

Return of Organization Exempt From Income Tax

2015

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

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

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

C Name of organization 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) Room/suite
25 Broadway Suite 1700
 City or town, state or province, country, and ZIP or foreign postal code
New York, NY, 10004

D Employer identification number
13-1624240

E Telephone number
212-284-6500

G Gross receipts \$ 291,428,566

F Name and address of principal officer: Gerrald Silverman President and CEO
25 Broadway, Suite 1700, New York, NY 10004

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

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

J Website: ▶ www.jewishfederations.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1935 **M** State of legal domicile: NY

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS 151 FEDERATIONS, 300 NETWORK COMMUNITIES AND 30 SEPARATELY INCORPORATED JEWISH COMMUNITY FOUNDATIONS</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>124</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>124</u>
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>5</u>	<u>181</u>
	6	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>147</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u>315,811,887</u>	<u>261,489,843</u>
	9	Program service revenue (Part VIII, line 2g)	<u>18,360,286</u>	<u>12,758,159</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,915,073</u>	<u>-215,753</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>338,087,246</u>	<u>274,032,249</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>278,555,323</u>	<u>233,627,510</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>20,453,654</u>	<u>21,030,816</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>1,966,123</u>	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>25,712,066</u>	<u>20,151,331</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>324,721,043</u>	<u>274,809,657</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>13,366,203</u>	<u>-777,408</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u>325,298,741</u>	<u>306,073,877</u>
	21	Total liabilities (Part X, line 26)	<u>205,184,302</u>	<u>198,067,583</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>120,114,439</u>	<u>108,006,294</u>

Part II Signature Block

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

Sign Here

Signature of officer: Pamela Zaltsman Date: 5/3/2017

PAMELA ZALTSMAN, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Paul Hammerschmidt Preparer's signature: [Signature] Date: 5/3/2017 Check if self-employed PTIN: P01384178

Firm's name ▶ BDO USA LLP Firm's EIN ▶ 13-5381590

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone no. 212-885-8321

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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 \$ 229,395,833 including grants of \$ 226,715,658) (Revenue \$ 0)

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.

4b (Code:) (Expenses \$ 16,531,348 including grants of \$) (Revenue \$ 9,512,243)

FUNDRAISING/INFRASTRUCTURE: JFNA'S PHILANTHROPIC RESOURCES DEPARTMENT PROVIDES FUNDRAISING EXPERTISE, CONSULTING AND SUPPORT FOR JEWISH FEDERATIONS AND SMALLER NETWORK COMMUNITIES. THE DEPARTMENT SUPPORTS THE CENTRAL ENGINE OF FEDERATION FUNDRAISING, THE UNRESTRICTED ANNUAL CAMPAIGN, AS WELL AS ENDOWMENT FUNDS AND TARGETED SUPPLEMENTAL GIVING. THE PHILANTHROPIC RESOURCES DEPARTMENT ALSO WORKS WITH FEDERATIONS ON KEY AREAS SUCH AS FAMILY AND GENERATIONAL PHILANTHROPY AND LEGACY GIVING.

4c (Code:) (Expenses \$ 6,116,223 including grants of \$) (Revenue \$ 2,926,504)

POWER OF THE COLLECTIVE JFNA HELPS FEDERATIONS MAKE THE GREATEST POSSIBLE IMPACT ON FUNDRAISING AND TO MEET THE GREATEST ARRAY OF JEWISH NEEDS BY LEADING COMMUNITIES TO ACT COLLECTIVELY AND STRATEGICALLY. JFNA PROVIDES THOUGHT LEADERSHIP, AND LEADS FEDERATIONS IN TIMES OF CRISIS, SUCH AS NATURAL DISASTERS, GLOBAL CONFLICTS AND THE ECONOMIC DOWNTURN, WHILE MEETING NEEDS AT HOME AND OVERSEAS. JFNA PRODUCES KEY EVENTS SUCH AS THE ANNUAL GENERAL ASSEMBLY, WHICH ALLOW FEDERATIONS TO CONVENE AND LEVERAGE OUR MOVEMENT'S IMPACT.

4d Other program services (Describe in Schedule O.) See Schedule O, Statement 1
(Expenses \$ 11,483,881 including grants of \$ 6,911,852) (Revenue \$ 319,412)

4e Total program service expenses **▶** 263,527,285

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	232		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	181		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<input checked="" type="checkbox"/>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>		
b	If "Yes," enter the name of the foreign country: ► <u>Cayman Islands, Israel</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<input checked="" type="checkbox"/>	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<input checked="" type="checkbox"/>	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		<input checked="" type="checkbox"/>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<input checked="" type="checkbox"/>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<input checked="" type="checkbox"/>	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [See Schedule O, Statement 2](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

PAMELA ZALTSMAN, (212)284-6500
25 BROADWAY, NEW YORK, NY 10004

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Richard V Sandler Chair, Board of Trustees Began Service November	20 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Susan K Stern Vice Chair of the Board	20 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Harold Gernsbacher National Campaign Chair	20 10	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jodi J Schwartz Treasurer	20 1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Robert Kuchner Assistant Treasurer	20	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Sheryl Kimerling Secretary	20	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Roberta Abrams Paer Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Caryn Rosen Adelman Trustee	1 10	<input checked="" type="checkbox"/>						0	0	0
Meryl K Ainsman Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Eric Albert Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Joel Alperson Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Judy Altenberg Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Sanford L Antignas Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Daniel Bader Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Harvey Barnett Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Hugh Bassewitz Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Saby Behar Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Brad Bell Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Gerald Benjamin Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Richard Bernstein Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Robert G Berrin Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Leslie E Bider Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Cookie Hymer Blitz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Merom Brachman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Denis Braham Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Celie Brown Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
David T Brown Trustee	1	<input checked="" type="checkbox"/>						0	0	0
David J Butler Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Amy Chafetz Trustee - Through November 2015	1	✓						0	0	0
Renee Chelm Trustee - Through November 2015	1	✓						0	0	0
Charles Cohen Trustee - Through November 2015	1	✓						0	0	0
Suzanne F Cohen Trustee	1	✓						0	0	0
Leslie Crane Trustee Began Service November 2015	1	✓						0	0	0
Patricia Croughan Trustee	1	✓						0	0	0
Amy N Dean Trustee Began Service November 2015	1	✓						0	0	0
Alisa Doctoroff Trustee	1	✓						0	0	0
Elaine Dubrovsky Trustee - Through November 2015	1	✓						0	0	0
Diane S Feinberg Trustee	10	✓						0	0	0
Howard Feinsand Trustee	1	✓						0	0	0
Alan Feldbaum Trustee - Through November 2015	1	✓						0	0	0
Dori Fenenbock Trustee Began Service November 2015	1	✓						0	0	0
Genine Fidler Trustee - Through November 2015	1	✓						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Susan Weiss Firestone Trustee Began Service November 2015	1	✓					0	0	0	
Cheryl Fishbein Trustee	1	✓					0	0	0	
Daniel Frankel Trustee Began Service November 2015	1	✓					0	0	0	
Michael Frankel Trustee	1	✓					0	0	0	
William Freedman Trustee	1	✓					0	0	0	
Stephen Gaerber Trustee Began Service November 2015	1	✓					0	0	0	
Sharon Gaines Trustee	1	✓					0	0	0	
Leslie Gales Trustee	1	✓					0	0	0	
Michael C Gelman Trustee	1	✓					0	0	0	
Raymond L Golden Trustee Began Service November 2015	1	✓					0	0	0	
Debby Goldenberg Trustee	1	✓					0	0	0	
Marilyn Goldsmith Trustee	1	✓					0	0	0	
Beth Goldsmith Trustee	1	✓					0	0	0	
Albert W Gortz Trustee	1	✓					0	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Suzanne B Grant Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Joshua Green Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Michael Green Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Jody Gross Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Michael Grossman Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Andrew J Groveman Trustee Began Service November 2015	20	<input checked="" type="checkbox"/>						0	0	0
Lee Harkavy Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Jim Heeger Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Alison Himel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Andy Hodes Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Joseph Hollander Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Linda A Hurwitz Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Harry Immerman Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
John Isenberg Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sharon Janks Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Tom Kasten Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Beth Kaplan Trustee - Through November 2016	1	<input checked="" type="checkbox"/>						0	0	0
Brian Katz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Evelyn B Kenvin Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Linda Ketover Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Wayne Kimmel Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Lori Klinghoffer Trustee	1 10	<input checked="" type="checkbox"/>						0	0	0
Jennifer L Korach Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
David Kroft Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Rochelle Kupfer Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Stuart S Kurlander Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Alison Lebovitz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Mary Beth Leibowitz Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Michael Lebovitz</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>David W Lentz</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Beth Kieffer Leonard</u> Trustee Began Service November 2015	1 10	<input checked="" type="checkbox"/>						0	0	0
<u>Adam Levene</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Jonathan P Levitt</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Liza Levy</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Keith Libman</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Robert Lippitt</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Beth Kaplan Liss</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Arthur S Loring</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Dan Lowen</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Joan Lubar</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Kathy Manning</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Zvi S Marans</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Florine Mark Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Ronnie Marks Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Amy Toltz Miller Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Robert Millstone Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Nancy Mimoun Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Linda Mirels Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Cynthia Moskowitz Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Julie Wise Oreck Trustee Began Service November 2015	1 10	<input checked="" type="checkbox"/>						0	0	0
Marcie H Orley Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Selena Altro Paperman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Ann B Pava Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Julie B Platt Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Louis Plung Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
David Pratt Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sari Anne Rapkin ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Linda Ravvin ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Zoe Riekes ----- Trustee Began Service November 2015	1 1	<input checked="" type="checkbox"/>						0	0	0
Enid Rosenberg ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Jason Rubinoff ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Paula Saginaw ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Nancy Sage ----- Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Robin Kaufman Saran ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Sherrie Savett ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Sammy Schulman ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Stacey Schulman ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Steven Schwarz ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Phyllis Seaman ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Brian Seymour ----- Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Stephen Selig III Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Cynthia Shapira Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Nathan Shor Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Michael D Siegal Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Shelly Silverman Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Hope Silverman Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Stephen J Silverman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Bill Silverstein Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Gregory Siwak Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Terry Smooke Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
Edgar Snyder Trustee	1	<input checked="" type="checkbox"/>						0	0	0
David J Steirman Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Jeffrey M Stern Trustee	1	<input checked="" type="checkbox"/>						0	0	0
Theresa Supuis Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>Diane Switzer</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Brian Tauber</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Patricia Uhlmann</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Alice Viroslav</u> Trustee - Through November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Harvey Wallace</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Nat Wasserstein</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Rabbi Stuart G Weinblatt</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Steven J Weiss</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Mark Wilf</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Paul Wolff</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Jackie Sprinces Wong</u> Trustee Began Service November 2015	1	<input checked="" type="checkbox"/>						0	0	0
<u>Andrea Yablon</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Jerry Yanowitz</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0
<u>Robert K Yass</u> Trustee	1	<input checked="" type="checkbox"/>						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Zahler Trustee Began Service November 2015	1	✓						0	0	0
Steve Zarkin Trustee	1	✓						0	0	0
Fred Zimmerman Trustee	1 10	✓						0	0	0
BECKY PORATH GENERAL COUNSEL	50			✓				138,306	0	42,066
PAMELA ZALTSMAN CHIEF FINANCIAL OFFICER	37.5 12.5			✓				165,132	55,045	18,316
MARK GURVIS EXECUTIVE VICE PRESIDENT	50			✓				350,974	0	47,690
GERRALD SILVERMAN PRESIDENT AND CEO	50.00			✓				636,559	0	46,248
BECKY CASPI DIRECTOR GENERAL ISAREL OFFICE	50				✓			275,805	0	69,543
WILLIAM DAROFF VICE PRESIDENT	50				✓			284,035	0	39,202
RENEE ROTHSTEIN SENIOR VICE PRESIDENT	50				✓			269,653	0	29,407
REUBEN ROMIROWSKY SENIOR VICE PRESIDENT	50				✓			280,075	0	30,353
DANIEL ALLEN SENIOR VICE PRESIDENT THROUGH DECEMBER	20 30				✓			98,243	147,366	46,268
GLORIA NILSEN VICE PRESIDENT	50					✓		170,423	0	41,457
STEPHAN KLINE ASSOCIATE VICE PRESIDENT	50					✓		179,046	0	8,876

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			
BETH MANN VICE PRESIDENT	50					<input checked="" type="checkbox"/>		198,519	0	26,147
STEPHEN CUPERTINO CIO	50					<input checked="" type="checkbox"/>		181,954	0	41,365
ELISSA MAIER VICE PRESIDENT	50					<input checked="" type="checkbox"/>		165,435	0	38,901
1b Sub-total								3,394,159	202,411	525,839
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,394,159	202,411	525,839

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 **▶ 49**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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
Gaylord National Resort and Convention Center, 201 Waterfront Street, Oxon Hill, MD	Meeting Space and Ancillary S	1,090,321
Blackbaud Inc, PO Box 930256, Atlanta, GA 31193	Federation Donor Manage	1,084,735
Shepardson Stern Kaminsky, 88 Pine Street, New York, NY 10005	Project Connect Production	1,000,000
Wyndham Jade, 6100 West Plano Parkway, Plano, TX 75093	Meeting logistics Registration	506,383
Fusion Labs Inc, Department 3131, Dallas, TX 75312	Federation Donor Manage	474,165
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	22	

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	2,467,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	259,022,343				
	g Noncash contributions included in lines 1a-1f: \$		0				
	h Total. Add lines 1a-1f		261,489,843				
Program Service Revenue	Business Code						
	2a FUNDRAISING & INFRASTRUCTURE.	900099	9,512,243	9,512,243	0	0	
	b POWER AND COLLECTIVE	900099	2,926,504	2,926,504	0	0	
	c TALENT	900099	319,412	319,412	0	0	
	d -----						
	e -----						
	f All other program service revenue .		0	0	0	0	
g Total. Add lines 2a-2f		12,758,159					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		866,564	0	0	866,564	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
	c Rental income or (loss)		0	0			
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities		16,314,000	0		
		(ii) Other					
		b Less: cost or other basis and sales expenses		17,396,317	0		
		c Gain or (loss)		-1,082,317	0		
	d Net gain or (loss)		-1,082,317	0	0	-1,082,317	
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a -----							
b -----							
c -----							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See instructions.			274,032,249	12,758,159	0	-215,753	

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	231,850,658	231,850,658		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,776,852	1,776,852		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,122,410	2,568,687	1,329,057	224,666
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,789,588	8,979,018	3,624,605	1,185,965
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	404,117	248,710	122,926	32,481
9 Other employee benefits	1,744,108	1,123,291	483,401	137,416
10 Payroll taxes	970,593	625,110	269,012	76,471
11 Fees for services (non-employees):				
a Management				
b Legal	140,164	23,992	116,172	
c Accounting	148,000		148,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	185,252		185,252	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,513,928	5,571,927	872,870	69,131
12 Advertising and promotion	527,116	471,680	26,275	29,161
13 Office expenses	1,504,649	681,107	785,058	38,484
14 Information technology				
15 Royalties				
16 Occupancy	3,780,860	3,402,867	329,492	48,501
17 Travel	1,002,936	710,766	190,167	102,003
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,780,742	2,251,867	507,031	21,844
20 Interest	12,650		12,650	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	492,935	340,125	152,810	
23 Insurance	367,747	206,276	161,471	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISSION EXPENSES	2,694,352	2,694,352	0	0
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	274,809,657	263,527,285	9,316,249	1,966,123
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	30,025,189	1	23,943,526
	2 Savings and temporary cash investments	6,198,659	2	5,786,672
	3 Pledges and grants receivable, net	38,767,470	3	38,629,877
	4 Accounts receivable, net	181,752,913	4	174,107,470
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6
	7 Notes and loans receivable, net	5,493	7	5,493
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,513,941	9	2,177,003
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,009,111		
	b Less: accumulated depreciation	10b 4,659,676	4,830,086	10c 5,349,435
	11 Investments—publicly traded securities	30,172,716	11	27,403,593
	12 Investments—other securities. See Part IV, line 11	31,026,899	12	28,666,208
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,375	15	4,600
16 Total assets. Add lines 1 through 15 (must equal line 34)	325,298,741	16	306,073,877	
Liabilities	17 Accounts payable and accrued expenses	30,776,902	17	40,649,589
	18 Grants payable		18	
	19 Deferred revenue	11,179,470	19	9,887,996
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	163,227,930	25	147,529,998
	26 Total liabilities. Add lines 17 through 25	205,184,302	26	198,067,583
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,491,349	27	9,303,073
	28 Temporarily restricted net assets	88,157,573	28	89,664,696
	29 Permanently restricted net assets	8,465,517	29	9,038,525
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	120,114,439	33	108,006,294	
34 Total liabilities and net assets/fund balances	325,298,741	34	306,073,877	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	274,032,249
2	Total expenses (must equal Part IX, column (A), line 25)	2	274,809,657
3	Revenue less expenses. Subtract line 2 from line 1	3	-777,408
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,114,439
5	Net unrealized gains (losses) on investments	5	-2,128,159
6	Donated services and use of facilities	6	0
7	Investment expenses	7	185,252
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-9,387,830
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,006,294

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2015

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE JEWISH FEDERATIONS OF NORTH AMERICA INC	Employer identification number 13-1624240
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	36,296,812	33,628,000	171,274,856	315,881,887	261,489,843	818,571,398
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	36,296,812	33,628,000	171,274,856	315,881,887	261,489,843	818,571,398
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						818,571,398

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	36,296,812	33,628,000	171,274,856	315,881,887	261,489,843	818,571,398
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	916,966	732,745	636,915	950,140	866,564	4,103,330
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						822,674,728
12 Gross receipts from related activities, etc. (see instructions)					12	68,257,165
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.5 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.32 %
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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 THE JEWISH FEDERATIONS OF NORTH AMERICA INC	Employer identification number 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.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	194,500													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	779,600													
c	Total lobbying expenditures (add lines 1a and 1b)	974,100													
d	Other exempt purpose expenditures	273,934,557													
e	Total exempt purpose expenditures (add lines 1c and 1d)	274,908,657													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	783,886	804,975	823,424	974,100	3,386,385
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	156,777	160,995	164,684	194,500	676,956

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.

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions 1 through 2d regarding lobbying activities and tax implications.

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 3 regarding dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes/No, Amount. Rows include questions 1 through 5 regarding dues, lobbying expenditures, and taxable amounts.

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.

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization: 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.

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	26,528,159	26,270,910	26,108,921	26,047,107	21,465,107
b Contributions	573,008	257,249	161,989	61,814	4,582,000
c Net investment earnings, gains, and losses	964,000	602,000	420,000	440,000	401,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	964,000	602,000	420,000	440,000	401,000
f Administrative expenses	0	0	0	0	0
g End of year balance	27,101,167	26,528,159	26,270,910	26,108,921	26,047,107

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

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

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	0	0	0	0
b Buildings	0	0	0	0
c Leasehold improvements	0	6,906,621	2,761,439	4,145,182
d Equipment	0	3,102,490	1,898,237	1,204,253
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,349,435

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other Limited Partnerships	16,548,208	End-of-Year Market Value
(A) Limited Liability Corp.	12,118,000	End-of-Year Market Value
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,666,208	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) AMOUNTS HELD FOR DISTRIBUTION TO OTHER	147,529,998	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	147,529,998	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	286,083,462
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,128,159
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	185,274,372
e	Add lines 2a through 2d	2e	183,146,213
3	Subtract line 2e from line 1	3	102,937,249
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0
b	Other (Describe in Part XIII.)	4b	171,095,000
c	Add lines 4a and 4b	4c	171,095,000
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	274,032,249

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

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

1	Total expenses and losses per audited financial statements	1	299,601,602
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	196,072,197
e	Add lines 2a through 2d	2e	196,072,197
3	Subtract line 2e from line 1	3	103,529,405
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	185,252
b	Other (Describe in Part XIII.)	4b	171,095,000
c	Add lines 4a and 4b	4c	171,280,252
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	274,809,657

Part XIII Supplemental Information.

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

Schedule D, Part V, Line 4 - THE JEWISH FEDERATIONS OF NORTH AMERICA MAINTAINS ENDOWMENT FUNDS TO SUPPORT PROGRAMS INCLUDING THE JEWISH DATA BANK, CREATE A JEWISH LEGACY, VARIOUS PROGRAMS ABROAD INCLUDING ISRAEL AND THE FORMER SOVIET UNION, SUPPORT FEDERATIONS ANNUAL CAMPAIGNS AND TO MAINTAIN THE JEWISH DATA BANK.

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 AND UIA DO NOT BELIEVE THEY HAVE TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, THEY HAVE NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION AND UIA HAVE FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE THEY ARE REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION AND UIA HAVE FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE SO REQUIRED TO DO SO. FOR THE YEAR ENDED JUNE 30, 2016, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

Schedule D, Part XI, Line 2d - UIA ELIMINATION ENTRY \$185,274,372 REVENUE OF UNITED ISRAEL APPEAL, INC. (WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990 WHICH INCLUDES \$185,274,372 OF REVENUE FROM JFNA WHICH IS NOT SHOWN IN JFNA'S 990.

Schedule D, Part XI, Line 4b - JFNA/UIA ELIMINATION ENTRY \$171,095,000.

Schedule D, Part XII, Line 2d - UIA EXPENSES 196,072,197. EXPENSES OF UNITED ISRAEL APPEAL, INC. (WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990.

Part XIII - Supplemental Information (Continued)

Schedule D, Part XII, Line 4b - JFNA/UIA ELIMINATION ENTRY \$171,095,000.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Middle East and North Africa	1	44	Program Services	JFNA global operations and	9,649,348
(2) Middle East and North Africa	0	0	Grantmaking		765,274
(3) Europe (including Iceland and C	0	0	Grantmaking		973,344
(4) South America	0	0	Grantmaking		38,234
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	44			11,426,200

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and Nor	VOCATIONAL TRAINING	765,274	WIRE TRANSFER	0		
(2)			Europe (including Iceland)	VOCATIONAL TRAINING	973,344	WIRE TRANSFER	0		
(3)			South America	VOCATIONAL TRAINING	38,234	WIRE TRANSFER	0		
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - 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 TO LEGALLY ACCEPTED STANDARDS, INCLUDING PROVISIONS FOR APPROPRIATELY 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.

Schedule F, Part I, Line 3 - REGION: MIDDLE EAST AND NORTHERN AFRICA SPECIFIC TYPES OF SERVICES IN REGION: JFNA GLOBAL OPERATIONS AND FEDERATIONS MEET CRITICAL NEEDS IN ISRAEL AND AROUND THE WORLD. ALONG WITH MISSIONS TO ISRAEL WHICH ARE ORGANIZED THROUGHOUT THE YEAR.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 40

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

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

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

Schedule I, Part I, Line 2 - 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 TO 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 I, LINE 2 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 SCHEDULES F.

Schedule I, Part II, Line 1 - PART II, LINE 1, COLUMN (H): NAME OF ORGANIZATION OR GOVERNMENT: UNITED ISRAEL APPEAL (H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAM SERVICES RELATED TO IMMIGRATION, ABSORPTION, YOUTH CARE SERVICE & JEWISH IDENTITY AND DISASTER RELIEF.

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	GRATZ COLLEGE 7605 OL ROK ROAD MELROSE PARK, PA 19027	23-1352642	15,425	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	BRANDIES UNIVERSITY 415 SOUTH STREET WALTHAM, MA 02453	04-2103552	40,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	HEBREW UNION COLLEGE 3101 CLIFTON AVENUE CINCINNATI, OH 45220	31-0537067	20,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	UNIVERSITY OF GEORGIA 210 SOUTH JACKSON STREET ATHENS, GA 30602	58-6001998	17,140	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	THE OHIO STATE UNIVERSITY 901 WODDY HAYES DRIVE COLUMBUS, OH 43210	31-6025986	18,907	
IRC code section	501C1			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	NEW YORK UNIVERSITY 29 WASHINGTON SQAURE NEW YORK, NY 10011	13-5562308	20,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	SCHOLARSHIP			
Name and address	UNIVERSITY OF PENNSYLVANIA 1 COLLGE HALL ROOM 1 PHILADELPHIA, PA 19104	23-1352685	10,000	
IRC code section	501C3			
Method of valuation				

Desc. of Non-Cash Asst.

Purpose of grant	SCHOLARSHIP		
Name and address	Secure Community Network Inc 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	20-1437733	600,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	NATIONAL JEWISH NON PROFIT HOMELAND SECURITY		
Name and address	HILLEL INTERNATIONAL 800 EIGHT STREET WASHINGTON, DC 20001	52-1844823	14,188
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	THANKSGIVING DINNER FOR STUDENTS WHO STUDY IN ISRAEL		
Name and address	AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	13-1656634	55,341,873
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	JEWISH RENEWAL AND CONTINUITY AND DISASTER RELIEF		
Name and address	AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET NEW YORK, NY 10018	22-2584370	8,652
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	DISASTER NEPAL ASSISTANCE		
Name and address	JEWISH FEDERATION OF GREATER HOUSTON 5603 S BRAESWOOD BLVD HOUSTON, TX 77096	74-1109654	646,552
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	DISASTER		
Name and address	UNITED ISRAEL APPEAL INC 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1760102	170,530,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	PROGRAM SERVICES RELATED TO IMMIGRATION ABSORPTION YOUTH CARE SERVICE AND JEWISH IDENTITY		
Name and address	AUSCHWITZ JEWISH CENTER FOUNDATION 36 BATTERY PLACE NEW YORK, NY 10280	13-3857441	8,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		

Schedule I, Part IV, Statement 1

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Name and address	JEWISH FAMILY SERVICE AGENCY OF CENTRAL NEW JERSEY 655 WESTFIELD AVENUE ELIZABETH, NJ 07208	22-1487364	149,996
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY SERVICE OF DETROIT 6555 W MAPLE ROAD BLOOMFILED, MI 48322	38-0691329	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANT		
Name and address	JEWISH FAMILY SERVICE COLUMBUS 1070 COLLEGE AVENUE COLUMBUS, OH 43209	31-4379497	88,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY SERVICES KANSAS CITY 5801 W 115TH SUITE 103 OVERLAND PARK, KS 66211	44-0545829	26,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANT		
Name and address	JEWISH FAMILY AND COMMUNITY SERVICES EAST BAY 2484 SHATTUCK AVENUE SUITE 210 BERKELEY, CA 94704	94-3250304	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY CHILDREN SERVICE 1430 MAIN STREET WALTHAM, MA 02451	04-2104356	18,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANT		
Name and address	JEWISH FAMILY AND CHILDRENS SERVICES 2150 POST STREET PO BOX 159004 SAN FRANCISCO, CA 94115	94-1156528	149,996
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST FUND		
Name and address	JEWISH FAMILY SERVICE OF ROCHESTER INC 441 EAST AVENUE ROCHESTER, NY 14607	16-0743059	15,000
IRC code section	501C3		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST FUNDS

Name and address	JEWISH FEDERATION OF GREATER INDIANAPOLIS INC 6705 HOOVER ROAD INDIANAPOLIS, IN 46260	35-0888017	46,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Name and address	JEWISH SOCIAL SERVICE AGENCY 200 WOOD HILL ROAD ROCKVILLE, MD 20850	53-0196598	251,244
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Name and address	JEWISH FAMILY SERVICE OF ORANGE COUNTY 720 ROUTE 17 M MIDDLETOWN, NY 10940	14-1731791	30,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Name and address	JEWISH COMMUNITY SERVICES BALTIMORE 5750 PARK HEIGHTS BALTIMORE, MD 21215	52-0607909	45,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Name and address	GUARDIANS OF THE SICK 5216 11TH AVENUE BROOKLYN, NY 11219	11-6003433	108,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Name and address	SELFHELP COMMUNITY SERVICES 520 EIGHTH AVENUE NEW YORK, NY 10018	13-1624178	351,021
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLCAUST GRANTS

Name and address	JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	56,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

HOLOCAUST GRANTS

Schedule I, Part IV, Statement 1

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Name and address	JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND OHIO 3659 S GREEN ROAD SUITE 322 BEACHWOOD, OH 44122	34-0714441	55,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY AND CAREER SERVICES ATLANTA 4549 CHAMBLEE DUNWOODY ROAD ATLANTA, GA 30338	58-1479212	66,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	METROPOLITAN NEW YORK COORDINATING COUNCIL ON JEWISH POVERTY 120 BROADWAY 7TH FLOOR NEW YORK, NY 10271	13-2738818	198,747
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY SERVICE OF LOS ANGELES 3580 WILSHIRE BOULEVARD SUIT 700 LOS ANGELES, CA 90010	95-1691013	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	ALPERT JEWISH FAMILY AND CHILDRENS SERVICE 5841 CORPORATE WAY SUITE 200 WEST PALM BEACH, FL 33407	59-1520581	149,996
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH FAMILY SERVICE OF THE CINCINNATI AREA 8487 RIDGE ROAD CINCINNATI, OH 45236	31-0744786	60,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCAUST GRANTS		
Name and address	JEWISH COMMUNITY SERVICES SOUTH FLORIDA 735 NE 125TH STREET N MIAMI, FL 33161	59-0637867	52,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	HOLOCUAST GRANTS		
Name and address	WORLD ORT INC 1745 BROADWAY 17TH FLOOR NEW YORK, NY 10019	13-5562424	849,858

Schedule I, Part IV, Statement 1

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant VOCATIONAL SERVICES

Name and address	Union for Reform Judaism 633 3rd Avenue New York, NY 10017	13-1663143	25,000
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IRC code section 501C3

Method of valuation CASH

Desc. of Non-Cash Asst.

Purpose of grant For JEWISH COMMUNITY LEGACY PROJECT.

Name and address	JEWISH FUNDERS NETWORK 150 W 30TH STREET NEW YORK, NY 10001	23-2742482	16,602
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant FROM VENTURE FUND

Name and address	CJE SENIOR LIFE 3003 W TOUHY AVENUE CHICAGO, IL 60645	36-2727597	78,750
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant HOLOCAUST GRANTS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public Inspection

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

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 (e.g., maid, chauffeur, chef) |

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

	Yes	No
1b	✓	
2	✓	
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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" to line 5a or 5b, describe in Part III.

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

- a** The organization?
 - 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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	BECKY PORATH, GENERAL COUNSEL	(i)	138,035	0	271	7,613	34,453	180,372	
		(ii)	0	0	0	0	0	0	0
2	PAMELA ZALTSMAN, CHIEF FINANCIAL OFFICER	(i)	164,318	0	814	8,340	5,397	178,869	
		(ii)	54,773	0	272	2,780	1,799	59,624	0
3	MARK GURVIS, EXECUTIVE VICE PRESIDENT	(i)	348,136	0	2,838	5,300	42,390	398,664	
		(ii)	0	0	0	0	0	0	0
4	GERRALD SILVERMAN, PRESIDENT AND CEO	(i)	633,721	0	2,838	13,250	32,998	682,807	
		(ii)	0	0	0	0	0	0	0
5	BECKY CASPI, DIRECTOR GENERAL ISAREL OFFICE	(i)	244,921	0	30,884	38,349	31,194	345,348	
		(ii)	0	0	0	0	0	0	0
6	WILLIAM DAROFF, VICE PRESIDENT	(i)	283,078	0	957	13,250	25,952	323,237	
		(ii)	0	0	0	0	0	0	0
7	RENEE ROTHSTEIN, SENIOR VICE PRESIDENT	(i)	268,272	0	1,381	13,250	16,157	299,060	
		(ii)	0	0	0	0	0	0	0
8	REUBEN ROMIROWSKY, SENIOR VICE PRESIDENT	(i)	278,449	0	1,626	8,473	21,880	310,428	
		(ii)	0	0	0	0	0	0	0
9	DANIEL ALLEN, SENIOR VICE PRESIDENT	(i)	95,512	0	2,731	5,026	13,482	116,751	
		(ii)	143,269	0	4,097	7,538	20,222	175,126	0
10	GLORIA NILSEN, VICE PRESIDENT	(i)	167,971	0	2,452	9,027	32,430	211,880	
		(ii)	0	0	0	0	0	0	0
11	STEPHAN KLINE, ASSOCIATE VICE PRESIDENT	(i)	178,500	0	546	7,226	1,650	187,922	
		(ii)	0	0	0	0	0	0	0
12	BETH MANN, VICE PRESIDENT	(i)	196,658	0	1,861	10,302	15,845	224,666	
		(ii)	0	0	0	0	0	0	0
13	STEPHEN CUPERTINO, CIO	(i)	180,238	0	1,716	9,537	31,828	223,319	
		(ii)	0	0	0	0	0	0	0
14	ELISSA MAIER, VICE PRESIDENT	(i)	164,612	0	823	8,736	30,165	204,336	
		(ii)	0	0	0	0	0	0	0
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

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

Schedule J, Part I, Line 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 GERRALD SILVERMAN, PRESIDENT/CEO, PURSUANT TO A CONTRACT SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATIONS SECTION 53.4958-(A) 3. A BINDING WRITTEN CONTRACT WAS EXECUTED BETWEEN THE ORGANIZATION AND GERRALD SILVERMAN. GERRALD SILVERMAN WAS NOT A DISQUALIFIED PERSON WITH RESPECT TO THE ORGANIZATION IMMEDIATELY PRIOR ENTERING INTO THE CONTRACT ON JULY 7, 2009. THE STARTING DATE ACCORDING TO THE CONTRACT WAS SEPTEMBER 30, 2009 FOR A CONTRACT OF FIVE YEARS THAT WAS EXPIRES SEPTEMBER 2014. FROM SEPTEMBER 2014 THERE IS A RENEWAL OF CONTRACT THAT WILL EXPIRE SEPTEMBER 2019.

Schedule J, Part II - SALARIES RELATED TO THE WORK PERFORMED FOR UIA (RELATED ORGANIZATION) BY PAMELA ZALTSMAN AND DANIEL ALLEN WERE PAID BY JFNA AND RECORDED IN EXPENSES IN JFNA FINANCIAL STATEMENTS. THE RELATIONSHIP BETWEEN THE ORGANIZATION, THEY HAVE CERTAIN COMMON BOARD MEMBERS.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number

13-1624240

Form 990, Part III, Line 1 - THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS AND SERVES 151 JEWISH FEDERATIONS, 300 INDEPENDENT NETWORK JEWISH COMMUNITIES ACROSS NORTH AMERICA AND 30 SEPARATELY INCORPORATED JEWISH COMMUNITY FOUNDATIONS. 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.

Form 990, Part VI, Section A, Line 2 - DAVID BUTLER - MICHAEL GELMAN - BUSINESS RELATIONSHIP SUSAN STERN - MARRIED TO JEFFREY STERN

Form 990, Part VI, Section A, Line 6 - FEDERATION MEMBERS CORPORATION - DELAWARE NOT-FOR-PROFIT CORPORATION AND SOLE MEMBER OF THE CORPORATION. "CORPORATION" MEANS THE JEWISH FEDERATIONS OF NORTH AMERICA, INC. FORMERLY KNOWN AS UNITED JEWISH COMMUNITIES, INC., FORMERLY KNOWN AS UNITED JEWISH APPEAL, INC., THE SURVIVING CORPORATION IN THE MERGER OF UNITED JEWISH APPEAL, INC. AND COUNCIL OF JEWISH FEDERATIONS, INC. FEDERATION MEMBERS OF THE FEDERATIONS MEMBERS CORPORATION ARE U.S. FEDERATIONS AND CANADIAN FEDERATIONS.

Form 990, Part VI, Section A, Line 7a - THROUGH THE FEDERATION MEMBERS CORPORATION, AT LEAST 68% OF THE MEMBERS OF THE BOARD OF TRUSTEES ARE APPOINTED FROM MEMBER FEDERATIONS. THE DELEGATE ASSEMBLY IS RESPONSIBLE FOR RATIFICATION OF THE APPOINTMENT OF THIS GROUP OF TRUSTEES. THE REMAINING TRUSTEES ARE APPOINTED BY OUR DELEGATE ASSEMBLY, ESSENTIALLY MADE UP OF FEDERATION REPRESENTATIVES PURSUANT TO REPRESENTATION SPECIFICATIONS PROVIDED UNDER THE JEWISH FEDERATIONS OF NORTH AMERICA BY-LAWS.

Form 990, Part VI, Section A, Line 7b - UNDER THE CORPORATION BY-LAWS THE DELEGATE ASSEMBLY 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 990 WAS PREPARED BY THE JFNA FINANCE DEPARTMENT PROFESSIONALS. THE FORM 990 IS REVIEWED BY JFNA MANAGEMENT BEFORE BEING PRESENTED FOR AUDIT BY INDEPENDENT AUDITORS AND REVIEWED BY THE JFNA AUDIT COMMITTEE, AN INDEPENDENT STANDING COMMITTEE OF THE BOARD OF TRUSTEES, BEFORE FILING. THE 990 IS POSTED ON THE JFNA SECURE WEBSITE FOR MEMBERS OF THE BOARD OF TRUSTEES TO VIEW BEFORE THE FORM 990 IS FILED.

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 IN-HOUSE COUNSEL, 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 AND JFNA'S OUTSIDE COUNSEL. 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 INTEREST UNLESS THEY RECEIVE PRIOR APPROVAL IN WRITING FROM THE CEO/PRESIDENT (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST), WHO WILL CONFER WITH JFNA'S OUTSIDE COUNSEL, BOTH OF WHOM SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY. 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

Supplemental Information (Continued)

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; OR 4. 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 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 ARMS-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. 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: * THAT THEY HAVE READ AND ARE FAMILIAR WITH THE POLICY; * THAT NEITHER THEY, NOR TO THE BEST OF THEIR KNOWLEDGE, THEIR FAMILY MEMBERS, HAVE IN THE PAST ENGAGED, ARE PRESENTLY ENGAGING, OR PLAN TO ENGAGE IN ANY ACTIVITY THAT CONTRAVENES THIS POLICY. 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 HUMAN RESOURCES, 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. 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 ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST) WHO WILL CONFER WITH JFNA'S OUTSIDE COUNSEL, BOTH OF WHOM SHALL BE RESPONSIBLE FOR DETERMINING WHETHER A POSSIBLE CONFLICT EXISTS. REPORTING THE CEO/PRESIDENT OR THE EXECUTIVE VICE PRESIDENT SHALL MAKE A REPORT TO THE AUDIT COMMITTEE, AT LEAST ANNUALLY, LISTING ALL CONFLICTS AND IDENTIFYING THOSE THAT WERE APPROVED. PENALTY FOR NON-COMPLIANCE FAILURE TO COMPLY WITH THIS POLICY, INCLUDING FAILURE TO SUBMIT IN A TIMELY FASHION THE STATEMENTS REQUIRED, WILL BE GROUNDS FOR TERMINATION.

Form 990, Part VI, Section B, Line 13 - INTRODUCTION IN 2014, THE JEWISH FEDERATIONS OF NORTH AMERICA'S BOARD OF TRUSTEES ADOPTED THIS UPDATED "WHISTLEBLOWER POLICY" WHICH SETS FORTH (1) CERTAIN SPECIFIC ACTIONS THAT ARE EXPLICITLY PROHIBITED AND (2) PROCEDURES THAT JFNA TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS ("COVERED PERSONS") MAY FOLLOW TO REPORT MISCONDUCT. THIS POLICY APPLIES TO COVERED PERSONS, AND SHALL BE DISTRIBUTED TO ALL JFNA TRUSTEES, OFFICERS, EMPLOYEES, AND TO VOLUNTEERS WHO PROVIDE SUBSTANTIAL SERVICES. PROHIBITED ACTIONS COMMISSION OF ANY OF THE FOLLOWING ACTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE DISCIPLINARY ACTION, INCLUDING, BUT NOT LIMITED TO, TERMINATION OF EMPLOYMENT AND/OR REMOVAL FROM OFFICE OR APPOINTMENT, AND MAY ALSO SUBJECT THE OFFENDER TO CIVIL OR CRIMINAL LIABILITY IN ACCORDANCE WITH APPLICABLE LAW: 1. DISCHARGING, DEMOTING, SUSPENDING, THREATENING, HARASSING, DISCRIMINATING OR RETALIATING IN ANY MANNER AGAINST ANY COVERED PERSON, BECAUSE OF ANY LAWFUL ACT BY THAT COVERED PERSON: A) TO PROVIDE INFORMATION TO OR ASSIST IN ANY INVESTIGATION BY JFNA OR BY CONGRESS OR BY ANY FEDERAL, STATE OR CITY AGENCY; B) TO FILE OR ASSIST IN ANY ACTION ALLEGING A VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 2. KNOWINGLY TAKING ANY ACTION HARMFUL TO ANY PERSON FOR PROVIDING TRUTHFUL INFORMATION TO A LAW ENFORCEMENT OFFICER RELATING TO A POSSIBLE VIOLATION OF LAW OR REGULATION. 3. INTENTIONALLY DESTROYING, ALTERING, MUTILATING, CONCEALING, COVERING UP, FALSIFYING, AND/OR MAKING A FALSE ENTRY IN ANY RECORDS THAT MAY BE CONNECTED TO A MATTER WITHIN THE JURISDICTION OF A FEDERAL OR STATE COURT OR AGENCY, IN VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 4. INTENTIONALLY ALTERING, DESTROYING OR CONCEALING A DOCUMENT, OR ATTEMPTING TO DO SO, WITH THE INTENT TO IMPAIR THE DOCUMENT'S AVAILABILITY FOR USE IN AN OFFICIAL PROCEEDING OR OTHERWISE OBSTRUCTING, INFLUENCING OR IMPEDING ANY OFFICIAL PROCEEDING, IN VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 5. FRAUDULENTLY INFLUENCING, COERCING, MANIPULATING, OR MISLEADING ANY INDEPENDENT PUBLIC ACCOUNTANT ENGAGED IN THE PERFORMANCE OF AN AUDIT OF THE FINANCIAL STATEMENTS OF JFNA FOR THE PURPOSE OF RENDERING SUCH FINANCIAL STATEMENTS FALSE OR MISLEADING. REPORTING OF CONCERNS OR COMPLAINTS JFNA IS COMMITTED TO TAKING ACTION TO PREVENT MISCONDUCT, INCLUDING FRAUD, VIOLATIONS OF LAW, VIOLATIONS OF JFNA POLICY, AND IMPROPER ACCOUNTING OR AUDIT PRACTICES ("MISCONDUCT"). COVERED PERSONS SHOULD PROMPTLY COME FORWARD AND REPORT ANY INSTANCES IN WHICH THEY BECOME AWARE OF

Supplemental Information (Continued)

MISCONDUCT OR POTENTIAL MISCONDUCT, WITHOUT REGARD TO THE IDENTITY OR POSITION OF A SUSPECTED OFFENDER. FOR THIS PURPOSE, AN OUTSIDE ORGANIZATION HAS BEEN HIRED TO RECEIVE COMPLAINTS OF SUSPECTED MISCONDUCT. JFNA'S COMMITMENT TO PROTECTING FROM RETALIATION COVERED PERSONS WHO IN GOOD FAITH REPORT SUSPECTED MISCONDUCT HAS BEEN DELEGATED JOINTLY TO THE GENERAL COUNSEL AND HEAD OF THE HUMAN RESOURCES DEPARTMENT. THEY WILL ADMINISTER THE WHISTLEBLOWER POLICY AND REPORT TO THE AUDIT COMMITTEE. 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: [HTTPS://SECURE.ETHICSPPOINT.COM/DOMAIN/EN/REPORT_CUSTOM.ASP?CLIENTID=13985](https://secure.ethicspoint.com/domain/en/report_custom.asp?clientid=13985). BOTH THE TELEPHONE NUMBER AND THE WEBSITE ARE PUBLISHED FOR INTERNAL USE AND ARE HOSTED BY "ETHICSPPOINT," 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 HIM OR HERSELF AND PROVIDES THEIR TELEPHONE NUMBER AND OTHER CONTACT INFORMATION WHEN MAKING THE REPORT. COVERED PERSONS MAY BE ASSURED THAT ALL INFORMATION WILL BE TREATED IN UTMOST CONFIDENCE. 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 THE INDIVIDUALS INVOLVED, AND ANY OTHER AVAILABLE DETAILS. A FEW EXAMPLES OF WHAT TO REPORT ACCOUNTING AND AUDITING MATTERS THE UNETHICAL 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/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 NOT TO BE SUBSTANTIATED AND TO HAVE BEEN MADE MALICIOUSLY OR IN BAD FAITH 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, EXCEPT TO THE EXTENT NECESSARY (1) TO CONDUCT A COMPLETE AND FAIR INVESTIGATION, (2) AS REQUIRED BY LAW, OR (3) FOR REVIEW OF JFNA OPERATIONS BY JFNA'S BOARD OF TRUSTEES, ITS AUDIT COMMITTEE, ITS INDEPENDENT PUBLIC ACCOUNTANTS AND JFNA'S INSIDE AND OUTSIDE COUNSEL.

Form 990, Part VI, Section B, Line 15 - COMPENSATION COMMITTEE 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 IN ADVANCE AND IS GIVEN A PERSON-BY-PERSON REVIEW OF ANY SALARY REQUESTS OVER A PREDETERMINED AMOUNT. SOLID SALARY REVIEW ARE DONE EVERY YEAR. THE LAST ONE WAS PERFORMED IN THE YEAR 2015. 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), THE CHAIR OF THE EXECUTIVE COMMITTEE, TREASURER PLUS TWO OTHER MEMBERS. PART VI, SECTION B, LINE 15B JFNA'S CEO MAKES A RECOMMENDATION TO THE CHAIR OF BOARD WHO IS ALSO CHAIR 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

Supplemental Information (Continued)

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 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 AT REQUEST. THE JFNA ANNUAL REPORT AND FORM 990 IS AVAILABLE ON THE JEWISHFEDERATIONS.ORG WEBSITE.

Form 990, Part XI, Line 9 - ADJUSTMENT TO MINIMUM PENSION LIABILITIES \$9,387,930

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 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

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	GRANTS: THE JEWISH FEDERATIONS OF NORTH AMERICA HAS AWARDED GRANTS TO AGENCIES FOR HUMANITARIAN PURPOSES IN THE FACE OF DISASTERS INCLUDING ISRAEL FIRES, HOUSTON FLOODS, PHILIPPINE TYPHOON, HAITI EARTHQUAKE JAPAN EARTH QUAKE. 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. FEREP AWARDS GRADUATE SCHOOL SCHOLARSHIPS FOR UP TO TWO YEARS TO INDIVIDUALS WHO MEET ELIGIBILITY REQUIREMENTS AND ARE COMMITTED TO WORKING IN THE FEDERATION SYSTEM FOLLOWING GRADUATE SCHOOL. THE JFNA ENDOWMENT COMMITTEE AWARDS GRANTS TO FEDERATIONS TO HELP THEM ESTABLISH THE CREATE A JEWISH LEGACY PROGRAM IN THEIR COMMUNITIES. CREATE A JEWISH LEGACY ENCOURAGES THE CREATION OF BEQUESTS BY INDIVIDUAL DONORS TO THEIR LOCAL FEDERATIONS, JEWISH COMMUNITY FOUNDATIONS, AGENCIES AND SYNAGOGUES.	4,690,852	4,690,852	0
	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. 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.	2,016,505	0	0
	U.S. GOVERNMENT GRANT - ADVANCING PERSON-CENTERED, TRAUMA-INFORMED SUPPORTIVE SERVICES FOR HOLOCAUST SURVIVORS. AFTER WITNESSING THE DARKEST PERIOD OF THE LAST CENTURY, HOLOCAUST SURVIVORS BUILT A NEW LIFE IN THE U.S. AND ENRICHED OUR COUNTRY. BUT NOW THEY ARE OLDER AND INCREASINGLY FRAIL. MOST ARE IN THEIR 80S AND 90S, AND ONE IN FOUR LIVES IN POVERTY. AS A GROUP, THEY ARE AT RISK FOR POOR PHYSICAL AND MENTAL HEALTH, DEPRESSION, AND SOCIAL ISOLATION. SADLY, ALTHOUGH WE LOSE HOLOCAUST SURVIVORS EACH DAY, THE COST OF SUPPORTING THE REMAINING SURVIVORS WHO ARE GROWING MORE FRAIL AND IN NEED OF MORE SERVICES INCREASES. IN RECOGNITION OF THESE INCREASED NEEDS, THE JEWISH FEDERATIONS OF NORTH AMERICA WORKS WITH COMMUNITIES TO RAISE MONEY TO SUPPORT HOLOCAUST SURVIVOR SERVICES, AND WORKS WITH THE FEDERAL GOVERNMENT TO IMPLEMENT A GRANT PROGRAM TO PROVIDE PERSON-CENTERED, TRAUMA-INFORMED CARE FOR HOLOCAUST SURVIVORS. JFNA AWARDS SUBGRANTS TO LOCAL COMMUNITIES TO PROVIDE THE SERVICES USING BOTH PHILANTHROPIC AND FEDERAL FUNDS. IT IS OUR DESIRE TO ENSURE THAT HOLOCAUST SURVIVORS ARE ABLE TO AGE IN PLACE IN THEIR HOMES AND COMMUNITIES WITH DIGNITY AND SECURITY.	2,221,000	2,221,000	0
	TALENT: JFNA IS DEVOTED TO ENSURING THAT JEWISH FEDERATIONS CONNECT WITH 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.	1,718,271		319,412
	POSITIONING FOR THE FUTURE: JFNA AIMS TO BUILD OUR COMMUNITY AND ENSURE A STRONG FUTURE BY REACHING YOUNGER JEWS AND BROADER	837,253		0

Schedule O, Statement 1

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

AUDIENCES AND BY SOLIDIFYING OUR DONOR BASE. THROUGH STRONGER
BRANDING, MARKETING AND TECHNOLOGY, JFNA IS ENGAGING THE YOUNGER
GENERATION THROUGH PROGRAMS AND EVENTS THAT INSPIRE LEADERSHIP,
PHILANTHROPY, CONNECTION TO ISRAEL AND THE JEWISH PEOPLE, WHILE
PROVIDING HIGH QUALITY MARKETING AND COMMUNICATIONS SUPPORT TO
FEDERATIONS

Total:	11,483,881	6,911,852	319,412
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States Where Copy Of Return Is Filed

States

AK

AL

AR

CA

CO

CT

FL

GA

HI

IL

KS

KY

MD

ME

MI

MN

MS

NC

ND

NH

NJ

OH

OK

OR

PA

RI

SC

TN

UT

VA

WA

WI

WV

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number

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) <u>JFBP LLC (35-2221732)</u> <u>25 Broadway, New York, NY 10004</u>	FACILITATES THE ISSUANCE TAX EXEMPT	NY	0	0	N/A
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <u>UNITED ISRAEL APPEAL INC (13-1760102)</u> <u>25 BROADWAY, NEW YORK, NY 10004</u>	ADMINISTERS/SUPER VISES THE	NY	501 (C)(3)	7	THE JEWISH FEDERATIONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2) _____							
(3) _____							
(4) _____							
(5) _____							
(6) _____							
(7) _____							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)		✓
d Loans or loan guarantees to or for related organization(s)	✓	
e Loans or loan guarantees by related organization(s)		✓
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)		✓
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses	✓	
r Other transfer of cash or property to related organization(s)		✓
s Other transfer of cash or property from related organization(s)		✓

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED ISRAEL APPEAL INC	b	170,530,000	GRANTS
(2)	UNITED ISRAEL APPEAL INC	p	565,000	UIA EXPENSES PAID BY JNFA
(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 II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME OF RELATED ORGANIZATION: UNITED ISRAEL APPEAL, INC. DIRECT CONTROLLING ENTITY: THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Schedule R, Part V, Line 1n - CERTAIN EMPLOYEES HAVE SHARED RESPONSIBILITIES FOR JFNA AND THE RELATED ORGANIZATION UNITED ISRAEL APPEAL.

Schedule R, Part V, Line 1q - JFNA AND THE RELATED ORGANIZATION UNITED ISRAEL APPEAL LIST TRANSFER OF CASH AS EXCHANGE TRANSACTIONS AND ARE NOT LISTED IN REVENUES OR EXPENSES.