

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning **07/01**, 2017, and ending **06/30**, 20**18**

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 \$: **265,343,487**

F Name and address of principal officer: **Gerrald Silverman**
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**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS 147 FEDERATIONS, 300+ NETWORK COMMUNITIES AND 30 SEPARATELY INCORPORATED JEWISH COMMUNITY FOUNDATIONS		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	127
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	127
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	183
	6	Total number of volunteers (estimate if necessary)	6	180
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	82,283
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 238,168,261	Current Year 233,523,837
	9	Program service revenue (Part VIII, line 2g)	19,429,529	28,113,833
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,617,532	1,623,189
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	261,215,322	263,260,859
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	213,440,203	212,423,470
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	23,662,898	23,788,284
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,078,396		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	24,413,681	24,050,484
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	261,516,782	260,262,238
	19	Revenue less expenses. Subtract line 18 from line 12	-301,460	2,998,621
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 295,332,953	End of Year 292,149,668
	21	Total liabilities (Part X, line 26)	177,540,072	165,005,300
	22	Net assets or fund balances. Subtract line 21 from line 20	117,792,881	127,144,268

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: **5/8/2019**

Type or print name and title: **Pamela Zaltsman, CFO**

Paid Preparer Use Only

Print/Type preparer's name: **Paul Hammerschmidt** Preparer's signature: *Paul Hammerschmidt* Date: **5/7/2019**

Firm's name ▶ **BDO USA LLP** Check if self-employed PTIN: **P01384178**

Firm's address ▶ **100 PARK AVENUE, NEW YORK, NY 10017-5001** Firm's EIN ▶ **13-5381590**

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 \$ 201,331,021 including grants of \$ 201,331,021) (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 \$ 22,154,678 including grants of \$ 0) (Revenue \$ 8,995,032)

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 \$ 10,001,058 including grants of \$) (Revenue \$ 6,067,678)

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 \$ 14,524,882 including grants of \$ 11,092,449) (Revenue \$ 13,051,123)

4e Total program service expenses **▶** 248,011,639

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
20a	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 [X]

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 14b with various tax-related questions and numerical inputs.

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

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 of the Board	20.00 1.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Cynthia D Shapira Vice Chair of Board Began Service August 2017	20.00 1.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Susan K Stern Vice Chair of Board Through July 2017	20.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Suzanne Grant National Campaign Chair	20.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Jodi J Schwartz Treasurer	20.00 1.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Sheryl Kimerling Secretary	20.00 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Wendy Abrams Trustee Began Service November 2017	1.00 1.00	<input checked="" type="checkbox"/>						0	0	0
Roberta Abrams Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Meryl Ainsman Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Eric Albert Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Judy Altenberg Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Sanford Antignas Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Brad Bell Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
Gary Berman Trustee Began Service November 2017	1.00 0.00	<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			
Leslie Bider	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Cookie Hymer Blitz	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Sarah Boden	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Merom Brachman	1.00									
Trustee	0.00	✓					0	0	0	
Denis Braham	1.00									
Trustee Through November 2017	1.00	✓					0	0	0	
Beth Wain Brandon	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
David T Brown	1.00									
Trustee	0.00	✓					0	0	0	
David J Butler	1.00									
Trustee	0.00	✓					0	0	0	
Amy Berger Chafetz	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Sam Chafetz	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Rina Chessin	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Leslie Crane	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Patricia Croughan	1.00									
Trustee	0.00	✓					0	0	0	
Amy Dean	1.00									
Trustee	0.00	✓					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			
Alisa Doctoroff	1.00									
Trustee	0.00	✓					0	0	0	
Bryan Drowos	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Tina Erlich	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Terri Farber	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Richard Fiedotin	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Diane S Feinberg	1.00									
Trustee	1.00	✓					0	0	0	
Howard Feinsand	1.00									
Trustee	0.00	✓					0	0	0	
Dori Fenenbock	1.00									
Trustee	0.00	✓					0	0	0	
Susan Weiss Firestone	1.00									
Trustee	1.00	✓					0	0	0	
Cheryl Fishbein	1.00									
Trustee	1.00	✓					0	0	0	
Suzette Fisher	1.00									
Trustee	0.00	✓					0	0	0	
Martine Fleishman	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Michael Frankel	1.00									
Trustee	0.00	✓					0	0	0	
William Freedman	1.00									
Trustee	0.00	✓					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>Stephen Gaerber</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Meryl Gallatin</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Harold Gernsbacher</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Ira Gerstein</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Debra Gober</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Raymond L Golden</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Debby Goldenberg</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>David Golder</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Beth Goldsmith</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Marilyn Goldsmith</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Joshua Green</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Gerald Greiman</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Gary Gross</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Andrew J Groveman</u>	1.00									
<u>Trustee</u>	20.00	✓					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			
Dan Guyer ----- Trustee Began Service November 2017	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Lee Harkavy ----- Trustee Through November 2017	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Jim Heeger ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Alison Himel ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Michelle Hirsch ----- Trustee Service June 2017 - June 2018	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Andy Hodes ----- Trustee Through November 2017	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Joseph Hollander ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Linda A Hurwitz ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
John Isenberg ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Anne Jacobson ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Karen James ----- Trustee Began Service November 2017	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Sharon Janks ----- Trustee	1.00 ----- 1.00	<input checked="" type="checkbox"/>						0	0	0
Beth Kaplan ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Aron Karabel ----- Trustee Began Service November 2017	1.00 ----- 0.00	<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			
Julie Kass ----- Trustee Began Service November 2017	1.00 0.00	✓						0	0	0
Tom Kasten ----- Trustee Through November 2017	1.00 0.00	✓						0	0	0
Matthew Keller ----- Trustee Began Service November 2017	1.00 0.00	✓						0	0	0
Evelyn B Kenvin ----- Trustee Through November 2017	1.00 0.00	✓						0	0	0
Linda Ketover ----- Trustee	1.00 0.00	✓						0	0	0
David-Seth Kirshner ----- Trustee Began Service November 2017	1.00 0.00	✓						0	0	0
Amy Kline ----- Trustee Began Service November 2017	1.00 0.00	✓						0	0	0
Lori Klinghoffer ----- Trustee	1.00 10.00	✓						0	0	0
Simone Knego ----- Trustee Began Service June 2018	1.00 0.00	✓						0	0	0
Rena Kopelman ----- Trustee	1.00 0.00	✓						0	0	0
Jennifer L Korach ----- Trustee	1.00 0.00	✓						0	0	0
Scott Krieger ----- Trustee Began Service November 2017	1.00 0.00	✓						0	0	0
Alison Lebovitz ----- Trustee	1.00 0.00	✓						0	0	0
Michael Lebovitz ----- Trustee	1.00 0.00	✓						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			
David W Lentz	1.00									
Trustee	0.00	✓					0	0	0	
Beth Kieffer Leonard	1.00									
Trustee Through November 2017	10.00	✓					0	0	0	
Jonathan P Levitt	1.00									
Trustee	0.00	✓					0	0	0	
Liza Levy	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Mark Levy	1.00									
Trustee Through November 2017	1.00	✓					0	0	0	
Keith Libman	1.00									
Trustee	0.00	✓					0	0	0	
Robert Lippitt	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Dan Lowen	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Joan Lubar	1.00									
Trustee	0.00	✓					0	0	0	
Jack Luxemburg	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Kathy Manning	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Zvi S Marans	1.00									
Trustee	0.00	✓					0	0	0	
Debbie Margolis	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Joel Marks	1.00									
Trustee	0.00	✓					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			
Ronnie Marks	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Roslyn Mazur	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Nancy Mimoun	1.00									
Trustee	0.00	✓					0	0	0	
Linda Mirels	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Heidi Monkarsh	1.00									
Trustee	0.00	✓					0	0	0	
Cynthia Moskowitz	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Gail Norry	1.00									
Trustee	0.00	✓					0	0	0	
Julie Wise Oreck	1.00									
Trustee	1.00	✓					0	0	0	
Marcie H Orley	1.00									
Trustee	0.00	✓					0	0	0	
Selena Paperman	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Ann Pava	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Julie B Platt	1.00									
Trustee	0.00	✓					0	0	0	
Rona Pozner	1.00									
Trustee	0.00	✓					0	0	0	
Daniel Prescott	1.00									
Trustee Began Service November 2017	0.00	✓					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	1.00									
Trustee	0.00	✓					0	0	0	
Linda Ravvin	1.00									
Trustee	0.00	✓					0	0	0	
Zoe Riekes	1.00									
Trustee	10.00	✓					0	0	0	
Leslie Rosenthal	1.00									
Trustee	0.00	✓					0	0	0	
Sarah Rubin	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Jason Rubinoff	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Jeff Rum	1.00									
Trustee Service June 2017 - June 2018	0.00	✓					0	0	0	
Robin Kaufman Saran	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Jeffrey Scheck	1.00									
Trustee	0.00	✓					0	0	0	
Sammy Schulman	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Andrea Schneider	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Ronna Schneider	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Stacey Schulman	1.00									
Trustee	0.00	✓					0	0	0	
David Schulman	1.00									
Trustee	0.00	✓					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>Steven Schwarz</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Lori Schwartz</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Phyllis Seaman</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Barry Seidman</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>S Stephen Selig</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Brian Seymour</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Nathan Shor</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Kim Shwachman</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Michael D Siegal</u>	1.00									
<u>Trustee</u>	1.00	✓					0	0	0	
<u>Mark Silberman</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Stephen J Silverman</u>	1.00									
<u>Trustee</u>	1.00	✓					0	0	0	
<u>Bill Silverstein</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Dganit Slovik</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Howard Stein</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					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			
Jeffrey M Stern	1.00									
Trustee	0.00	✓					0	0	0	
Susan Stern	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Brian Tauber	1.00									
Trustee	0.00	✓					0	0	0	
Michael Teplitsky	1.00									
Trustee Began Service June 2018	0.00	✓					0	0	0	
Kathryn Unger	1.00									
Trustee	0.00	✓					0	0	0	
Harvey Wallace	1.00									
Trustee Through November 2017	0.00	✓					0	0	0	
Neil Wallack	1.00									
Trustee	0.00	✓					0	0	0	
Nat Wasserstein	1.00									
Trustee	0.00	✓					0	0	0	
Debra Weinberg	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Sanford Weiner	1.00									
Trustee Began Service November 2017	0.00	✓					0	0	0	
Elliott Weinstein	1.00									
Trustee	0.00	✓					0	0	0	
Steven J Weiss	1.00									
Trustee	0.00	✓					0	0	0	
Katie Whittlatch	1.00									
Trustee	0.00	✓					0	0	0	
Mark Wilf	1.00									
Trustee Through November 2017	1.00	✓					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>Orna Wolens</u>	1.00									
<u>Trustee Began Service November 2017</u>	0.00	✓					0	0	0	
<u>Royce Wolff</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Jackie Sprinces Wong</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Jerry Yanowitz</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Robert K Yass</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Robert Zahler</u>	1.00									
<u>Trustee Through November 2017</u>	0.00	✓					0	0	0	
<u>Michael Zaransky</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Vicki Zell</u>	1.00									
<u>Trustee</u>	0.00	✓					0	0	0	
<u>Fred Zimmerman</u>	1.00									
<u>Trustee Through November 2017</u>	1.00	✓					0	0	0	
<u>Gerrald B Silverman</u>	50.00									
<u>President & CEO</u>	0.00			✓			634,849	0	59,150	
<u>Mark Gurvis</u>	50.00									
<u>Executive Vice President</u>	0.00			✓			369,783	0	39,996	
<u>Pamela A Zaltsman</u>	37.50									
<u>Chief Financial Officer</u>	12.50			✓			171,986	57,329	11,759	
<u>Becky Porath</u>	50.00									
<u>General Counsel</u>	0.00			✓			163,761	0	41,985	
<u>Brian Abrahams</u>	50.00									
<u>Senior Vice President</u>	0.00				✓		310,603	0	44,190	

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			
Becky Caspi Director General Israel Office	50.00 0.00				✓		279,742	0	67,346	
William Daroff Senior Vice President	50.00 0.00				✓		294,548	0	35,120	
Pam Kurtzman Senior Vice President	50.00 0.00				✓		159,471	0	6,763	
Renee Rothstein Senior Vice President	50.00 0.00				✓		279,828	0	21,189	
David Mallach V-UIA/Executive VP-IEF	20.00 30.00				✓		80,008	120,013	43,812	
Ethan Felson Executive Director	50.00 0.00					✓	200,373	0	10,578	
Kimberlee Fish Executive Director	50.00 0.00					✓	199,446	0	17,224	
David Kessel Associate Vice President	50.00 0.00					✓	240,448	0	36,541	
Beth Mann Vice President	50.00 0.00					✓	205,912	0	20,321	
Geri Palast Executive Director	50.00 0.00					✓	198,817	0	18,621	
1b Sub-total							3,789,575	177,342	474,595	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							3,789,575	177,342	474,595	

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 **▶** **61**

	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>		✓
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>	✓	
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>		✓

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
Blackbaud Inc, PO Box 930256, Atlanta, GA 31193	Federation Donor Management	1,547,402
Wyndham Jade LLC, POB 840907, Dallas, TX 75284	Meeting Logistics and Registration	456,861
Fusion Labs, Federation Donor Management System, 75 Remittance Drive, Chicago, IL 60611	GA Production	449,044
The Scottsdale Resort, 7700 East McCormick Parkway, Scottsdale, AZ 85258	Meeting Space and Ancillary Services	427,001
Marriot Business services, 265 Peachtree Center Avenue, Atlanta, GA 30303	Meeting Space and Ancillary Services	412,166

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 **▶** **26**

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	231,056,337					
	g Noncash contributions included in lines 1a-1f: \$		0					
	h Total. Add lines 1a-1f			233,523,837				
Program Service Revenue	Business Code							
	2a <u>DISASTER RELIEF</u>		900099	12,877,589	12,877,589	0	0	
	b <u>FUNDRAISING INFRASTRUCTURE</u>		900099	8,995,032	8,995,032	0	0	
	c <u>POWER OF THE COLLECTIVE</u>		900099	6,067,678	6,067,678	0	0	
	d <u>TALENT</u>		900099	170,435	170,435	0	0	
	e <u>ISRAEL AND OVERSEAS</u>		900099	3,099	3,099	0	0	
	f All other program service revenue .			0	0	0	0	
g Total. Add lines 2a-2f			28,113,833					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,363,133	0	0	1,363,133	
	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	(ii) Other					
		b Less: cost or other basis and sales expenses			2,082,638	0		
		c Gain or (loss)			260,056	0		
	d Net gain or (loss)			260,056	0	0	260,056	
	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.				263,260,859	28,113,833	0	1,623,189	

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	212,128,332	212,128,332		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	295,138	295,138		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,293,230	2,189,452	1,103,778	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	84,065	84,065		
7 Other salaries and wages	15,362,180	10,143,065	3,825,172	1,393,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,985,367	1,301,442	529,213	154,712
9 Other employee benefits	1,635,734	991,089	480,453	164,192
10 Payroll taxes	1,427,708	939,217	379,083	109,408
11 Fees for services (non-employees):				
a Management	0			
b Legal	275,474	96,937	178,537	
c Accounting	142,633		142,633	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	460,693		460,693	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,162,227	7,517,615	625,385	19,227
12 Advertising and promotion	649,333	609,654	10,002	29,677
13 Office expenses	1,296,543	728,675	546,064	21,804
14 Information technology	15,083	8,742	6,290	51
15 Royalties				
16 Occupancy	3,987,237	3,002,050	943,666	41,521
17 Travel	1,109,142	826,372	166,214	116,556
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,329,248	2,960,879	346,216	22,153
20 Interest	16,645	62	16,583	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	634,804	442,075	191,183	1,546
23 Insurance	375,934	217,885	156,781	1,268
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 Missions	3,595,488	3,528,893	64,257	2,338
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	260,262,238	248,011,639	10,172,203	2,078,396
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	16,815,467	1	22,439,047	
	2 Savings and temporary cash investments	10,645,737	2	2,213,272	
	3 Pledges and grants receivable, net	38,923,152	3	39,913,267	
	4 Accounts receivable, net	165,589,990	4	156,062,110	
	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	2,266,960	9	2,307,402	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,400,132			
	b Less: accumulated depreciation	10b 5,904,345	4,940,883	10c	4,495,787
	11 Investments—publicly traded securities	34,389,044	11	43,443,408	
	12 Investments—other securities. See Part IV, line 11	21,751,627	12	21,194,496	
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,600	15	75,286	
16 Total assets. Add lines 1 through 15 (must equal line 34)	295,332,953	16	292,149,568		
Liabilities	17 Accounts payable and accrued expenses	28,925,528	17	27,276,957	
	18 Grants payable		18		
	19 Deferred revenue	12,136,949	19	9,952,391	
	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	136,477,595	25	127,775,952	
	26 Total liabilities. Add lines 17 through 25	177,540,072	26	165,005,300	
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	8,200,600	27	3,139,614	
	28 Temporarily restricted net assets	100,299,670	28	113,022,562	
	29 Permanently restricted net assets	9,292,611	29	10,982,092	
	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	117,792,881	33	127,144,268		
34 Total liabilities and net assets/fund balances	295,332,953	34	292,149,568		

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	263,260,859
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,262,238
3	Revenue less expenses. Subtract line 2 from line 1	3	2,998,621
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,792,881
5	Net unrealized gains (losses) on investments	5	2,202,424
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	4,150,342
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	127,144,268

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,274,856	315,881,887	261,489,843	238,168,261	233,523,837	1,220,338,684
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	171,274,856	315,881,887	261,489,843	238,168,261	233,523,837	1,220,338,684
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						1,220,338,684

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	171,274,856	315,881,887	261,489,843	238,168,261	233,523,837	1,220,338,684
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	636,915	950,140	866,564	939,805	1,363,133	4,756,557
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						1,225,095,241
12 Gross receipts from related activities, etc. (see instructions)					12	94,454,577
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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.61 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.6 %
16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. 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—2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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)	157,135													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	628,539													
c	Total lobbying expenditures (add lines 1a and 1b)	785,674													
d	Other exempt purpose expenditures	258,593,144													
e	Total exempt purpose expenditures (add lines 1c and 1d)	259,378,818													
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="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2014	(b) 2015	(c) 2016	(d) 2017	(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	823,424	974,100	782,722	785,674	3,365,920
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	164,684	194,500	156,544	157,135	672,863

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenue and assets.

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	27,355,253	27,101,167	26,528,159	26,270,910	26,108,921
b Contributions	1,689,382	254,086	573,008	257,249	161,989
c Net investment earnings, gains, and losses	2,406,660	3,347,012	964,000	602,000	420,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	2,406,660	3,347,012	964,000	602,000	420,000
f Administrative expenses	0	0	0	0	0
g End of year balance	29,044,635	27,355,253	27,101,167	26,528,159	26,270,910

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	6,917,112	3,454,429	3,462,683
d Equipment	0	2,338,117	2,008,965	329,152
e Other	0	1,144,903	440,951	703,952
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,495,787

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Comingled Funds	11,303,559	End-of-Year Market Value
(A) Limited Partnership	9,890,937	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.) ▶	21,194,496	

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) OTHER LIABILITIES	127,775,952
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	127,775,952

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	266,226,889
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,202,424
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	161,647,827
e	Add lines 2a through 2d	2e	163,850,251
3	Subtract line 2e from line 1	3	102,376,638
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	460,693
b	Other (Describe in Part XIII.)	4b	160,423,528
c	Add lines 4a and 4b	4c	160,884,221
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	263,260,859

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	271,181,578
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	171,803,555
e	Add lines 2a through 2d	2e	171,803,555
3	Subtract line 2e from line 1	3	99,378,023
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	460,693
b	Other (Describe in Part XIII.)	4b	160,423,522
c	Add lines 4a and 4b	4c	160,884,215
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	260,262,238

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 DATABANK.

Schedule D, Part X, Line 2 - Under ASC 740, "Income Taxes," an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained upon examination by a taxing authority. The implementation of ASC 740 had no impact on JFNA's consolidated financial statements. The Organization 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, 2018, there were no interest or penalties recorded or included in the consolidated statement of activities.

Schedule D, Part XI, Line 2d - - UIA ELIMINATION ENTRY \$161647827 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 \$16167827 OF REVENUE FROM JFNA WHICH IS NOT SHOWN IN JFNA'S 990.

Schedule D, Part XI, Line 4b - JFNA/UIA ELIMINATION ENTRY \$160423522.

Schedule D, Part XII, Line 2d - UIA EXPENSES \$171803555. 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.

Schedule D, Part XII, Line 4b - - JFNA/UIA ELIMINATION ENTRY \$160423522

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Middle East and North Africa	1	31	Program Services		10,477,999
(2) Middle East and North Africa	0	0	Grantmaking		295,138
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	31			10,773,137

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and Nor	VOCATIONAL TRAINI	261,138	WIRE TRANSFER			
(2)			Middle East and Nor	Crisis contingency Re	15,000	Wire Transfer			
(3)			Middle East and Nor	Thanksgiving Dinner f	19,000	Wire Transfer			
(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't 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 ALLOCATION REFLECT THE PRIORITIES OF THE JEWISH FEDERATION MOVEMENT. FUNDING GUIDELINES INCLUDE THAT ALL GRANTEE ORGANIZATIONS MUST BE WELL-GOVERNED, COMPLY WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, PRODUCE AN ANNUAL AUDIT BY AN INDEPENDENT FIRM AND MAINTAIN BY-LAWS THAT CONFIRM THE LEGALLY ACCEPTED STANDARDS, INCLUDING PROVISIONS FOR APPROPRIATELY OVERSIGHT OF ALL FIDUCIARY MATTERS. GRANTEES ARE ALSO REQUIRED TO PROVIDE THE COMMITTEE WITH REPORTS ON HOW FUNDS 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 THE REGION: JFNA GLOBAL OPERATIONS MEET CRITICAL NEEDS IN ISRAEL AND AROUND THE WORLD. ALONG WITH MISSIONS TO ISRAEL ARE ORGANIZED THROUGH OUT 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

2017

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 72

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

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

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

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

Schedule I, Part I, Line 2 - - UNDER THE DIRECTION OF THE JEWISH FEDERATIONS OF NORTH AMERICA, LAY LEADERS COMMITTEES AND OFFICERS AND PROFESSIONALS EVALUATE EACH GRANTEE EXTENSIVELY, BEFORE AND AFTER FUNDS ARE DISTRIBUTED, THE COMMITTEE'S MONITOR THE USED OF FUNDS, ENSURING THAT ALLOCATIONS REFLECT THE PRIORITIES OF THE JEWISH FEDERATION MOVEMENT FUNDING GUIDELINES INCLUDE THAT ALL OF THE JEWISH FEDERATION MOVEMENT. FINDING GUIDELINES INCLUDED THAT GRANTEE ORGANIZATIONS MUST BE WELL-GOVERNED, COMPLY WITH GENERALLY 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 1, LINE 2 JFNA REPORTS GRANTS ON SCHEDULE I TO UIA A SUBSIDIARY OF JFNA, AND THE AMERICAN JOINT DISTRIBUTION COMMITTEE (JDC) BOTH 501c3 ORGANIZATIONS-EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F

Schedule I, Part II, Line 1 - - 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	Leading Edge Alliance 150 West 30th Street Room 900 New York, NY 10001	81-2625263	50,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Gen Grants			
Name and address	Jewish Funders Network 150 WEST 30TH STREET SUITE 900 New York, NY 10001	23-2742482	30,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Westbury Crisis Contingency Request Fund			
Name and address	KAVOD 600 RIVER VIEW Road Memphis, TN 38120	47-5495289	10,000	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Emergency Assistance Holocaust			
Name and address	Bet Tzedek 3250 Wilshire Blvd 13th Floor Los Angeles, CA 90010	23-7304205	141,667	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Holocaust Grants			
Name and address	Council for Jewish Elderly 3003 W Touhy Avenue Chicago, IL 60645	36-2727597	92,711	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Holocaust Grants			
Name and address	Edith & Carl Marks Jewish Community House Benson hurts 7802 Bay Parkway Brooklyn, NY 11214	11-1633484	231,981	
IRC code section	501C3			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Holocaust Grants			
Name and address	Gulf Coast Jewish Family & Community Services 14041 Icot Boulevard Tampa, FL 33635	59-1229354	25,500	
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	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Community Council of Rockaway 1525 Central Avenue Far Rockaway, NY 11691	11-2425813	46,529
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Community Council of Canarsie 1170 Pennsylvania Ave Suite 3 Brooklyn, NY 11239	11-2608645	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family & Child Service 1221 SW Yamhill St Suite 301 Portland, OR 97205	93-0386851	11,378
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family and Childrens Service 2100 Arch St 5th Floor Philadelphia, PA 19103	23-1352026	58,053
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Children Services of Southern Arizona 4301 East 5th Street Tucson, AZ 85711	86-0623896	70,700
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Community Services East Bay 2484 Shattuck Ave Suite 210 Berkeley, CA 94804	94-3250304	97,481
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Service Seattle Washington	91-0565537	34,000

	1601 16th Avenue Seattle, WA 98122		
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Service Agency of Central New Jersey 655 Westfield Avenue Elizabeth, NJ 07208	22-1487364	110,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Service of metropolitan Detroit 6600 W Maple Road West Bloomfield, MI 48322	38-1358397	105,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family and Childrens Services of Northern New Jersey 1485 Teaneck Road Teaneck, NJ 07666	22-2223109	27,720
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 California 1 Federations Way suite 220 Irvine, CA 92603	95-2407026	47,500
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 Rd Cincinnati, OH 45236	31-0744786	50,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Services of Columbus 1070 College Avenue Columbus, OH 43209	31-4379497	50,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Services of Greater Charlotte 5007 Providence Rd Suite 105 Charlotte, NC 28226	20-1146861	48,545
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	131,074
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Older Adults Technology Services Inc 168 7th Street Suite 3A Brooklyn, NY 11215	55-0882599	112,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Pesach Tikvah Hope Development Inc 18 Middleton Street Brooklyn, NY 11206	11-2642641	219,993
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Ruth and Norman Rales Jewish Family Services Inc 21300 Ruth Baron Coleman Blvd Boca Raton, FL 33428	65-1115689	49,620
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Selfhelp Community Services Inc 520 Eighth Avenue New York, NY 10018	13-1624178	358,695
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	The Blue Card Inc 171 Madison Avenue Suite 1405 New York, NY 10016	13-1623910	110,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Alpert Jewish Family & Childrens Service 5841 Corporate Way Suite 200 West Palm Beach, FL 33407	59-1520581	93,750
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family and Community Services Jacksonville	59-0637868	27,554

	8540 Baycenter RD Jacksonville, FL 32256		
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Raymond and Mirism Klein JCC Philadelphia 10100 Jamison Avenue Philadelphia, PA 19116	27-0840848	75,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Career Services Louisville Kentucky 2821 Klempler Way Louisville, KY 40205	61-0444704	21,354
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Social Service Agency Eaglebank 200 Wood Hill Road Rockville, MD 20850	53-0196598	211,256
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 Ave Brooklyn, NY 11219	11-6003433	86,947
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	13,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Family Services Los Angeles 3580 Willshire Blvd Ste 700 Los Angeles, CA 90010	95-1691013	35,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	United Jewish Fed of Williamsburg 32 Penn Street Brooklyn, NY 11249	11-2728233	16,000
IRC code section	501C3		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	Holocaust Grants		
Name and address	Goodman Jewish Family Services of Broward 5890 S Pine Road Ste 20 Fort Lauderdale, FL 33328	46-5507093	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Jewish Federation of Metropolitan Chicago 30 S Well Street Chicago, IL 60606	36-2167761	14,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Holocaust Grants		
Name and address	Gladwyne Presbyterian Church 1321 Beaumont Church Gladwyne, PA 19035	23-6050644	34,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Interfaith		
Name and address	Jewish Federation of Greater Houston 5603 S Braeswood Blvd Houston, TX 77096	74-1109654	4,209,229
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey		
Name and address	Hebrew Free Loan Association Houston 4131 South Braeswood Blvd Houston, TX 77025	76-0069644	100,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey		
Name and address	Nechama Jewish Response to Disaster 12219 Nicollet Avenue Burnsville, MN 55337	41-1998750	90,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Disaster Relief		
Name and address	Jewish Family Service 4131 South Braeswood Blvd Houston, TX 77025	74-1152607	38,831
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey		
Name and address	Congregation BNai Israel	74-6000907	45,000

	PO Box 8060 Galveston, TX 77553		
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey		
Name and address	Jewish Federation of Venture 7620 Foothill Road Ventura, CA 93004	95-3848761	36,742
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Fire relief		
Name and address	Jewish Federation of Greater Santa Barbara 524 Chapala Street Santa Barbara, CA 93101	23-7354759	37,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Fire relief		
Name and address	Jewish Federation of Baton Rouge 4845 Jamestown Avenue Baton Rouge, LA 70808	23-7208853	120,161
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Flood Relief		
Name and address	Jewish Federation of Broward County 5890 S Pine Island Road Davie, FL 33328	59-0967823	20,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Jacsonville Jewish Federations 8505 San Jose Blvd Jacsonville, FL 32217	59-0637864	20,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Jewish Federation of Greater Naples 2500 Vanderbilt Beach Road Naples, FL 34109	59-2151725	60,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Jewish Federation of Pinellas & Paso Counties 13191 Starkey Road Largo, FL 33773	59-0697685	40,000
IRC code section	501C3		
Method of valuation			

Desc. of Non-Cash Asst.

Purpose of grant	Hurricane Irma		
Name and address	B'Nai Zion Synagogue 750 United Street Key West, FL 33040	65-0023035	15,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Chabad Lubavitch 770 Eastern Parkway Brooklyn, NY 11213	11-3587172	200,400
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Greater Miami Jewish Fed Inc 4200 Biscayne Blvd Miami, FL 33137	59-0624404	20,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	Chabad Key West 906 Trinity Drive Key West, FL 33040	65-0635011	9,108
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Irma		
Name and address	IsraAid US Global Humanitarian Assistance Inc co Erin Zaikis College Avenue Palo Alto, CA 94306	46-2118225	213,436
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey, Irma		
Name and address	AFYA Foundation 140 Saw Mill River Road Yonkers, NY 10701	26-1300361	50,000
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey, Irma		
Name and address	Jewish Community Center of Puerto Rico 903 Avenue Ponce de Leon San Juan, PR 00907	66-0238586	166,612
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey, Irma		
Name and address	Foundation for Puerto Rico Inc	66-0776227	75,000

	PO Box 36409 San Juan, PR 00936		
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey, Irma		
Name and address	American Joint Distribution Committee 711 Third Ave 10TH Floor New York, NY 10017	13-1656634	52,054
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Hurricane Harvey, Irma		
Name and address	Hebrew Congregation of Saint Thomas PO Box 266 St Thomas, VI 00804	67-0251194	190,851
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.			
Purpose of grant	Puerto Rico Relief		
Name and address	Hillel International 800 Eight Street NW Washington, DC 20001	52-1844823	19,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.	Thanks Giving Dinner for Students in Israel		
Purpose of grant			
Name and address	University of Florida Gainesville Florida, FL 32611	59-6002052	10,944
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.	Scholarship		
Purpose of grant			
Name and address	University of Michigan 500 S STATE STREET ANN ARBOR, MI 48109	38-6006309	20,000
IRC code section	501c3		
Method of valuation			
Desc. of Non-Cash Asst.	SCHOLARSHIP		
Purpose of grant			
Name and address	Secure Community Network Inc 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	20-1437733	1,017,500
IRC code section	501C3		
Method of valuation			
Desc. of Non-Cash Asst.	NATIONAL JEWISH NON PROFIT HOMELAND SECURITY		
Purpose of grant			
Name and address	Jewish Federations of Greater Phoenix 12701 N SCOTTSDALE RD SUITE 201 SCOTTSDALE, AZ 85254	47-0874376	11,147
IRC code section	501C3		
Method of valuation			

Desc. of Non-Cash Asst. STRATEGIC CONSULTING SERVICES

Purpose of grant

Name and address	Jewish Federation of Greater Metrowest 901 ROUTE 10 WHIPPANY, NJ 07981	22-1487222	165,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst. HOLOCAUST GRANTS FROM WILF FUND

Purpose of grant

Name and address	Jewish Family & Children Services San Francisco California 2150 Post Street PO Box 15904 San Francisco, CA 94115	94-1156528	75,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst. Holocaust

Purpose of grant

Name and address	ORT AMERICA 75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-5562424	2,489,708
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IRC code section 501c3

Method of valuation

Desc. of Non-Cash Asst. GRANTS MAKING

Purpose of grant

Name and address	United Israel Appeal 25 Broadway Suite 1700 New York, NY 10004	13-1760102	159,859,136	0
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

Name and address	Joint Distribution Committee 711 Third Avenue New York, NY 10017	13-1656634	41,425,000
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IRC code section 501C3

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number

13-1624240

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p>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</p>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>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</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	Gerrald B Silverman, President & CEO	(i)	632,011	0	2,838	23,800	35,350	693,999	0
		(ii)	0	0	0	0	0	0	0
2	Mark Gurvis, Executive Vice President	(i)	366,945	0	2,838	5,400	34,596	409,779	0
		(ii)	0	0	0	0	0	0	0
3	Pamela A Zaltsman, Chief Financial Officer	(i)	171,134	0	852	3,473	5,346	180,805	0
		(ii)	57,045	0	284	1,158	1,782	60,269	0
4	Becky Porath, General Counsel	(i)	163,430	0	331	3,581	38,404	205,746	0
		(ii)	0	0	0	0	0	0	0
5	Brian Abrahams, Senior Vice President	(i)	307,765	0	2,838	5,400	38,790	354,793	0
		(ii)	0	0	0	0	0	0	0
6	Becky Caspi, Director General Israel Office	(i)	249,548	0	30,194	35,519	31,827	347,088	0
		(ii)	0	0	0	0	0	0	0
7	William Daroff, Senior Vice President	(i)	293,558	0	990	5,400	29,720	329,668	0
		(ii)	0	0	0	0	0	0	0
8	Pam Kurtzman, Senior Vice President	(i)	158,737	0	734	3,167	3,596	166,234	0
		(ii)	0	0	0	0	0	0	0
9	Renee Rothstein, Senior Vice President	(i)	278,380	0	1,448	5,400	15,789	301,017	0
		(ii)	0	0	0	0	0	0	0
10	David Mallach, V-UIA/Executive VP-IEF	(i)	76,322	0	3,686	1,697	15,828	97,533	0
		(ii)	114,483	0	5,530	2,545	23,742	146,300	0
11	Ethan Felson, Executive Director	(i)	199,400	0	973	4,040	6,538	210,951	0
		(ii)	0	0	0	0	0	0	0
12	Kimberlee Fish, Executive Director	(i)	199,012	0	434	4,140	13,084	216,670	0
		(ii)	0	0	0	0	0	0	0
13	David Kessel, Associate Vice President	(i)	240,032	0	416	5,166	31,375	276,989	0
		(ii)	0	0	0	0	0	0	0
14	Beth Mann, Vice President	(i)	203,969	0	1,943	4,298	16,023	226,233	0
		(ii)	0	0	0	0	0	0	0
15	Geri Palast, Executive Director	(i)	193,442	0	5,375	4,040	14,581	217,438	0
		(ii)	0	0	0	0	0	0	0
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 TO 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 EXPIRED 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 L
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number

13-1624240

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number

13-1624240

Form 990, Part I, Line 7b - FORM 990-T WAS FILED EXCLUSIVELY FOR QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS UNDER SECTION 512(a)(7) FOR THE PERIOD BEGINNING JANUARY 1, 2018 THRU JUNE 30,2018.

Form 990, Part III, Line 1 - THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS AND SERVES 147 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 V, Line 3a - FORM 990-T WAS FILED EXCLUSIVELY FOR QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS UNDER SECTION 512(a)(7) FOR THE PERIOD BEGINNING JANUARY 1, 2018 THRU JUNE 30,2018.

Form 990, Part VI, Section A, Line 2 - DAVID SCHULMAN AND STACEY SCHULMAN - FATHER AND DAUGHTER.

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 - CONFLICT OF INTEREST POLICY 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 General Counsel, Chief Financial Officer and Vice President 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

Supplemental Information (Continued)

when JFNA's employees or members of their families: 1. have a financial interest in, business relationship with, or indebtedness to an entity with which they do or seek business on behalf of JFNA; 2. accept payments, loans, services, or gifts from anyone doing or seeking to do business with JFNA; 3. are officers, directors, partners, influential employees or consultants to any organization doing or seeking to do business with JFNA; 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 taint 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 - WHISTLEBLOWER POLICY The Jewish Federations of North America's Board of Trustees adopted this "Whistleblower Policy" which sets forth procedures that JFNA trustees, officers, employees and volunteers ("Covered Persons") may follow to report alleged misconduct. This policy applies to Covered Persons, and shall be distributed to all JFNA trustees, officers, employees, and to volunteers. The objectives of this Whistleblower Policy are to encourage and enable Covered Persons, without fear of retaliation, to raise concerns regarding suspected violations of JFNA policies, unethical and/or illegal conduct or practices so that JFNA can address and correct inappropriate conduct and actions. REPORTING OF CONCERNS OR COMPLAINTS JFNA is committed to taking action to prevent misconduct, including fraud, violations of law, violations of JFNA policies, and improper accounting or audit practices ("Misconduct"). Covered Persons should promptly come forward and report any instances in which they become aware of Misconduct or potential Misconduct, without regard to the identity or position of a suspected offender. For this purpose and described herein, an outside organization has been authorized to receive complaints of suspected Misconduct. HOW TO REPORT CONCERNS OR COMPLAINTS Covered Persons may communicate suspected Misconduct by calling the toll-free telephone number (800) 482-3920 in the US or Canada or, in Israel, from an outside line dial 1(800) 94-94-949; a voice prompt will then assist the caller in dialing the toll-free number. Another option is to make a report using the following confidential website: www.ethicspoint.com. Both the telephone number and the website are hosted by "EthicsPoint," 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. 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 relevant details. Alternatively, employees may also raise concerns about suspected misconduct to JFNA's Executive Vice President and/or head of the Human Resources Department. A FEW EXAMPLES OF WHAT TO REPORT Accounting and Auditing Matters The improper systematic recording and analysis of JFNA's business and/or financial transactions. Examples include misstatement of contributions, expenses, assets and/or misapplications of generally accepted accounting principles and wrongful transactions. Conflicts of Interest A situation in which a Covered Person has a private or personal interest sufficient to appear to influence the objective exercise of his/her official duties. An example is if JFNA has entered into a contract for a company's services and a Covered Person responsible for the engagement has failed to inform JFNA that he or she has a relative who is a principal in that company. Falsification of Contracts, Reports or Records This consists of altering, fabricating, falsifying or forging all or any part of a document, contract or record for the purpose of gaining an advantage or misrepresenting the value of the document, contract or records. Violation of Law Any violation of applicable law. The examples set forth above do not limit the definition of Misconduct. BAD FAITH Any allegations that prove to have been made maliciously or in bad faith will be viewed as a serious offense and could subject the Covered Person to discipline up to and including termination from employment and/or removal from office or appointment. CONFIDENTIALITY JFNA will treat all communications under this policy in a confidential manner to the extent possible, consistent with the need to conduct an adequate investigation. Any Covered Person raising a concern or complaint

Supplemental Information (Continued)

pursuant to this policy must be acting in good faith and have reasonable grounds for believing the information disclosed indicates Misconduct. NO RETALIATION No Covered Person who in good faith reports a concern regarding Misconduct shall suffer intimidation, harassment, retaliation, discrimination or adverse employment consequences because of such a report. Any Covered Person who retaliates against someone who has reported a concern of Misconduct in good faith is subject to discipline up to and including termination of employment or their appointment (as applicable). JFNA's commitment to protecting from retaliation Covered Persons who in good faith report suspected Misconduct has been delegated jointly to the General Counsel and head of the Human Resources Department. They will administer the Whistleblower policy and report to the Audit Committee.

Form 990, Part VI, Section B, Line 15 - 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 SALARY PARAMETERS AS CONTAINED WITHIN THE HAY GROUP SALARY RANGES. THE COMPENSATION COMMITTEE REVIEWS THE RECOMMENDATIONS AND MAKES ITS DECISION.

Form 990, Part VI, Section C, Line 18 - THE JEWISH FEDERATION OF NORTH AMERICA'S (JFNA) 990 IS AVAILABLE ON ITS WEBSITE, GUIDESTAR AND UPON REQUEST. JFNA RECEIVED ITS RULING FROM THE IRS AS A TAX EXEMPT CHARITY ON FEBRUARY 1936. JFNA DOES NOT HAVE A COPY OF ITS APPLICATION. AN ORGANIZATION THAT FILED ITS APPLICATION BEFORE JULY 15, 1987, MUST MAKE THE APPLICATION AVAILABLE ONLY IF IT HAD A COPY OF THE APPLICATION ON JULY 15, 1987. SEE NOTICE 88-120 FOR DETAILS.

Form 990, Part VI, Section C, Line 19 - ALL JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) STATEMENTS INCLUDING GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, MANAGEMENT LETTER, FORM 990, CONFLICT OF INTEREST STATEMENTS AND WHISTLE BLOWER POLICY ARE AVAILABLE 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.

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.	8,870,799	8,870,799	12,877,589
	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.	2,181,979		3,099
	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.	2,220,750	2,220,750	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.	1,251,354	900	170,435
Total:		14,524,882	11,092,449	13,051,123

States Where Copy Of Return Is Filed

States

AL

AR

AZ

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**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"/>	
(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.

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?

	Yes	No
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
UNITED ISRAEL APPEAL INC	p	564,393	UIA EXPENSES PAID BY JNFA
(1) UNITED ISRAEL APPEAL INC	b	159,859,136	Grant
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners 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 ASEXCHANGE TRANSACTIONS AND ARE NOT LISTED IN REVENUES OR EXPENSES.