

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2018Open to Public
Inspection**A For the 2018 calendar year, or tax year beginning**

07/01, 2018, and ending

06/30, 2019

B Check if applicable:

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

C Name of organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Doing Business As

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

25 BROADWAY

Room/suite

1700

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

NEW YORK, NY 10004

F Name and address of principal officer:

ERIC FINGERHUT

25 BROADWAY, STE 1700, NEW YORK, NY 10004

D Employer identification number

13-1624240

E Telephone number

(212) 284-6615

G Gross receipts \$ 278,964,986.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c)()☐ (insert no.)☐ 4947(a)(1) or☐ 527**J** Website: ▶ WWW.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 146 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	125.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	124.		
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	179.		
	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	0.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	233,523,837.	Current Year	249,638,283.
	9 Program service revenue (Part VIII, line 2g)		28,113,833.		20,128,993.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,623,189.		3,464,912.
	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)		263,260,859.		273,232,188.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,423,470.		220,615,523.
	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)		23,788,284.		24,082,668.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,022,001.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,050,484.		26,035,016.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		260,262,238.		270,733,207.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12		2,998,621.		2,498,981.
	20 Total assets (Part X, line 16)	Beginning of Current Year	292,149,568.	End of Year	283,116,192.
	21 Total liabilities (Part X, line 26)		165,005,300.		160,513,345.
	22 Net assets or fund balances. Subtract line 21 from line 20.		127,144,268.		122,602,847.

Part II Signature Block

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

Sign Here

Signature of officer

Date 5/26/2020

Type or print name and title Pamela Zaltsman, Chief Financial Officer

Paid**Preparer****Use Only**

Print/Type preparer's name

PAUL HAMMERSCHMIDT

Preparer's signature

[Signature]

Date

5/26/2020

Check ☐ if self-employed

PTIN

P01384178

Firm's name ▶ BDO USA, LLP

Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001

Firm's EIN ▶ 13-5381590

Phone no. 212-885-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

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

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 207,277,579. including grants of \$ 207,277,579.) (Revenue \$)

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 \$ 22,479,629. including grants of \$) (Revenue \$ 10,357,910.)

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 \$ 9,459,843. including grants of \$) (Revenue \$ 6,807,501.)

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 FEDLAB, WHICH ALLOW FEDERATIONS TO CONVENE AND LEVERAGE OUR MOVEMENT'S IMPACT.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 18,374,122. including grants of \$ 13,337,944.) (Revenue \$ 2,963,582.)**4e** Total program service expenses ▶ 257,591,173.

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)? If "Yes," complete Schedule A.	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
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? If "Yes," complete Schedule C, Part II.	4	X
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? If "Yes," complete Schedule C, Part III.	5	X
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? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8	X
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? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X
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? If "Yes," complete Schedule D, Part VI.	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	X
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? If "Yes," complete Schedule D, Part VIII.	11c	X
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? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	X
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)? If "Yes," complete Schedule D, Part X.	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	X
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? If "Yes," complete Schedule F, Parts II and IV.	15	X
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? If "Yes," complete Schedule F, Parts III and IV.	16	X
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? If "Yes," complete Schedule G, Part I (see instructions).	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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? If "Yes," complete Schedule I, Parts I and II.	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		X
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>	X	
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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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>		X
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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☒

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 210		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 179		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	<input checked="" type="checkbox"/>	
b If "Yes," enter the name of the foreign country: ATTACHMENT 3 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>

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 ☒ **X**

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 1a 125 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.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 124		
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?	2 X	
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? . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6 X	
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?	7a X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
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	9	X

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?	10a X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a X	
b 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
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?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 4

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☒ Other (explain 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, 250 BROADWAY, NEW YORK, NY 10004 212-284-6958

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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			
(1) MARK WILF BOARD CHAIR EFF. 11/18	20.00 1.00	X		X				0.	0.	0.
(2) RICHARD SANDLER (SEE SCH O) BOARD CHAIR THROUGH 11/18	20.00 12.50	X		X				0.	0.	0.
(3) JODI SCHWARTZ (SEE SCH O) BOARD VICE CHAIR EFF. 11/18	20.00 0.	X		X				0.	0.	0.
(4) CYNTHIA SHAPIRA (SEE SCH O) BOARD VICE CHAIR EFF. 11/18	20.00 0.	X		X				0.	0.	0.
(5) DAVID T. BROWN (SEE SCH O) NAT'L CAMPAIGN CHAIR (11/18)	20.00 10.00	X		X				0.	0.	0.
(6) SUZANNE GRANTS (THROUGH 11/18) NATIONAL CAMPAIGN CHAIR	20.00 0.	X		X				0.	0.	0.
(7) HAROLD GERNSBACHER TREASURER EFF. 11/18	20.00 0.	X		X				0.	0.	0.
(8) JULIE PLATT SECRETARY EFF. 11/2018	20.00 0.	X		X				0.	0.	0.
(9) SHERYL KIMERLING (SEE SCH O) SECRETARY THROUGH 11/18	20.00 0.	X		X				0.	0.	0.
(10) MICHAEL ABRAMS TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(11) WENDY ABRAMS TRUSTEE	1.00 0.	X						0.	0.	0.
(12) ROBERTA ABRAMS PAER TRUSTEE	1.00 1.00	X						0.	0.	0.
(13) MERYL AINSMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(14) ERIC ALBERT TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JUDY ALTENBERG TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(16) SANFORD ANTIGNAS TRUSTEE	1.00 0.	X						0.	0.	0.
(17) STEPHEN ARONSON TRUSTEE BEGAN SERVICE 11/18	1.00 1.00	X						0.	0.	0.
(18) BRADLEY BELL TRUSTEE	1.00 0.	X						0.	0.	0.
(19) GARY BERMAN TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(20) SARAH BODEN TRUSTEE	1.00 0.	X						0.	0.	0.
(21) MEROM BRACHMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(22) BETH WAIN BRANDON TRUSTEE	1.00 0.	X						0.	0.	0.
(23) DAVID J. BUTLER TRUSTEE	1.00 0.	X						0.	0.	0.
(24) AMY BERGER CHAFETZ TRUSTEE	1.00 1.00	X						0.	0.	0.
(25) SAM CHAFETZ TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,872,673.	182,655.	521,520.
d Total (add lines 1b and 1c)								3,872,673.	182,655.	521,520.

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 **80**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **30**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) RINA CHESSIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(27) BRETT COHEN ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(28) PATRICIA CROUGHAN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(29) AMY DEAN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(30) ALISA DOCTOROFF ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(31) BRIAN DROWAS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(32) TINA ERLICH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(33) RICHARD FIEDOTIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(34) DIANE S. FEINBERG ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(35) HOWARD FEINSAND ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(36) DORI FENENBOCK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) SUSAN WEISS FIRESTONE TRUSTEE	1.00 0.	X						0.	0.	0.
(38) CHERYL FISHBEIN TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(39) ISAAC K. FISHER TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(40) SUZETTE FISHER TRUSTEE	1.00 0.	X						0.	0.	0.
(41) MARTINE FLEISHMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(42) MICHAEL FRANKEL TRUSTEE	1.00 0.	X						0.	0.	0.
(43) WILLIAM FREEDMAN TRUSTEE	1.00 0.	X						0.	0.	0.
(44) MERYL GALLATIN TRUSTEE	1.00 0.	X						0.	0.	0.
(45) IRA GERSTEIN TRUSTEE	1.00 0.	X						0.	0.	0.
(46) DEBRA GOBER TRUSTEE	1.00 0.	X						0.	0.	0.
(47) ARTHUR GOLDBERG TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) THEODORE GOLDBERG ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 0.	X						0.	0.	0.
(49) DEBBY GOLDENBERG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(50) DAVID GOLDER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(51) MARILYN GOLDSMITH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(52) SUZANNE B. GRANT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(53) JOSHUA GREEN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(54) GERALD GREIMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(55) ALBERTO GRINSPUN ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 0.	X						0.	0.	0.
(56) GARY GROSS ----- TRUSTEE THROUGH 11/18	1.00 ----- 0.	X						0.	0.	0.
(57) ANDREW J. GROVEMAN ----- TRUSTEE THROUGH 11/18	1.00 ----- 0.	X						0.	0.	0.
(58) NEIL GURVITCH ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 1.00	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DAN GUYER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(60) JIM HEEGER ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(61) J. DAVIDE HELLER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(62) ALISON HIMEL ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(63) MICHELLE HIRSCH ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(64) ANDREW S. HOCHBERG ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(65) RACHEL HOFFER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(66) JOSEPH HOLLANDER ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(67) LINDA A. HURWITZ ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(68) JOHN ISENBERG ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(69) ANNE JACOBSON ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) KAREN JAMES ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(71) SHARON JANKS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(72) BETH KAPLAN ----- TRUSTEE	1.00 ----- 1.00	X						0.	0.	0.
(73) ARON KARABEL ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(74) JULIE KASS ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(75) MATTHEW KELLER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(76) LINDA KETOVER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(77) DAVID-SETH KIRSHNER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(78) AMY KLINE ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(79) LORI KLINGHOFFER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(80) SIMONE KNEGO ----- TRUSTEE THROUGH 11/18	1.00 ----- 10.00	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) RENA KOPELMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(82) JENNIFER L KORACH ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(83) SCOTT KRIEGER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(84) JOCELYN KRIFCHER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 0.	X						0.	0.	0.
(85) SHELLY KUPFER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 0.	X						0.	0.	0.
(86) ALISON LEOVITZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(87) MICHAEL LEOVITZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(88) DAVID W. LENTZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(89) JONATHAN P. LEVITT ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(90) LIZA LEVY ----- TRUSTEE THROUGH 11/18	1.00 ----- 0.	X						0.	0.	0.
(91) KEITH LIBMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) JOAN LUBAR ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(93) KATHY MANNING ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(94) ZVI S. MARANS ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(95) JOEL MARKS ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(96) ADAM MILLER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(97) NANCY MIMOUN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(98) HEIDI MONKARSH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(99) GAIL NORRY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(100) JULIE WISE ORECK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(101) MARCIE H ORLEY ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(102) ANN PAVA ----- TRUSTEE	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) YAKOV POLATSEK TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(104) RONA POZNER TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(105) ALBERT PRAW TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(106) DANIEL PRESCOTT TRUSTEE	1.00 0.	X						0.	0.	0.
(107) SARI ANNE RAPKIN TRUSTEE	1.00 0.	X						0.	0.	0.
(108) DENA BORONKAY RASHES TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(109) LINDA RAVVIN TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(110) ZOE RIEKES TRUSTEE	1.00 0.	X						0.	0.	0.
(111) LESLIE DANNIN ROSENTHAL TRUSTEE	1.00 1.00	X						0.	0.	0.
(112) SARAH RUBIN TRUSTEE	1.00 0.	X						0.	0.	0.
(113) ROBIN KAUFFMAN SARAN TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) JEFFREY SCHECK ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(115) ANDREA SCHNEIDER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(116) RONNA SCHNEIDER ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(117) STACEY SCHULMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(118) DAVID SCHULMAN ----- TRUSTEE THROUGH 11/18	1.00 ----- 0.	X						0.	0.	0.
(119) LORI SCHWARTZ ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(120) PHYLLIS SEAMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(121) BARRY SEIDMAN ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(122) S. STEPHEN SELIG ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(123) BRIAN SEYMOUR ----- TRUSTEE	1.00 ----- 0.	X						0.	0.	0.
(124) STEVEN SHAFFER ----- TRUSTEE BEGAN SERVICE 11/18	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) NATHAN SHOR ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(126) KIM SHWACHMAN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(127) MICHAEL D. SIEGAL ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(128) MARK SILBERMAN ----- TRUSTEE	1.00 1.00	X						0.	0.	0.
(129) STEPHEN J. SILVERMAN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(130) BILL SILVERSTEIN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(131) ARTHUR SLEPIAN ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(132) DGANIT SLOVIK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(133) HOWARD STEIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(134) DAVID STEIRMAN ----- TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(135) JEFFREY M. STERN ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) BRIAN TAUBER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(137) MICHAEL TEPLITSKY ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(138) KATHRYN UNGER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(139) NEIL WALLACK ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(140) NAT WASSERSTEIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(141) DEBRA WEINBERG ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(142) SANFORD WEINER ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(143) ELLIOTT WEINSTEIN ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(144) STEVEN J. WEISS ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
(145) KATIE WHITLATCH ----- TRUSTEE	1.00 0.	X						0.	0.	0.
(146) ORNA WOLENS ----- TRUSTEE THROUGH 11/18	1.00 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) MARC E. WOLF TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(148) ROYCE WOLFF TRUSTEE	1.00 0.	X						0.	0.	0.
(149) JACKIE SPRINCES WONG TRUSTEE	1.00 0.	X						0.	0.	0.
(150) ANDREA YABLON TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(151) ROBERT K. YASS TRUSTEE	1.00 0.	X						0.	0.	0.
(152) MICHAEL ZARANSKY TRUSTEE	1.00 0.	X						0.	0.	0.
(153) VICKI ZELL TRUSTEE	1.00 0.	X						0.	0.	0.
(154) DAN ZELMAN TRUSTEE BEGAN SERVICE 11/18	1.00 0.	X						0.	0.	0.
(155) GERRALD B. SILVERMAN PRESIDENT & CEO THROUGH 9/19	50.00 0.			X				635,677.	0.	60,069.
(156) MARK GURVIS EXECUTIVE VICE PRESIDENT	50.00 0.			X				385,774.	0.	42,275.
(157) PAMELA A. ZALTSMAN CHIEF FINANCIAL OFFICER	37.50 12.50			X				176,313.	58,771.	11,932.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) BECKY PORATH GENERAL COUNSEL	50.00 0.			X				171,779.	0.	43,896.
(159) BRIAN ABRAHAMS SENIOR VICE PRESIDENT	50.00 0.				X			315,753.	0.	45,059.
(160) BECKY CASPI DIRECTOR GENERAL ISRAEL OFFICE	50.00 0.				X			277,045.	0.	70,767.
(161) WILLIAM DAROFF SENIOR VICE PRESIDENT	50.00 0.				X			301,308.	0.	42,027.
(162) PAM KURTZMAN SENIOR VICE PRESIDENT	50.00 0.				X			162,656.	0.	6,858.
(163) RENEE ROTHSTEIN SENIOR VICE PRESIDENT	50.00 0.				X			286,373.	0.	23,136.
(164) DAVID MALLACH V-UIA/EXECUTIVE VP-IEF	20.00 30.00				X			82,589.	123,884.	42,114.
(165) SHARI COHEN VICE PRESIDENT	50.00 0.					X		193,767.	0.	30,918.
(166) KIMBERLEE FISH EXECUTIVE DIRECTOR	50.00 0.					X		204,139.	0.	19,131.
(167) IRIT GROSS ASSOCIATE VICE PRESIDENT	50.00 0.					X		213,014.	0.	40,549.
(168) DAVID KESSEL ASSOCIATE VICE PRESIDENT	50.00 0.					X		256,738.	0.	19,364.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **80**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(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			
(169) BETH MANN VICE PRESIDENT	50.00 0.					X		209,748.	0.	23,425.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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	80
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		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>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VIII Statement of RevenueCheck 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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	4,934,990.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	244,703,293.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶			249,638,283.		
Program Service Revenue				Business Code			
	2a	FUNDRAISING INFRASTRUCTURE		900099	10,357,910.	10,357,910.	
	b	POWER OF THE COLLECTIVE		900099	6,807,501.	6,807,501.	
	c	DISASTER RELIEF		900099	2,526,146.	2,526,146.	
	d	ISRAEL AND OVERSEAS		900099	230,105.	230,105.	
	e	TALENT		900099	207,331.	207,331.	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶			20,128,993.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			1,362,001.		1,362,001.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.		
	5	Royalties ▶			0.		
				(i) Real	(ii) Personal		
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶			0.		
	7a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				7,835,709.			
	b	Less: cost or other basis and sales expenses			5,732,798.		
	c	Gain or (loss)			2,102,911.		
	d	Net gain or (loss) ▶			2,102,911.		2,102,911.
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a			0.		
	b	Less: direct expenses b			0.		
	c	Net income or (loss) from fundraising events ▶			0.		
	9a	Gross income from gaming activities. See Part IV, line 19 a			0.		
	b	Less: direct expenses b			0.		
c	Net income or (loss) from gaming activities ▶			0.			
10a	Gross sales of inventory, less returns and allowances a			0.			
b	Less: cost of goods sold b			0.			
c	Net income or (loss) from sales of inventory ▶			0.			
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			0.			
12	Total revenue. See instructions. ▶			273,232,188.	20,128,993.	3,464,912.	

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	220,511,955.	220,511,955.		
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	103,568.	103,568.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,447,143.	1,460,898.	1,618,216.	368,029.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	90,708.	90,708.		
7 Other salaries and wages	14,987,192.	10,321,483.	3,575,146.	1,090,563.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,779,113.	1,226,958.	423,316.	128,839.
9 Other employee benefits	2,350,051.	1,620,703.	559,163.	170,185.
10 Payroll taxes	1,428,461.	985,132.	339,883.	103,446.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	255,040.	109,315.	145,725.	
c Accounting	137,493.		137,493.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	473,033.		473,033.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	6,804,973.	5,064,290.	1,731,948.	8,735.
12 Advertising and promotion	1,151,429.	922,580.	219,172.	9,677.
13 Office expenses	725,138.	471,364.	246,774.	7,000.
14 Information technology	123,792.	19,151.	104,484.	157.
15 Royalties	0.			
16 Occupancy	4,031,789.	3,207,630.	819,097.	5,062.
17 Travel	1,095,556.	757,465.	231,077.	107,014.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,689,365.	5,483,390.	182,681.	23,294.
20 Interest	14,164.	161.	14,003.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	662,431.	447,526.	214,905.	
23 Insurance	259,534.	176,730.	82,804.	
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	4,611,279.	4,610,166.	1,113.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	270,733,207.	257,591,173.	11,120,033.	2,022,001.
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)	0.			

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	22,439,047.	1	8,030,896.
	2 Savings and temporary cash investments	2,213,272.	2	1,808,770.
	3 Pledges and grants receivable, net	39,913,267.	3	43,550,753.
	4 Accounts receivable, net	156,062,110.	4	160,765,477.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	5,493.	7	5,493.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,307,402.	9	1,290,939.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,532,035.		
	b Less: accumulated depreciation	10b 6,567,159.		
	11 Investments - publicly traded securities	43,443,408.	11	46,247,522.
	12 Investments - other securities. See Part IV, line 11	21,194,496.	12	17,354,474.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	75,286.	15	96,992.
16 Total assets. Add lines 1 through 15 (must equal line 34)	292,149,568.	16	283,116,192.	
Liabilities	17 Accounts payable and accrued expenses	27,276,957.	17	30,029,662.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	9,952,391.	19	8,607,130.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	127,775,952.	25	121,876,553.
	26 Total liabilities. Add lines 17 through 25	165,005,300.	26	160,513,345.
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	51,603,000.	27	49,036,000.
	28 Temporarily restricted net assets	0.	28	0.
	29 Permanently restricted net assets	75,541,268.	29	73,566,847.
	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	127,144,268.	33	122,602,847.
	34 Total liabilities and net assets/fund balances	292,149,568.	34	283,116,192.

Part XI Reconciliation of Net AssetsCheck 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	273,232,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	270,733,207.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,498,981.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	127,144,268.
5	Net unrealized gains (losses) on investments	5	-920,980.
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	-6,119,422.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,602,847.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2018)

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

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 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 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	315,881,887.	261,489,843.	238,168,261.	233,523,827.	249,638,283.	1,298,702,101.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	315,881,887.	261,489,843.	238,168,261.	233,523,827.	249,638,283.	1,298,702,101.
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).						0.
6 Public support. Subtract line 5 from line 4						1,298,702,101.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	315,881,887.	261,489,843.	238,168,261.	233,523,827.	249,638,283.	1,298,702,101.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	950,140.	866,564.	939,805.	1,363,133.	1,362,001.	5,481,643.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						1,304,183,744.
12 Gross receipts from related activities, etc. (see instructions)					12	98,790,800.
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 2018 (line 6, column (f) divided by line 11, column (f)).	14	99.58 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.61 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐ ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐ ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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>		
b 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?		
c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
b 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>		
c 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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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? If "Yes" to a, b, or c, provide detail in Part VI .	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? 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.	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? 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.	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)? 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).	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	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? 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.	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? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule of Contributors

OMB No. 1545-0047

2018

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.**Employer identification number
13-1624240**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 52,369,226.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 35,434,805.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 13,829,530.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 9,303,597.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 7,739,240.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,692,772.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.**Employer identification number
13-1624240**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 6,971,370.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 6,421,960.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,641,645.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,572,354.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,113,799.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 5,113,235.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number

13-1624240

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

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

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

Employer identification number

13-1624240

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

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)		74,851.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		673,657.													
c Total lobbying expenditures (add lines 1a and 1b)		748,508.													
d Other exempt purpose expenditures		269,995,699.													
e Total exempt purpose expenditures (add lines 1c and 1d)		270,744,207.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		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 checked="" type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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	974,100.	782,722.	785,674.	748,508.	3,291,004.
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	194,500.	156,544.	157,135.	74,851.	583,030.

Schedule C (Form 990 or 990-EZ) 2018

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

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

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

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

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

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

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

**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.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1.	▶ \$
(ii) Assets included in Form 990, Part X.	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1.	▶ \$
b Assets included in Form 990, Part X.	▶ \$

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

Schedule D (Form 990) 2018

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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ **Yes** ☐ **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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 | 29,044,635. | 27,355,253. | 27,101,187. | 26,528,159. | 26,270,910. |
| b Contributions | 500,000. | 1,689,382. | 254,086. | 573,008. | 257,249. |
| c Net investment earnings, gains, and losses | 1,063,068. | 2,406,660. | 3,347,012. | 964,000. | 602,000. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,063,068. | 2,406,660. | 3,347,012. | 964,000. | 602,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 29,544,635. | 29,044,635. | 27,355,273. | 27,101,167. | 26,528,159. |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ 100.0000 %
- c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,943,293.	3,804,615.	3,138,678.
d Equipment		2,443,839.	2,145,212.	298,627.
e Other		1,144,903.	617,332.	527,571.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,964,876.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMINGLED	10,779,041.	FMV
(B) LIMITED PARTNERSHIP	6,575,433.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	17,354,474.	

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	121,876,553.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	121,876,553.	

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	279,691,434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-920,980.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	168,483,320.
e	Add lines 2a through 2d	2e	167,562,340.
3	Subtract line 2e from line 1	3	112,129,094.
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	473,033.
b	Other (Describe in Part XIII.)	4b	160,630,061.
c	Add lines 4a and 4b	4c	161,103,094.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	273,232,188.

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	285,237,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	175,607,790.
e	Add lines 2a through 2d	2e	175,607,790.
3	Subtract line 2e from line 1	3	109,630,113.
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	473,033.
b	Other (Describe in Part XIII.)	4b	160,630,061.
c	Add lines 4a and 4b	4c	161,103,094.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	270,733,207.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE JEWISH FEDERATIONS OF NORTH AMERICA MAINTAINS ENDOWMENT FUNDS TO SUPPORT PROGRAMS INCLUDING THE JEWISH 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 DOES NOT BELIEVE THEY HAVE TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAVE NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE REQUIRED TO DO SO. ADDITIONALLY, THE ORGANIZATION HAS FILED IRS FORM 990 INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE REQUIRED TO DO SO. FOR THE YEAR ENDED JUNE 30, 2019, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES.

SCHEDULE D, PART XI, LINE 2D:

REVENUE OF \$168,483,320. ATTRIBUTABLE TO UNITED ISRAEL APPEAL, INC. (A WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 4B:

JFNA/UIA ELIMINATION ENTRY.....\$160,630,061.

SCHEDULE D, PART XII, LINE 2D:

EXPENSES OF \$175,607,790. ATTRIBUTABLE TO UNITED ISRAEL APPEAL, INC. (A
WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED
FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990.

SCHEDULE D, PART XII, LINE 4B:

JFNA/UIA ELIMINATION ENTRY.....\$160,630,061.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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.	28.	PROGRAM SERVICES	SEE PART V	10,625,361.
(2) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		31,500.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		72,068.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	1.	28.			10,728,929.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	28.			10,728,929.

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

Schedule F (Form 990) 2018

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)			RUSSIA/NEWLY IND. STATES	VOCATIONAL TRAINING	31,500.	WIRE			
(2)			MIDDLE EAST/NORTH AFRICA	VOCATIONAL TRAINING	72,068.	WIRE			
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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**

Schedule F (Form 990) 2018

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(1):

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERTION OF GREATER HOUSTON 5603 S. BRAESWOOD BLVD. HOUSTON, TX 77096	74-1109654	501C3	5,132,179.				HURRICANE HARVEY
(2) ORT AMERICA 75 MAIDEN LANE NEW YORK, NY 10038	13-5562424	501C3	2,326,279.				VOCATIONAL TRAINING
(3) SECURE COMMUNITY NETWORK INC. 25 BROADWAY, STE 1700, NEW YORK, NY 10004	20-1437733	501C3	1,533,000.				NATIONAL JEWISH HOMELAND SECURITY
(4) EDITH & CARL MARKS JEWISH COMMUNITY HOUSE O 7802 BAY PARKWAY, BROOKLYN, NY 11214	11-1633484	501C3	400,000.				HOLOCAUST GRANTS
(5) UJA-FEDERATION NEW YORK 130 E. 59TH STREET NEW YORK, NY 10022	51-0172429	501C3	350,000.				HOLOCAUST GRANTS
(6) JEWISH FEDERATION OF GREATER LOS ANGELES 3580 WILSHIRE BLVD. LOS ANGELES, CA 90010	95-1691013	501C3	312,500.				HOLOCAUST GRANTS
(7) JEWISH FEDERATION OF METRO CHICAGO 3003 W TOUHY AVE CHICAGO, IL 60645	36-2167761	501C3	261,807.				HOLOCAUST GRANTS
(8) PESACH TIKVAH HOPE DEVELOPMENT (NEW YORK) 18 MIDDLETON STREET BROOKLYN, NY 11206	11-2642641	501C3	216,636.				HOLOCAUST GRANTS
(9) JEWISH FEDERATION OF BROWARD COUNTY 5890 S. PINE ISLAND RD, DAVIE, FL 33328	59-0967823	501C3	200,000.				HOLOCAUST GRANTS
(10) JEWISH FEDERATION OF GREATER METROWEST 901 ROUTE 10, WHIPPANY, NJ 07981	22-1487222	501C3	200,000.				HOLOCAUST GRANTS
(11) JEWISH FEDERATION OF GREATER MIAMI 4200 BISCAYNE BLVD., MIAMI, FL 33137	59-0624404	501C3	200,000.				HOLOCAUST GRANTS
(12) SELFHELP COMMUNITY SERVICES, INC. (NY) 520 EIGHT AVENUE, NEW YORK, NY 10018	13-1624178	501C3	252,633.				HOLOCAUST GRANTS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

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Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

- 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) JEWISH FAMILY SERVICE OF CENTRAL NEW JERSEY 655 WESTFIELD AVENUE ELIZABETH, NJ 07208	22-1487364	501C3	165,000.				HOLOCAUST GRANTS
(2) JEWISH FAMILY SVC OF FAMILY OF METRO DETROI 6600 W. MAPLE ROAD, W. BLOOMFIELD, MI 48322	38-1358397	501C3	157,500.				HOLOCAUST GRANTS
(3) MY BROTHERS WORKSHOP P.O. BOX 503205, SAINT THOMAS, VI 805	66-0718884	501C3	150,000.				MARIA RECOVERY PROGRAM
(4) JEWISH FAMILY SERVICE ORANGE COUNTY NY 720 ROUTE 17M MIDDLETOWN, NY 10940	14-1731791	501C3	148,874.				HOLOCAUST GRANTS
(5) NECHAMA JEWISH RESPONSE TO DISASTER 12219 NICOLLET AVE., BURNSVILLE, MN 55337	41-1998750	501C3	135,000.				HURRICANE FLORENCE
(6) METROPOLITAN COUNCIL ON JEWISH POVERTY, INC 77 WAKER STREET, NEW YORK, NY 10005	13-2738818	501C3	131,250.				HOLOCAUST GRANTS
(7) MJHS HOSPICE & PALLIATIVE CARE 6323 SEVENTH AVENUE BROOKLYN, NY 11220	13-3438643	501C3	131,250.				HOLOCAUST GRANTS
(8) TEMPLE BETH SHALOM PUERTO RICO 101 SAN JORGE STREET SAN JUAN, PR 911	66-0397906	501C3	126,750.				SOLAR PANELS
(9) ISRAEL AID US GLOBAL HUMANITARIAN ASSISTANC 3921 FABIAN WAY RM G106 PALO ATLO, CA 94303	46-2118255	501C3	120,759.				CALIFORNIA FIRES
(10) OLDER ADULT TECHNOLOGY SERVICES, INC. 168 7TH STREET SUITE 3A BROOKLYN, NY 11215	55-0882599	501C3	112,500.				HOLOCAUST GRANTS
(11) RAYMOND & MIRIAM KLEIN JCC, DBA KLEINLIFE 10100 JAMISON AVENUE PHILADELPHIA, PA 19116	27-0840848	501C3	100,000.				HOLOCAUST GRANTS
(12) JEWISH FAMILY & COMMUNITY SERVICES EAST BAY 2484 SHATTUCK AVENUE #210 BERKLEY, CA 94704	94-3250304	501C3	97,481.				HOLOCAUST GRANTS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FERD & GLADYS ALPERT JEWISH FAM & CHILD SVS 5841 CORPORATE WAY,	59-1520581	501C3	93,750.				HOLOCAUST GRANTS
(2) GULF COAST JEWISH FAMILY & COMMUNITY SERVIC 14041 ICOT BOULEVARD TAMPA, FL 33635	59-1229354	501C3	90,000.				HOLOCAUST GRANTS
(3) JEWISH SOCIAL SERVICE AGENCY (ROCKVILLE, MD 200 WOOD HILL ROAD ROCKVILLE, MD 20850	53-0196598	501C3	90,000.				HOLOCAUST GRANTS
(4) RUTH & NORMAN RALES JEWISH FAMILY SERVICES 21300 RUTH & BARON COLEMAN	65-1115689	501C3	90,000.				HOLOCAUST GRANTS
(5) THE BLUE CARD, INC (NY) 171 MADISON AVE., NEW YORK, NY 10018	13-1623910	501C3	90,000.				HOLOCAUST GRANTS
(6) FOUNDATION OF PUERTO RICO 1511 CALLE ANTONSANTI, SAN JUAN, PR 909	66-0776227	501C3	90,000.				MARIA RECOVERY PROGRAM
(7) JEWISH FAMILY SERVICES OF THE CINCINNATI AR 8487 RIDGE ROAD CINCINNATI, OH 45236	31-0744786	501C3	85,000.				HOLOCAUST GRANTS
(8) JEWISH FAMILY SERVICE OF ST PAUL 1633 7TH STREET WEST SAINT PAUL, MN 55102	41-0694697	501C3	80,741.				HOLOCAUST GRANTS
(9) JEWISH FAMILY & CHILDREN SERVICE OF GREATER 2100 ARCH ST. 5TH FLOOR	23-1352026	501C3	76,040.				HOLOCAUST GRANTS
(10) UNITED ISRAEL APPEAL 25 BROADWAY, STE 1700, NEW YORK, NY 10004	13-1760102	501C3	160,083,512.				SEE PART IV
(11) DR STANLEY & PEARL GOODMAN JEWISH FAM SVS O 5890 S. PINE ISLAND RD, DAVIE, FL 33328	46-5507093	501C3	70,400.				HOLOCAUST GRANTS
(12) GUARDIANS OF THE SICK 5216 11TH AVENUE BROOKLYN, NY 11219	11-6003433	501C3	70,000.				HOLOCAUST GRANTS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY & CHILDREN SERVICE PORTLAND 1121 SW YAMHILL ST., PORTLAND, OR 92705	93-0386851	501C3	65,377.				HOLOCAUST GRANTS
(2) AMERICAN FRIENDS OF ISRAEL EMERGENCY AID FU P.O. BOX 562 WEST HEMSTEAD, NY 11552	26-4515751	501C3	60,000.				ISRAEL FOREST FIRE
(3) JEWISH FEDERATION OF RALEIGH -CARY 8210 CREEDMOOR RD, RALEIGH, NC 27613	56-1553301	501C3	60,000.				HURRICANE FLORENCE
(4) JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVENUE SAN DIEGO, CA 92123	95-1644024	501C3	57,401.				HOLOCAUST GRANTS
(5) JEWISH FAMILY SERVICE ASSOCIATION OF CLEVEL 3659 GREEN ROAD SYE 322 BEACHWOOD, OH 44122	34-0714441	501C3	56,713.				HOLOCAUST GRANTS
(6) JEWISH FAMILY SERVICES HOUSTON 4131 S. BRAESWOOD BLVD. HOUSTON, TX 77025	74-1152607	501C3	52,969.				HURRICANE HARVEY
(7) LEADING EDGE ALLIANCE INC 150 WEST 30TH ST., NEW YORK, NY 10001	81-2625263	501C3	50,000.				GENERAL GRANTS
(8) JEWISH FAMILY & CHILDREN SERVICES SAN FRANC 2150 POST ST., SAN FRANCISCO, CA 94115	94-1156528	501C3	75,000.				HOLOCAUST GRANTS
(9) ELAYNE & JAMES SCHOKES JEWISH FAMILY SERVIC 196 GRAYROCK PLACE, STAMFORD, CT 06901	06-1130830	501C3	40,000.				HOLOCAUST GRANTS
(10) JEWISH FAMILY SERVICES ATLANTIC AND CAPE MA 501 NORTH JEROME AVE., MARGATE, NJ 08402	21-0632971	501C3	39,125.				HOLOCAUST GRANTS
(11) JEWISH FAMILY SERVICE OF ATLANTIC & CAPE MA 1413 CANTILLON BLVD, MAY LANDING, NJ 08330	22-3843135	501C3	39,125.				HOLOCAUST GRANTS
(12) JEWISH COMMUNITY COUNCIL OF CANARSIE 1170 PENNSYLVANIA AVE., BROOKLYN, NY 11239	11-2608645	501C3	37,500.				HOLOCAUST GRANTS

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

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

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY & CHILDREN SERVICES SOUTHERN 4301 EAST 5TH AVENUE TUCSON, AZ 85711	86-0623896	501C3	35,350.				HOLOCAUST GRANTS
(2) COUNCIL FOR JEWISH ELDERLY, DBA CJE SENIOR 3003 W TOUHY AVE., CHICAGO, IL 60645	36-2727597	501C3	30,904.				HOLOCAUST GRANTS
(3) AMERICAN FRIENDS OF ISRAEL EMERGANCY AID FU P.O. BOX 562, WEST HEMPSTEAD, NY 11552	26-4515751	501C3	30,000.				FIRE EMERGANCY AID
(4) JEWISH FAMILY & CHILDREN SERVICES 1070 COLLEGE AVENUE, COLUMBUS, OH 43209	31-4379497	501C3	25,000.				HOLOCAUST GRANTS
(5) BET TZEDEK 3250 WILSHIRE BLVD, LOS ANGELES, CA 90010	23-7304205	501C3	25,000.				HOLOCAUST GRANTS
(6) JEWISH FAMILY SERVICE GREATER CHARLOTTE 5007 PROVIDENCE RD, CHARLOTTE, NC 28226	20-1146861	501C3	24,273.				HOLOCAUST GRANTS
(7) GLADWYNE PRESBYTERIAN CHURCH 1321 BEAUMONT CHURCH, GLADWYNE, PA 19035	23-6050644	501C3	24,000.				HOLOCAUST GRANTS
(8) JEWISH COMMUNITY COUNCIL 1525 CENTRAL AVE., FAR ROCKAWAY, NY 11691	11-2425813	501C3	23,265.				HOLOCAUST GRANTS
(9) JEWISH FAMILY & CHILDREN SERVICE 1301 SPRINDAKE RD, CHERRY HILL, NJ 08003	21-0634489	501C3	23,006.				HOLOCAUST GRANTS
(10) JEWISH COMMUNITY CENTER PUERTO RICO 903 AVE PONCE DE LEON, SAN JUAN, PR 907	66-0288586	501C3	17,900.				PUERTO RICO SUMMER CAMP
(11) HILLEL INTERNATIONAL 800 EIGHT STREET NW, WASHINGTON, DC 20001	52-1844823	501C3	17,466.				THANKSGIVING DINNER ISRAEL
(12) JEWISH FAMILY & CHILDREN SERVICE 1601 16TH AVENUE, SEATTLE, WA 98122	91-0565537	501C3	17,000.				HOLOCAUST GRANTS

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

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

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

Schedule I (Form 990) (2018)

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

Employer identification number
13-1624240

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FAMILY & CHILDREN SERVICE 8540 BAYCENTER RD, JACKSONVILLE, FL 32256	59-0637868	501C3	13,777.				HOLOCAUST GRANTS
(2) JEWISH FEDERATION OF GREATER SANTA BARBARA 524 CHAPALA ST., SANDA BARBARA, CA 93101	23-7354759	501C3	12,500.				ASSISTANCE LOW INCOME RESIDENTS
(3) JEWISH FEDERATION OF GREATER PITTSBURG 234 MCKEE PLACE, PITTSBURGH, PA 15213	25-1017602	501C3	10,000.				VICTIMS OF TERROR TREE OF LIVE
(4) JEWISH FEDERATION OF GREATER BUFFALO 2640 N. FOREST RD, GETZVILLE, NY 14068	16-0743210	501C3	7,000.				JEWISH EDUCATION
(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 ▶ 66.

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

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

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

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

SCHEDULE I, PART I, LINE 2:

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

Part III

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

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

Part IV

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

SITE VISITS AS NECESSARY TO ENSURE COMPLIANCE.

JFNA REPORTS GRANTS ON SCHEDULE I TO UIA A SUBSIDIARY OF JFNA, AND THE
AMERICAN JOINT DISTRIBUTION COMMITTEE (JDC) BOTH 501C3 ORGANIZATIONS -
EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F.

Part III

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

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

Part IV

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

Part I Questions Regarding Compensation

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

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

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

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

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

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Compensation committee

Independent compensation consultant

Form 990 of other organizations

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2018

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 THROUGH 9/19	(i) 631,321.	0.	4,356.	24,000.	36,069.	695,746.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	MARK GURVIS EXECUTIVE VICE PRESIDENT	(i) 382,936.	0.	2,838.	5,500.	36,775.	428,049.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	PAMELA A. ZALTSMAN CHIEF FINANCIAL OFFICER	(i) 174,685.	0.	1,628.	3,545.	5,404.	185,262.	
		(ii) 58,228.	0.	543.	1,182.	1,801.	61,754.	
4	BECKY PORATH GENERAL COUNSEL	(i) 171,430.	0.	349.	3,751.	40,145.	215,675.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	BRIAN ABRAHAMS SENIOR VICE PRESIDENT	(i) 312,915.	0.	2,838.	5,500.	39,559.	360,812.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	BECKY CASPI DIRECTOR GENERAL ISRAEL OFFICE	(i) 246,717.	0.	30,328.	38,573.	32,194.	347,812.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	WILLIAM DAROFF SENIOR VICE PRESIDENT	(i) 299,790.	0.	1,518.	5,500.	36,527.	343,335.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	PAM KURTZMAN SENIOR VICE PRESIDENT	(i) 161,906.	0.	750.	3,232.	3,626.	169,514.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
9	RENEE ROTHSTEIN SENIOR VICE PRESIDENT	(i) 283,603.	0.	2,770.	5,500.	17,636.	309,509.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	DAVID MALLACH V-UIA/EXECUTIVE VP-IEF	(i) 78,819.	0.	3,770.	1,731.	15,115.	99,435.	0.
		(ii) 118,229.	0.	5,655.	2,596.	22,672.	149,152.	0.
11	SHARI COHEN VICE PRESIDENT	(i) 191,939.	0.	1,828.	4,076.	26,842.	224,685.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	KIMBERLEE FISH EXECUTIVE DIRECTOR	(i) 203,692.	0.	447.	4,243.	14,888.	223,270.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
13	IRIT GROSS ASSOCIATE VICE PRESIDENT	(i) 212,580.	0.	434.	4,531.	36,018.	253,563.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
14	DAVID KESSEL ASSOCIATE VICE PRESIDENT	(i) 255,885.	0.	853.	5,265.	14,099.	276,102.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15	BETH MANN VICE PRESIDENT	(i) 207,744.	0.	2,004.	4,406.	19,019.	233,173.	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 UNITED ISRAEL APPEAL, INC. (A
RELATED 501(C)(3) ORGANIZATION) BY PAMELA ZALTSMAN, CHIEF FINANCIAL

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.

OFFICER, AND DANIEL MALLACH, V-UIA/EXECUTIVE VP-IEF, WERE PAID BY JFNA
AND RECORDED IN EXPENSES IN JFNA FINANCIAL STATEMENTS. SIX MEMBERS OF THE
BOARD OF TRUSTEES OF THE JFNA ARE ON THE BOARD OF DIRECTORS OF UIA.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **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.**

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)				

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

Schedule L (Form 990 or 990-EZ) 2018

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JENNIFER HILLEL	RELATIVE OF BOARD TRUSTEE	90,708.	WAGES		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.

Employer identification number

13-1624240

FORM 990, PART III, LINE 4D:

OTHER PROGRAM SERVICES:

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 EARTHQUAKE. 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. THE JFNA ENDOWMENT COMMITTEE AWARDS GRANTS TO FEDERATIONS TO HELP THEM ESTABLISH AND CREATE THE LIFE AND 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.

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.

U.S. GOVERNMENT GRANT - ADVANCING PERSON-CENTERED, TRAUMA-INFORMED SUPPORTIVE SERVICES FOR HOLOCAUST SURVIVORS. AFTER WITNESSING THE DARKEST

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

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 FRAILER 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.

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.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD TRUSTEES DAVID SHULMAN AND STACEY SHULMAN ARE FATHER AND DAUGHTER RESPECTIVELY.

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

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

THROUGH THE FEDERATION MEMBERS CORPORATION, AT LEAST 68% OF THE MEMBERS OF THE BOARD OF TRUSTEES ARE APPOINTED FROM MEMBER FEDERATIONS. FEDERATION MEMEBERS CORPORATION 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 7A & 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 FORM 990 IS POSTED ON THE JFNA SECURE WEBSITE FOR MEMBERS OF THE BOARD OF TRUSTEES TO VIEW BEFORE THE FORM 990 IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

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 HEAD OF THE HUMAN RESOURCES DEPARTMENT WILL MONITOR COMPLIANCE WITH THIS POLICY. ADMINISTRATION OF THIS POLICY WILL BE THE RESPONSIBILITY OF THE CEO/PRESIDENT OR EXECUTIVE VICE PRESIDENT.

A "CONFLICT OF INTEREST" MAY EXIST WHENEVER THE PERSONAL INTERESTS OF A JFNA EMPLOYEE INTERFERE - OR HAVE THE APPEARANCE THAT THEY MIGHT POTENTIALLY INTERFERE - IN ANY WAY WITH THE INTERESTS OF JFNA. A CONFLICT MAY EXIST WHEN AN EMPLOYEE TAKES ACTIONS OR HAS BUSINESS INTERESTS THAT MAKE IT DIFFICULT TO PERFORM HIS OR HER WORK OBJECTIVELY AND EFFECTIVELY. CONFLICTS MAY ALSO ARISE WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY RECEIVES AN IMPROPER PERSONAL BENEFIT AS A RESULT OF THE EMPLOYEE'S POSITION IN JFNA, WHETHER RECEIVED FROM JFNA OR A THIRD PARTY. PROFESSIONAL STAFF MEMBERS ARE REQUIRED TO AVOID ALL CONFLICTS OF INTEREST UNLESS THEY RECEIVE PRIOR APPROVAL IN WRITING FROM THE CEO/PRESIDENT OR DESIGNATE (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST), WHO WILL CONFER WITH JFNA'S COUNSEL PRIOR TO MAKING A DETERMINATION.

Name of the organization THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.	Employer identification number 13-1624240
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ALTHOUGH IT IS NOT POSSIBLE TO SPECIFY EVERY ACTION THAT MIGHT CREATE A CONFLICT OF INTEREST, THIS POLICY SETS FORTH THE ONES THAT MOST FREQUENTLY PRESENT PROBLEMS. THE POTENTIAL FOR A CONFLICT OF INTEREST EXISTS WHEN JFNA'S EMPLOYEES OR MEMBERS OF THEIR FAMILIES:

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

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

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

SUCH TRANSACTIONS TO A CLOSER SCRUTINY AND MORE RIGOROUS OVERSIGHT THAN
WOULD OTHERWISE APPLY TO OTHER TRANSACTIONS.

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

SCOPE:

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

DISCLOSURE:

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

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 PRESENTS A POTENTIAL CONFLICT OF INTEREST.

DISCLOSURES REQUIRED FROM MEMBERS OF THE STAFF MUST BE DIRECTED IN
WRITING TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT. IN THE EVENT THAT
MEMBERS OF THE STAFF BECOME AWARE OF A CONFLICT, THEY SHALL DISCLOSE SUCH
INFORMATION TO THE HEAD OF HUMAN RESOURCES, CHIEF FINANCIAL OFFICER, OR

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

JFNA'S GENERAL COUNSEL, WHO WILL COMMUNICATE TO THE CEO/PRESIDENT OR THE EXECUTIVE VICE PRESIDENT THOSE DISCLOSURES THAT ARE REQUIRED BY THIS POLICY. THESE DISCLOSURES SHALL BE HELD IN CONFIDENCE EXCEPT WHEN THE BEST INTERESTS OF JFNA WOULD BE SERVED BY COMMUNICATING THE INFORMATION TO THE BOARD OF TRUSTEES IN EXECUTIVE SESSION OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST.

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

REPORTING:

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

PENALTY FOR NON-COMPLIANCE:

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

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

THE JEWISH FEDERATIONS OF NORTH AMERICA'S BOARD OF TRUSTEES ADOPTED THIS

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

"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

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

TO MAKE A REPORT USING THE FOLLOWING CONFIDENTIAL WEBSITE:

WWW.ETHICSPPOINT.COM. BOTH THE TELEPHONE NUMBER AND THE WEBSITE ARE HOSTED BY "ETHICSPPOINT," AN INDEPENDENT PRIVATE ORGANIZATION WHICH IS NOT AFFILIATED WITH JFNA AND WHICH PROVIDES A CONFIDENTIAL WAY FOR COVERED PERSONS TO REPORT SUSPECTED MISCONDUCT.

IN ORDER TO BE BETTER EQUIPPED TO RESPOND TO ANY INFORMATION OR COMPLAINT, IT WOULD BE HELPFUL IF THE CALLER IDENTIFIES HIM OR HERSELF AND PROVIDES THEIR TELEPHONE NUMBER AND OTHER CONTACT INFORMATION WHEN MAKING THE REPORT. 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:

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

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:

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

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 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

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

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 15A:

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

- SETS THE TERMS AND CONDITIONS OF EMPLOYMENT FOR THE CEO/PRESIDENT AND DETERMINES SALARY INCREASES GOING FORWARD. IN ITS ANNUAL REVIEW OF THE CEO/PRESIDENT'S COMPENSATION, COMMITTEE MEMBERS ARE PROVIDED WITH RELEVANT COMPENSATION INFORMATION ALONG WITH COMPARABLE DATA AS PREPARED BY AN OUTSIDE EXPERT.

- APPROVES THE TERMS AND CONDITIONS OF SENIOR MANAGEMENT TEAM (SMT) HIRES. IN ADDITION, THE COMMITTEE REVIEWS SALARY INCREASE PROPOSALS, AS PRESENTED BY THE CEO/PRESIDENT, FOR EVERY SMT MEMBER. IN ADVANCE OF THIS REVIEW, THE COMMITTEE IS PROVIDED WITH RELEVANT SALARY INFORMATION.

- REVIEWS AND IS ASKED TO APPROVE PROPOSED ANNUAL SALARY INCREASES FOR NON-UNION STAFF. THE COMMITTEE IS PROVIDED WITH APPROPRIATE SALARY DATA 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.

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

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

FORM 990, 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 ITS WEBSITE - WWW.JEWISHFEDERATIONS.ORG.

FORM 990, PART VII, SECTION A:

RICHARD SANDLER SERVED AS CHAIR OF THE BOARD THROUGH NOVEMBER 2018 AFTER

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

WHICH HE SERVED AS A TRUSTEE OF THE BOARD.

JODI SCWARTZ SERVED AS TREASURER OF THE BOARD THROUGH NOVEMBER 2018 AFTER WHICH SHE SERVED AS VICE CHAIR OF THE BOARD.

CYNTHIA SHAPIRA SERVED AS TRUSTEE OF THE BOARD THROUGH NOVEMBER 2018 AFTER WHICH SHE SERVED AS VICE CHAIR OF THE BOARD.

DAVID T. BROWN SERVED AS TRUSTEE OF THE BOARD THROUGH NOVEMBER 2018 AFTER WHICH HE SERVED AS NATIONAL CAMPAIGN CHAIR.

SHERYL KIMERLING SERVED AS SECRETARY OF THE BOARD THROUGH NOVEMBER 2018 AFTER WHICH SHE SERVED AS TRUSTEE OF THE BOARD.

FORM 990, PART XI, LINE 9:

ADJUSTMENT TO MINIMUM PENSION LIABILITIES...\$(6,119,422.)

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

Name of the organization THE JEWISH FEDERATIONS OF NORTH AMERICA, INC.	Employer identification number 13-1624240
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ENGAGEMENT OF AN INTERNAL AUDITOR IF DEEMED NECESSARY BY THE COMMITTEE OR
THE BOARD.

ATTACHMENT 1

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

THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS AND SERVES 146
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.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
GRANTS TO AGENCIES FOR HUMAITARIAN PURPOSES.	8,991,934.	8,991,934.	2,526,146.
WORK WITH OVERSEAS PARTNERS		3,343,820.	230,105.
U.S. GOVERNMENT GRANT HOLOCAUST SURVIVORS FUND	4,346,010.	4,346,010.	
RECRUITING & DEVELOPING TALENT FOR FEDERATIONS		1,692,358.	207,331.
TOTALS	<u>13,337,944.</u>	<u>18,374,122.</u>	<u>2,963,582.</u>

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

ATTACHMENT 3

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

ISRAEL

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AZ, AR, CA, CO, CT,

FL, GA, HI, IL, KS, KY, ME, MD, MI,

MN, MS, MO, NH, NJ, NC, ND, OH, OK, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIPLOMAT BEACH RESORT 3555 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019	MEETING SPEACE/SERV	914,933.
THE BRIDGESPAN GROUP INC 2 COPLEY PLACE SUITE 3700B BOSTON, MA 21165	STRATEGIC PLAN	866,268.
BLACKBAUD, INC. P.O. BOX 930256 ATLANTA, GA 31193	DONOR MAN SYSTEM	787,007.
FUSION LABS, INC. 75 REMITTANCE DRIVE CHICAGO, IL 60675	DONOR MAN SYSTEM	428,509.
SECOND MILE PRODUCTIONS 10531 EAST CLOVER LANE FORNEY, TX 75126	MEETING EQUIPMENT	417,673.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2018

**Open to Public
Inspection**

Name of the organization

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) JFBP LLC 35-2221762 25 BROADWAY NEW YORK, NY 10004	TAXEXEMPTBOND	NY	0.	0.	NONE
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) UNITED ISRAEL APPEAL, INC 131760102 25 BROADWAY NEW YORK, NY 10004	ADMINISTRATOR	NY	501 (C) (3)	7	JFNA, INC.	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED ISRAEL APPEAL INC	P	546,549.	EXP PAID JFNA
(2) UNITED ISRAEL APPEAL INC	B	160,083,512.	GRANT
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 1N:

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

SCHEDULE R, PART V, LINE 1Q:

JFNA AND UNITED ISRAEL APPEAL LIST TRANSFER OF CASH AS EXCHANGE
TRANSACTIONS AND ARE NOT LISTED IN REVENUES OR EXPENSES.