FORM 990, PART XII, LINE 2C:**

THERE HAS BEEN NO CHANGE IN THE FUNCTION OF THE AUDIT COMMITTEE FROM PRIOR YEARS. THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR THE NOMINATION OF THE INDEPENDENT AUDITORS FOR THE ORGANIZATION, FOR THE DETERMINATION

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

13-1624240

OF THE SCOPE OF THEIR AUDIT, FOR THE REVIEW AND EVALUATION OF THEIR  
REPORTS FOR REVIEW AND EVALUATION OF THE ADHERENCE OF MANAGEMENT TO  
ACCOUNTING RULES AND OF THE ACTION TAKEN BY MANAGEMENT IN RESPONSE TO THE  
AUDITORS' RECOMMENDATIONS, AND FOR THE ENGAGEMENT AND TERMINATION OF THE  
ENGAGEMENT OF AN INTERNAL AUDITOR IF DEEMED NECESSARY BY THE COMMITTEE OR  
THE BOARD.

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

## FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

THE FEDERATION MOVEMENT PROTECTS AND ENHANCES THE WELL-BEING OF JEWS  
WORLDWIDE THROUGH THE VALUES OF TIKKUN OLAM (REPAIRING THE WORLD),  
TZEDAKAH (CHARITY AND SOCIAL JUSTICE) AND TORAH (JEWISH LEARNING).  
THE JEWISH FEDERATIONS OF NORTH AMERICA LEADS A CONTINENTAL  
FEDERATION MOVEMENT TO MOBILIZE FINANCIAL AND SOCIAL RESOURCES  
THROUGH PHILANTHROPIC ENDEAVORS, STRATEGIC INITIATIVES AND  
INTERNATIONAL AGENCIES THAT STRENGTHEN THE JEWISH PEOPLE.

Name of the organization

Employer identification number

**THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.****13-1624240**

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

=====

DESCRIPTION -----	GRANTS -----	EXPENSES -----	REVENUE -----
THE UKRAINE CRISIS	9,572,473.	9,833,405.	
HUMANITARIAN ASSISTANCE	1,451,220.	1,870,512.	172,690.
WORK WITH OVERSEAS PARTNERS	NONE	2,989,794.	626,221.
U.S. GOVERNMENT GRANT HOLOCAUST SURVIVOR	4,501,826.	6,111,108.	
RECRUITING & DEVELOPING TALENT FOR FEDER		3,962,191.	1,126,643.
FUNDRAISING INFRASTRUCTURE	617,538.	12,377,547.	5,735,585.
	-----	-----	-----
TOTALS	16,143,057.	37,144,557.	7,661,139.
	=====	=====	=====

Name of the organization

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

13-1624240

FORM 990, PART VI, LINE 17 - STATES  
=====

AL, AK, AR, CA, CO, CT,  
FL, GA, HI, IL, KS, KY, MD, MA, MI,  
MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA,  
RI, SC, TN, UT, VA, WA, WV, WI,

Name of the organization

Employer identification number

**THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.****13-1624240**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
SKDKNICKERBOCKER LLC ONE WORLD TRADE CENTER 69TH FLOOR NEW YORK, NY 10007	EVENT CONSULTANT	1,114,097.
FIFTY THIRTEEN LLC PO BOX 51293 WASHINGTON, DC 20091	EVENT CONSULTANT	1,032,872.
HILTON CHICAGO 720 S. MICHIGAN CHICAGO, IL 60605	ACCOMMODATION SERV	667,148.
CONCOURSE HOSTING LLC 3400 188TH ST SW SUITE 590 LYNWOOD, WA 98037	DONOR MANAGEMENT SYS	666,000.
AVFX LLC 9 MICRO DRIVE WOBURN, MA 01801	VIDEO PRODUCTION	404,910.



**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.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

13-1624240

**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) JFBP LLC 35-2221762 25 BROADWAY NEW YORK, NY 10004	TAXEXEMPTBOND	NY		NONE	JFNA, INC.
(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) UNITED ISRAEL APPEAL, INC 13-1760102 25 BROADWAY NEW YORK, NY 10004	ADMINISTRATOR	NY	501(C)(3)	7	JFNA, INC.	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

**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)									
(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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED ISRAEL APPEAL INC	P	452,078.	EXP PAID JFNA
(2) UNITED ISRAEL APPEAL INC	B	454,726,538.	GRANT
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners 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)													

**Part VII** **Supplemental Information**

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

SCHEDULE R, PART V, LINE 1N:

CERTAIN EMPLOYEES HAVE SHARED RESPONSIBILITIES FOR JFNA AND UNITED ISRAEL  
APPEAL, INC.

SCHEDULE R, PART V, LINE 1Q:

JFNA AND UNITED ISRAEL APPEAL CLASSIFY CASH TRANSFERS AS EXCHANGE  
TRANSACTIONS, WHICH ARE NOT INCLUDED IN REVENUES OR EXPENSES.