

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2016)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 207,469,173 including grants of \$ 207,469,173) (Revenue \$ 0)

See Additional Data

4b (Code) (Expenses \$ 22,849,885 including grants of \$) (Revenue \$ 11,688,353)

See Additional Data

4c (Code) (Expenses \$ 8,662,349 including grants of \$) (Revenue \$ 3,864,505)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 10,628,830 including grants of \$ 5,971,030) (Revenue \$ 3,876,671)**4e** Total program service expenses ► 249,610,237

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
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>		No
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>	Yes	
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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
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>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>	Yes	
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
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>		No
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>		No
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	Yes	

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.	248	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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.	178	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
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)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ , IS 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
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?		No
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?		No
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?		No
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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
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?		
9a	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?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
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.		No

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?	Yes	
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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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.	Yes	
b	Other officers or key employees of the organization.	Yes	
	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?		No
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?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: AK, AL, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MD, ME, MI, MN, MS, NC, ND, NH, NJ, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 25 Broadway Suite 1700 New York, NY 10004 (212) 284-6500

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

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

Form **990** (2016)

[illegible]

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 ▶ 47

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Blackbaud Inc PO Box 930256 Atlanta, GA 31193	Federation Donor Management	1,224,209
Washington Hilton Hotel 1919 Connecticut Avenue NW Washington, DC 20009	Meeting Space and Ancillary Services	1,075,030
Showcall 19566 AMARANTH DRIVE GERMANTOWN, MD 20874	GA Production	694,886
Alliance Exposition Services PO Box 109 Pasonian Springs, VA 20129	Meeting Exhibition Services	535,089
Fusion, 75 REMITTANCE DRIVE DEPT 6529 CHICAGO, IL 606756529	Federation Donor Management	482,053

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 29</p>	
---	--

Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	0			
	b Membership dues . . .	1b	0			
	c Fundraising events . . .	1c	0			
	d Related organizations	1d	0			
	e Government grants (contributions)	1e	2,467,500			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	235,700,761			
	g Noncash contributions included in lines 1a-1f \$ _____		0			
	h Total. Add lines 1a-1f		238,168,261			
Program Service Revenue		Business Code				
	2a FUNDRAISING INFRASTRUCTURE	900099	11,688,353	11,688,353	0	0
	b POWER OF COLLECTIVE	900099	3,864,505	3,864,505	0	0
	c HOLOCAUST SURVIVORS DISASTER RELIEF	900099	3,409,620	3,409,620	0	0
	d TALENT AND LEADERSHIP DEVELOPMENT	900099	431,973	431,973	0	0
	e ISRAEL AND OVERSEAS	900099	35,078	35,078	0	0
	f All other program service revenue		0	0	0	0
	g Total. Add lines 2a-2f		19,429,529			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		939,805	0	0	939,805
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0
	5 Royalties		0	0	0	0
	6a Gross rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)	0 0				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	16,713,181 0			
	b Less cost or other basis and sales expenses	14,035,454 0				
	c Gain or (loss)	2,677,727 0				
	d Net gain or (loss)		2,677,727 0 0	2,677,727		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		261,215,322	19,429,529	0	3,617,532	

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.	211,599,083	211,599,083		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,841,120	1,841,120		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	2,692,610	1,599,430	1,093,180	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	15,434,797	10,185,729	3,884,401	1,364,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	2,465,273	1,787,693	523,526	154,054
9 Other employee benefits.	1,815,464	1,172,692	489,890	152,882
10 Payroll taxes.	1,254,754	900,570	276,918	77,266
11 Fees for services (non-employees):				
a Management.				
b Legal.	168,036	42,274	124,226	1,536
c Accounting.	112,500	3,000	109,500	
d Lobbying.	3,000	3,000		
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	418,099		418,099	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,653,686	7,914,374	721,278	18,034
12 Advertising and promotion.	694,093	658,919	9,932	25,242
13 Office expenses.	1,245,232	683,161	540,139	21,932
14 Information technology.				
15 Royalties.				
16 Occupancy.	3,944,852	3,090,953	821,309	32,590
17 Travel.	1,024,985	721,369	181,530	122,086
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	4,178,289	3,723,859	432,508	21,922
20 Interest.	12,852	293	12,559	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	434,410	291,055	143,355	
23 Insurance.	399,952	267,968	131,984	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Missions.	3,123,695	3,123,695	0	0
b				
c				
d				
e All other expenses.	0			
25 Total functional expenses. Add lines 1 through 24e.	261,516,782	249,610,237	9,914,334	1,992,211
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		23,943,526	1	16,815,467
	2	Savings and temporary cash investments		5,786,672	2	10,645,737
	3	Pledges and grants receivable, net		38,629,877	3	38,923,152
	4	Accounts receivable, net		174,107,470	4	165,589,990
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		5,493	7	5,493
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,177,003	9	2,266,960
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,211,350		
	b	Less: accumulated depreciation	10b	5,270,467		
				5,349,435	10c	4,940,883
	11	Investments—publicly traded securities		27,403,593	11	34,389,044
	12	Investments—other securities. See Part IV, line 11		28,666,208	12	21,751,627
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		4,600	15	4,600	
16	Total assets. Add lines 1 through 15 (must equal line 34)		306,073,877	16	295,332,953	
Liabilities	17	Accounts payable and accrued expenses		40,649,589	17	28,925,528
	18	Grants payable			18	
	19	Deferred revenue		9,887,996	19	12,136,949
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		147,529,998	25	136,477,595
	26	Total liabilities. Add lines 17 through 25		198,067,583	26	177,540,072
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		9,303,073	27	8,200,600
	28	Temporarily restricted net assets		89,664,696	28	100,299,670
	29	Permanently restricted net assets		9,038,525	29	9,292,611
	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		108,006,294	33	117,792,881	
34	Total liabilities and net assets/fund balances		306,073,877	34	295,332,953	

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	261,215,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	261,516,782
3	Revenue less expenses Subtract line 2 from line 1	3	-301,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	108,006,294
5	Net unrealized gains (losses) on investments	5	2,713,433
6	Donated services and use of facilities	6	0
7	Investment expenses	7	
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,374,614
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	117,792,881

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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	Yes	
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?	Yes	
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	

Additional Data

Software ID: 16000425
Software Version: v1.00
EIN: 13-1624240
Name: THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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.

Form 990, Part III, Line 4c:

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 3,750,280 including grants of \$ 3,750,280) (Revenue \$ 3,409,620)

GRANTS THE JEWISH FEDERATIONS OF NORTH AMERICA HAS AWARDED GRANTS TO AGENCIES FOR HUMANITARIAN PURPOSES IN THE FACE OF DISASTERS INCLUDING ISRAEL FIRES, HOUSTON FLOODS, PHILIPPINE TYPHOON, HAITI EARTHQUAKE JAPAN EARTH QUAKE THESE EFFORTS ARE COORDINATED BY THE JEWISH FEDERATIONS OF NORTH AMERICA DISASTER RELIEF COMMITTEE SINCE 1989, THE FEDERATION MOVEMENT HAS RAISED ABOUT \$50 MILLION FOR CRISIS RELIEF FEREP AWARDS GRADUATE SCHOOL SCHOLARSHIPS FOR UP TO TWO YEARS TO INDIVIDUALS WHO MEET ELIGIBILITY REQUIREMENTS AND ARE COMMITTED TO WORKING IN THE FEDERATION SYSTEM FOLLOWING GRADUATE SCHOOL THE JFNA ENDOWMENT COMMITTEE AWARDS GRANTS TO FEDERATIONS TO HELP THEM ESTABLISH THE CREATE A JEWISH LEGACY PROGRAM IN THEIR COMMUNITIES CREATE A JEWISH LEGACY ENCOURAGES THE CREATION OF BEQUESTS BY INDIVIDUAL DONORS TO THEIR LOCAL FEDERATIONS, JEWISH COMMUNITY FOUNDATIONS, AGENCIES AND SYNAGOGUES

(Code) (Expenses \$ 2,727,497 including grants of \$ 0) (Revenue \$ 35,078)

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,220,750 including grants of \$ 2,220,750) (Revenue \$ 0)

U S GOVERNMENT GRANT - ADVANCING PERSON-CENTERED, TRAUMA-INFORMED SUPPORTIVE SERVICES FOR HOLOCAUST SURVIVORS AFTER WITNESSING THE DARKEST PERIOD OF THE LAST CENTURY, HOLOCAUST SURVIVORS BUILT A NEW LIFE IN THE U S AND ENRICHED OUR COUNTRY BUT NOW THEY ARE OLDER AND INCREASINGLY FRAIL MOST ARE IN THEIR 80S AND 90S, AND ONE IN FOUR LIVES IN POVERTY AS A GROUP, THEY ARE AT RISK FOR POOR PHYSICAL AND MENTAL HEALTH, DEPRESSION, AND SOCIAL ISOLATION SADLY, ALTHOUGH WE LOSE HOLOCAUST SURVIVORS EACH DAY, THE COST OF SUPPORTING THE REMAINING SURVIVORS WHO ARE GROWING MORE FRAIL AND IN NEED OF MORE SERVICES INCREASES IN RECOGNITION OF THESE INCREASED NEEDS, THE JEWISH FEDERATIONS OF NORTH AMERICA WORKS WITH COMMUNITIES TO RAISE MONEY TO SUPPORT HOLOCAUST SURVIVOR SERVICES, AND WORKS WITH THE FEDERAL GOVERNMENT TO IMPLEMENT A GRANT PROGRAM TO PROVIDE PERSON-CENTERED, TRAUMA-INFORMED CARE FOR HOLOCAUST SURVIVORS JFNA AWARDS SUBGRANTS TO LOCAL COMMUNITIES TO PROVIDE THE SERVICES USING BOTH PHILANTHROPIC AND FEDERAL FUNDS IT IS OUR DESIRE TO ENSURE THAT HOLOCAUST SURVIVORS ARE ABLE TO AGE IN PLACE IN THEIR HOMES AND COMMUNITIES WITH DIGNITY AND SECURITY

(Code) (Expenses \$ 1,153,950 including grants of \$ 0) (Revenue \$ 431,973)

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 III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 776,353 including grants of \$ 0) (Revenue \$ 0)

POSITIONING FOR THE FUTURE JFNA AIMS TO BUILD OUR COMMUNITY AND ENSURE A STRONG FUTURE BY REACHING YOUNGER JEWS AND BROADER AUDIENCES AND BY SOLIDIFYING OUR DONOR BASE THROUGH STRONGER BRANDING, MARKETING AND TECHNOLOGY, JFNA IS ENGAGING THE YOUNGER GENERATION THROUGH PROGRAMS AND EVENTS THAT INSPIRE LEADERSHIP, PHILANTHROPY, CONNECTION TO ISRAEL AND THE JEWISH PEOPLE, WHILE PROVIDING HIGH QUALITY MARKETING AND COMMUNICATIONS SUPPORT TO FEDERATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Sandler Chair of the Board	20 0	X		X				0	0	0
Cynthia Shapira Vice Chair of Board Began Service August 2017	20 0	X		X				0	0	0
Susan K Stern Vice Chair of Board Through July 2017	20 0	X		X				0	0	0
Suzanne Grants National Campaign Chair	20 0	X		X				0	0	0
Jodi Schwartz Treasurer	20 1	X		X				0	0	0
Sheryl Kimerling Secretary	20 0	X		X				0	0	0
Wendy Abrams Trustee Began Service November 2016	20 0	X						0	0	0
Roberta Abrams Trustee	1 0	X						0	0	0
Meryl K Ainsman Trustee	1 0	X						0	0	0
Eric Albert Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Judy Altenberg Trustee	1 0	X						0	0	0
Sanford L Antigas Trustee	1 0	X						0	0	0
Hugh Bassewitz Trustee Through November 2016	1 0	X						0	0	0
Saby Behar Trustee	1 1	X						0	0	0
Brad Bell Trustee	1 0	X						0	0	0
Gerald Benjimin Trustee Through November 2016	1 0	X						0	0	0
Robert G Berrin Trustee Through November 2016	1 0	X						0	0	0
Leslie Bider Trustee	1 0	X						0	0	0
Cookie Hymer Blitz Trustee	1 0	X						0	0	0
Merom Brachman Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Denis Braham Trustee	1 0	X						0	0	0
David T Brown Trustee	1 0	X						0	0	0
David J Butler Trustee	1 0	X						0	0	0
Suzanne F Cohen Trustee Through November 2016	1 0	X						0	0	0
Leslie Crane Trustee	1 0	X						0	0	0
Patricia Croughan Trustee	1 0	X						0	0	0
Amy N Dean Trustee	1 0	X						0	0	0
Alisa Doctoroff Trustee	1 0	X						0	0	0
Terri Farber Trustee Began Service November 2016	1 0	X						0	0	0
Diane S Feinberg Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Howard Feinsand Trustee	1 0	X						0	0	0		
Dori Fenenbock Trustee	1 0	X						0	0	0		
Susan Weiss Firestone Trustee	1 0	X						0	0	0		
Cheryl Fishbein Trustee	1 0	X						0	0	0		
Suzette Fisher Trustee Began Service November 2016	1 0	X						0	0	0		
Daniel Frankel Trustee Through November 2016	1 0	X						0	0	0		
Michael Frankel Trustee	1 0	X						0	0	0		
William Freedman Trustee	1 0	X						0	0	0		
Stephen Gaerber Trustee	1 0	X						0	0	0		
Sharon Gaines Trustee Through November 2016	1 0	X						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Meryl Gallatin Trustee Began Service November 2016	1 0	X						0	0	0
Leslie Gales Trustee Through November 2016	1 0	X						0	0	0
Michael C Gelman Trustee Through November 2016	1 0	X						0	0	0
Harold Gernsbacher Trustee Began Service November 2016	1 0	X						0	0	0
Raymond L Golden Trustee	1 0	X						0	0	0
Debby Goldenberg Trustee	1 0	X						0	0	0
David Golder Trustee Began Service November 2016	1 0	X						0	0	0
Beth Goldsmith Trustee Began Service November 2016	1 0	X						0	0	0
Marilyn Goldsmith Trustee	1 0	X						0	0	0
Albert W Gortz Trustee Through November 2016	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Suzanne B Grant Trustee	1 0	X							0	0	0	
Joshua Green Trustee Through November 2016	1 0	X							0	0	0	
Gary L Gross Trustee Began Service November 2016	1 0	X							0	0	0	
Jody Gross Trustee Through November 2016	1 0	X							0	0	0	
Andrew J Groveman Trustee	1 0	X							0	0	0	
Lee Harkavy Trustee	1 0	X							0	0	0	
Jim Heeger Trustee	1 0	X							0	0	0	
Alison Himel Trustee	1 0	X							0	0	0	
Michelle Hirsch Trustee Began Service November 2016	1 0	X							0	0	0	
Andy Hodes Trustee	1 0	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph Hollander Trustee	1 0	X						0	0	0
Linda A Hurwitz Trustee	1 0	X						0	0	0
John Isenberg Trustee	1 0	X						0	0	0
Anne L Jacobson Trustee Began Service November 2016	1 0	X						0	0	0
Sharon L Janks Trustee	1 0	X						0	0	0
Beth Kaplan Trustee	1 0	X						0	0	0
Tom Kasten Trustee	1 0	X						0	0	0
Brian Katz Trustee Through November 2016	1 0	X						0	0	0
Evelyn B Kenvin Trustee	1 0	X						0	0	0
Linda Ketover Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wayne Kimmel Trustee Through November 2016	1 0	X						0	0	0
Lon Klinghoffer Trustee	1 0	X						0	0	0
Rena Kopelman Trustee Began Service November 2016	1 0	X						0	0	0
Jennifer L Korach Trustee	1 0	X						0	0	0
Rochelle Kupfer Trustee Through November 2016	1 0	X						0	0	0
Stuart S Kurlander Trustee Through November 2016	1 0	X						0	0	0
Alison Lebovitz Trustee	1 0	X						0	0	0
Michael Lebovitz Trustee	1 0	X						0	0	0
Mary Beth Leibowitz Trustee Through November 2016	1 0	X						0	0	0
David W Lentz Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth Kieffer Leonard Trustee	1 0	X						0	0	0
Adam Levene Trustee Through November 2016	1 0	X						0	0	0
Jonathan P Levitt Trustee	1 0	X						0	0	0
Lisa Levy Trustee Through November 2016	1 0	X						0	0	0
Mark F Levy Trustee Began Service November 2016	1 0	X						0	0	0
Keith Libman Trustee	1 0	X						0	0	0
Robert Lippitt Trustee	1 0	X						0	0	0
Beth Kaplan Liss Trustee Through November 2016	1 0	X						0	0	0
Arthur S Loring Trustee Through November 2016	1 0	X						0	0	0
Dan Lowen Trustee	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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			
(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)												
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former							
Joan Lubar	1												0	0	0
Trustee	0	X													
Rabbi Jack Luxemburg	1												0	0	0
Trustee Began Service November 2016	0	X													
Zvi S Marans	1												0	0	0
Trustee	0	X													
Debbie Margolis	1												0	0	0
Trustee Began Service November 2016	0	X													
Florine Mark	1												0	0	0
Trustee Through November 2016	0	X													
Joel Marks	1												0	0	0
Trustee Began Service November 2016	0	X													
Ronnie Marks	1												0	0	0
Trustee	0	X													
Roslyn Mazur	1												0	0	0
Trustee Began Service November 2016	0	X													
Nancy Mimoun	1												0	0	0
Trustee	0	X													
Linda Mirels	1												0	0	0
Trustee	0	X													

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Heidi Monkarsch Trustee Began Service November 2016	1 0	X						0	0	0
Cynthia Moskowitz Trustee	1 0	X						0	0	0
Gail Norry Trustee Began Service November 2016	1 0	X						0	0	0
Julie Wise Oreck Trustee	1 0	X						0	0	0
Marcie H Orley Trustee	1 0	X						0	0	0
Selena Paperman Trustee	1 0	X						0	0	0
Anne B Pava Trustee Through November 2016	1 0	X						0	0	0
Julie B Platt Trustee	1 0	X						0	0	0
Rona Pozner Trustee Began Service November 2016	1 0	X						0	0	0
David Pratt Trustee Through November 2016	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)

(B)

(C)

(D)

(E)

(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sari Anne Rapkin Trustee	1 0	X						0	0	0
Linda Ravvin Trustee	1 0	X						0	0	0
Zoe Riekes Trustee	1 0	X						0	0	0
Enid Rosenberg Trustee Through November 2016	1 0	X						0	0	0
Leslie Rosenthal Trustee Began Service November 2016	1 0	X						0	0	0
Jason Rubinoff Trustee	1 0	X						0	0	0
Jeff Rum Trustee Began Service November 2016	1 0	X						0	0	0
Paula Saginaw Trustee Through November 2016	1 0	X						0	0	0
Robin Kaufman Saran Trustee	1 0	X						0	0	0
Sherrie Savett Trustee Through November 2016	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A)(B)(C)(D)(E)(F)

Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeffrey Scheck Trustee Began Service November 2016	1 0	X						0	0	0
Sammy Schulman Trustee	1 0	X						0	0	0
Stacey Schulman Trustee	1 0	X						0	0	0
David Schulman Trustee	1 0	X						0	0	0
Steven Schwarz Trustee Began Service November 2016	1 0	X						0	0	0
Phyllis Seaman Trustee	1 0	X						0	0	0
Barry Seidman Trustee Began Service November 2016	1 0	X						0	0	0
Brian Seymour Trustee	1 0	X						0	0	0
Nathan Shor Trustee	1 0	X						0	0	0
Kim Shwachman Trustee Began Service November 2016	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael D Siegal Trustee	1 0	X						0	0	0
Mark Silberman Trustee Began Service November 2016	1 0	X						0	0	0
Shelley Silverman Trustee Through November 2016	1 0	X						0	0	0
Stephen J Silverman Trustee	1 0	X						0	0	0
Bill Silverstein Trustee	1 0	X						0	0	0
Dganit Herzig Slovik Trustee Began Service November 2016	1 0	X						0	0	0
Edgar Snyder Trustee Through November 2016	1 0	X						0	0	0
David J Steirman Trustee Through November 2016	1 0	X						0	0	0
Jeffrey M Stern Trustee	1 0	X						0	0	0
Susan K Stern Trustee	20 00 1	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(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
(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)										
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
Brian Tauber Trustee	1 0	X							0	0	0	
Kathryn L Unger Trustee Began Service November 2016	1 0	X							0	0	0	
Harvey Wallace Trustee	1 0	X							0	0	0	
Neil Wallack Trustee Began Service November 2016	1 0	X							0	0	0	
Nat Wasserstein Trustee	1 0	X							0	0	0	
Rabbi Stuart G Weinblatt Trustee Through November 2016	1 0	X							0	0	0	
Elliott Weinstein Trustee Began Service November 2016	1 0	X							0	0	0	
Steven J Weiss Trustee	1 0	X							0	0	0	
Katie Whitlatch Trustee Began Service November 2016	1 0	X							0	0	0	
Mark Wilf Trustee	1 0	X							0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Paul Wolff Trustee Through November 2016	1 0	X						0	0	0
Royce Wolff Trustee Began Service November 2016	1 0	X						0	0	0
Jackie Sprinces Wong Trustee	1 0	X						0	0	0
Andrea Yablon Trustee Through November 2016	1 0	X						0	0	0
Jerry Yanowitz Trustee	1 0	X						0	0	0
Robert K Yass Trustee	1 0	X						0	0	0
Robert Zahler Trustee	1 0	X						0	0	0
Michael Zaransky Trustee Began Service November 2016	1 0	X						0	0	0
Steve Zatkan Trustee Through November 2016	1 0	X						0	0	0
Vicki Zell Trustee Began Service November 2016	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Fred Zimmerman Trustee	1 0	X						0	0	0
Gerrald B Silverman President & CEO	50 0			X				635,719	0	57,052
Mark Gurvis Executive Vice President	50 0			X				362,265	0	38,143
Pamela A Zaltsman Chief Financial Officer	37 5 12 5			X				168,443	59,070	8,768
Becky Porath General Counsel	50 0			X				147,207	0	39,729
Becky Caspi Director General Israel Office	50 0				X			280,638	0	72,614
William Daroff Senior Vice President	50 0				X			288,877	0	35,019
Renee Rothstein Senior Vice President	50 0				X			274,808	0	20,251
David Mallach V-UIA/Executive VP-IEF	20 30				X			66,741	122,403	14,861
Beth Mann Vice President	50 0					X		201,922	0	18,846

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Elissa Maier Vice President	50 0					X		198,332	0	37,042
David Kessel Associate Vice President	50 0					X		184,578	0	32,751
Kimberlee Fish Associate Vice President	50 0					X		194,945	0	16,259
Joshua Karlin Senior Vice President	50 0					X		189,264	0	16,692

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047 2016 Open to Public Inspection
	Department of the Treasury Internal Revenue Service Name of the organization THE JEWISH FEDERATIONS OF NORTH AMERICA INC	Employer identification number 13-1624240

Part I 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 **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		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	33,628,000	171,274,856	315,881,887	261,489,843	238,168,261	1,020,442,847
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	33,628,000	171,274,856	315,881,887	261,489,843	238,168,261	1,020,442,847
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,020,442,847

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4	33,628,000	171,274,856	315,881,887	261,489,843	238,168,261	1,020,442,847
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	732,745	636,915	950,140	866,564	939,805	4,126,169
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.)						
11	Total support. Add lines 7 through 10						1,024,569,016
12	Gross receipts from related activities, etc. (see instructions)					12	77,013,719
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	99.597%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99.501%
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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>	1	
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>	2	
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>	3a	
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>	3b	
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>	3c	
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>	4a	
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>	4b	
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>	4c	
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>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
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>	8	
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>	9a	
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>	9b	
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>	9c	
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 line 10b below.</i>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
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. **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)	1	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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

OMB No 1545-0047

2016

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 the organization THE JEWISH FEDERATIONS OF NORTH AMERICA INC	Employer identification number 13-1624240
---	--

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ \$

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 7202 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 fileForm 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-
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

156,544

b Total lobbying expenditures to influence a legislative body (direct lobbying)

626,178

c Total lobbying expenditures (add lines 1a and 1b)

782,722

d Other exempt purpose expenditures

260,315,960

e Total exempt purpose expenditures (add lines 1c and 1d)

261,098,682

f Lobbying nontaxable amount Enter the amount from the following table in both columns

1,000,000

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

250,000

h Subtract line 1g from line 1a If zero or less, enter -0-

0

i Subtract line 1f from line 1c If zero or less, enter -0-

0

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(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	804,975	823,424	974,100	782,722	3,385,221
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	160,995	164,684	194,500	156,544	676,723

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 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.

Return Reference	Explanation
------------------	-------------

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123011888

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
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?

☐ Yes

☐ 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?

☐ Yes

☐ 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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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?

☐ Yes

☐ 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)?

☐ Yes

☐ 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.

Cat No 52283D

Schedule D (Form 990) 2016

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	27,101,167	26,528,159	26,270,910	26,108,921	26,047,107
b Contributions	254,086	573,008	257,249	161,989	61,814
c Net investment earnings, gains, and losses	3,347,012	964,000	602,000	420,000	440,000
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	3,347,012	964,000	602,000	420,000	440,000
f Administrative expenses	0	0	0	0	0
g End of year balance	27,355,253	27,101,167	26,528,159	26,270,910	26,108,921

2

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

a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

100 %

c

Temporarily restricted endowment ▶

0 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	6,917,112	3,106,862	3,810,250
d Equipment	0	2,162,335	1,899,034	263,301
e Other	0	1,131,903	264,571	867,332
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,940,883

Schedule D (Form 990) 2016

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) Limited partnership	11,730,924	F
(B) Limited Liability	10,020,703	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	21,751,627	

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

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

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

Part X

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes	0	
Other Liabilities	136,477,595	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	136,477,595	

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	275,603,220
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	2,713,433
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	166,824,172
e	Add lines 2a through 2d	2e	169,537,605
3	Subtract line 2e from line 1	3	106,065,615
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	418,099
b	Other (Describe in Part XIII)	4b	154,731,608
c	Add lines 4a and 4b	4c	155,149,707
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	261,215,322

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	287,379,639
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII)	2d	181,012,564
e	Add lines 2a through 2d	2e	181,012,564
3	Subtract line 2e from line 1	3	106,367,075
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	418,099
b	Other (Describe in Part XIII)	4b	154,731,608
c	Add lines 4a and 4b	4c	155,149,707
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	261,516,782

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000425
Software Version: v1.00
EIN: 13-1624240
Name: THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4	THE JEWISH FEDERATIONS OF NORTH AMERICA MAINTAINS ENDOWMENT FUNDS TO SUPPORT PROGRAMS INCL UDING THE JEWISH DATA BANK, CREATE A JEWISH LEGACY, VARIOUS PROGRAMS ABROAD INCLUDING ISRA EL AND THE FORMER SOVIET UNION, SUPPORT FEDERATIONS ANNUAL CAMPAIGNS AND TO MAINTAIN THE J EWISH DATABANK

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2	<p>Under ASC 740, "Income Taxes," an organization must recognize the tax benefit associated with tax positions taken for tax return purposes when it is more likely than not that the position will be sustained upon examination by a taxing authority. The implementation of ASC 740 had no impact on JFNA's consolidated financial statements. The Organization and UIA do not believe they have taken any material uncertain tax positions and, accordingly, they have not recorded any liability for unrecognized tax benefits. The Organization and UIA have filed for and received income tax exemptions in the jurisdictions where they are required to do so. Additionally, the Organization and UIA have filed IRS Form 990 information returns, as required, and all other applicable returns in jurisdictions where so required to do so. For the year ended June 30, 2017, there were no interest or penalties recorded or included in the consolidated statement of activities.</p>

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2d	UIA ELIMINATION ENTRY \$166,824,172 REVENUE OF UNITED ISRAEL APPEAL, INC (WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990 WHICH INCLUDES \$166,824,172 OF REVENUE FROM JFNA WHICH IS NOT SHOWN IN JFNA'S 990

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4b	JFNA/UIA ELIMINATION ENTRY \$154,731,608

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 2d	UIA EXPENSES \$181,012,564 EXPENSES OF UNITED ISRAEL APPEAL, INC (WHOLLY OWNED SUBSIDIARY) WHICH IS INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS AND IS REQUIRED TO FILE A SEPARATE FORM 990

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4b	JFNA/UIA ELIMINATION ENTRY \$154,731,608

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

**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" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	29			11,296,670

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Middle East and North Africa	VOCATIONAL TRAINING	796,903	WIRE TRANSFER	0		
			Europe (including Iceland and Greenland)	VOCATIONAL TRAINING	1,016,738	WIRE TRANSFER	0		
			South America	VOCATIONAL TRAINING	27,479	WIRE TRANSFER	0		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **0**

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

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)* ☐ 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)* ☐ Yes ☒ No

Part V Supplemental Information

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

Return Reference	Explanation
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

Return Reference	Explanation
Schedule F, Part I, Line 3	REGION MIDDLE EAST AND NORTHERN AFRICA SPECIFIC TYPES OF SERVICES IN THE REGION JFNA GLOBAL OPERATIONS MEET CRITICAL NEEDS IN ISRAEL AND AROUND THE WORLD ALONG WITH MISSIONS TO ISRAEL ARE ORGANIZED THROUGH OUT THE YEAR

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 13-1624240

Name: THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	1	29	Program Services		9,455,550
Middle East and North Africa	0	0	Grantmaking		796,903
Europe (including Iceland and Greenland)	0	0	Grantmaking		1,016,738

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Grantmaking		27,479

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493123011888

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

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

Name of the organization
THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Employer identification number
13-1624240

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 57

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

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

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2	UNDER THE DIRECTION OF THE JEWISH FEDERATIONS OF NORTH AMERICA, LAY LEADERS COMMITTEES AND OFFICERS AND PROFESSIONALS EVALUATE EACH GRANTEE EXTENSIBLY, BEFORE AND AFTER FUNDS ARE DISTRIBUTED, THE COMMITTEE'S MONITOR THE USED OF FUNDS, ENSURING THAT ALLOCATIONS REFLECT THE PRIORITIES OF THE JEWISH FEDERATION MOVEMENT FUNDING GUIDELINES INCLUDE THAT ALL OF THE JEWISH FEDERATION MOVEMENT FINDING GUIDELINES INCLUDED THAT GRANTEE ORGANIZATIONS MUST BE WELL-GOVERNED, COMPLY WITH GENERALLY ACCEPTED STANDARDS, INCLUDING PROVISIONS FOR APPROPRIATE LAY OVERSIGHT OF ALL FIDUCIARY MATTERS GRANTEES ARE ALSO REQUIRED TO PROVIDE THE COMMITTEE WITH REPORTS ON HOW FUNDS ARE SPENT, AND THE COMMITTEES CONDUCT SITE VISITS AS NECESSARY TO ENSURE COMPLIANCE, PART 1, LINE 2 JFNA REPORTS GRANTS ON SCHEDULE I TO UIA A SUBSIDIARY OF JFNA, AND THE AMERICAN JOINTDISTRIBUTION COMMITTEE (JDC) BOTH 501(c)(3) ORGANIZATIONS-EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F
Schedule I, Part II, Line 1	NAME OF ORGANIZATION OR GOVERNMENT UNITED ISRAEL APPEAL (H) PURPOSE OF GRANT OR ASSISTANCE PROGRAM SERVICES RELATED TO IMMIGRATION, ABSORPTION, YOUTH CARE SERVICE & JEWISH IDENTITY AND DISASTER RELIEF

Additional Data

Software ID: 16000425
Software Version: v1.00
EIN: 13-1624240
Name: THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service Agency of Central New Jersey 655 Westfield Ave Elizabeth, NJ 07208	22-1487364	501C3	116,670				Holocaust Grants
Jewish Family Service 6555 W Maple Road Bloomfield Detroit, MI 48322	38-0691329	501C3	50,000				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Services 1070 College Ave Columbus, OH 43209	31-4379497	501C3	59,000				Holocaust Grants
Jewish Family Services 5801 W 115th Suite 103 Overland Park, KS 66211	44-0545829	501C3	13,000				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family & Community Services East Bay 2484 Shattuck Ave Suite 210 Berkeley, CA 94704	94-3250304	501C3	50,000				Holocaust Grants
Jewish Family & Childrens Service Inc 1430 Main Street Waltham, MA 02451	04-2104356	501C3	9,250				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family and Childrens Services 2150 Post Street PO Box 159004 San Francisco, CA 94115	94-1156528	501C3	141,670				Holocaust Grants
Jewish Family Service of Rochester Inc 441 East Ave Rochester, NY 14607	16-0743059	501C3	7,500				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation of Greater Indianapolis Inc 6705 Hoover Road Indianapolis, IN 46260	35-0888017	501C3	23,000				Holocaust Grants
Jewish Social Service Agency 200 Wood Hill Rd Rockville, MD 20850	53-0196598	501C3	67,630				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of Orange County 720 Route 17 M Middletown, NY 10940	14-1731791	501C3	15,000				Holocaust Grants
Jewish Community Services 5750 Park Heights Ave Baltimore, MD 21215	52-0607909	501C3	22,500				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUARDIANS OF THE SICK 5216 11th Ave Brooklyn, NY 11219	11-6003433	501C3	79,396				Holocaust Grants
Self-help Community Services Inc 520 Eighth Avenue New York, NY 10018	13-1624178	501C3	479,362				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of San Diego 8804 Balboa Ave San Diego, CA 92123	95-1644024	501C3	28,000				Holocaust Grants
Council for Jewish Elderly 3003 W Touhy Avenue Chicago, IL 60645	36-2727597	501C3	52,500				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service Association of Cleveland Ohio 3659 S Green Road Suite 322 Cleveland, OH 44122	34-0714441	501C3	27,500				Holocaust Grants
Jewish Family AND Career Services Atlanta 4549 Chamblee Dunwoody Road Atlanta, GA 30338	58-1479212	501C3	33,000				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Metropolitan NY Coordinating Council on Jewish Poverty 120 Broadway 7th Floor New York, NY 10271	13-2738818	501C3	187,711				Holocaust Grants
Jewish Family Service of Los Angeles 3580 Wilshire Blvd Suite 700 Los Angeles, CA 90010	95-1691013	501C3	75,000				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alpert Jewish Family AND Childrens Service 5841 Corporate Way Suite 200 West Palm Beach, FL 33407	59-1520581	501C3	141,670				Holocaust Grants
Jewish Family Service of the Cincinnati Area 8487 Ridge Rd Cincinnati, OH 45236	31-0744786	501C3	30,000				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Community Services South Florida 735 NE 125th Street N Miami, FL 33161	59-0637867	501C3	26,000				Holocaust Grants
Edith and Carl Marks Jewish Community House Bensonhurst Inc 7802 Bay Parkway Brooklyn, NY 11214	11-1633484	501C3	131,250				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gulf Coast Jewish Family and Community Services 14041 Icot Boulevard Tampa, FL 33635	59-1229354	501C3	51,000				Holocaust Grants
Jewish Family and Career Services 2821 Klempner Way Louisville, KY 40205	61-0444704	501C3	42,708				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family and Child Service 1221 SW Yamhill St Suite 301 Portland, OR 97205	93-0386851	501C3	22,755				Holocaust Grants
Jewish Family and Childrens Service 2100 Arch St 5th Floor Philadelphia, PA 19103	23-1352026	501C3	99,999				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bet Tzedek 3250 Wilshire Blvd 13th Floor Los Angeles, CA 90010	23-7304205	501C3	150,000				Holocaust Grants
Jewish Family and Childrens Services of Northern New Jersey 1485 Teaneck Road Teaneck, NJ 07666	22-2223109	501C3	80,440				Holocaust Grants

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Blue Card Inc 171 Madison Avenue Suite 1405 New York, NY 10016	13-1623910	501C3	90,000				Holocaust Grants
GRATZ COLLEGE 7605 OLD YORK RD MELROSE PARK, PA 19027	23-1352642	501C3	11,451				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA P O BOX 14425 GAINESVILLE, FL 32611	59-2911059	501C3	27,555				SCHOLARSHIP
BRANDIES UNIVERSITY 415 SOUTH STREET MSC 110 WALTHAM, MA 02453	04-2103552	501C3	20,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW UNION COLLEGE 3101 CLIFTON AVENUE CINCINNATI, OH 45220	31-0537067	501C3	19,723				SCHOLARSHIP
UNIVERSITY OF GEORGIA 394 S MILLEAGE AVE STE 100 ATHENS, GA 30605	58-6033837	501C3	17,140				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROY UNIVERSITY ADAMS ADM BUILDING NO 241 TROY STATE, AL 36082	63-6067755	501C3	6,474				SCHOLARSHIP
UNIVERSITY OF MICHIGAN 2727 ALLIANCE DR STE C LANSING, MI 48910	23-7326030	501C3	20,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD ADM 295 Boca Raton, FL 33431	59-0917284	501C3	10,072				SCHOLARSHIP
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST SUITE 305 PHILADELPHIA, PA 19104	23-1352685	501C3	14,200				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL INTERNATIONAL 800 EIGHT STREET NW WASHINGTON, DC 20001	52-1844823	501C3	18,162				THANKSGIVIBG DINNER FOR STUDENTS IN ISRAEL
JEWISH FEDERATIONS OF BATON ROUGE 4845 JAMESTOWN AVE STE 210 BATON ROUGE, LA 70808	23-7208853	501C3	721,164				FLOOD RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NECHMA-JEWISH RESPONSE TO DISASTER 4300 CEDAR LAKE RD SOUTH ST LOUIS PARK, MN 55416	41-1998750	501C3	15,000				FLOOD RELIEF
JACKSONVILLE JEWISH FEDERATIONS 8505 SAN JOSE BLVD JACKSONVILLE, FL 32217	59-0637864	501C3	7,500				HURRICANE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF BREVARD INC 210 E HIBISUS BLVD MELBOURNE, FL 32901	51-0141462	501C3	8,000				HURRICANE
JEWISH FED OF VOLUSIA & FLAGLER COUNTIES 470 ANDALUSIA ORMOND BEACH, FL 32174	59-1774958	501C3	23,000				HURRICANE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVANNAH JEWISH FEDERATIONS 5111 ABERCORN STREET SAVANNAH, GA 31405	58-0566231	501C3	7,000				HURRICANE
UNITED ISRAEL APPEAL 25 BROADWAY SUITE 1700 New York, NY 10004	13-1760102	501C3	155,251,559				Allocation for immigration absorption youth care and emergency relief in Israel

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOINT DISTRIBUTION COMMITTEE 711 THIRD AVE 10TH FLOOR New York, NY 10017	13-1656634	501C3	49,497,153				Allocation for humanitarian relief and Jewish renewal and identity programs throughout the world
JEWISH FUNDERS NETWORK 150 WEST 30TH STREET SUITE 900 New York, NY 10001	23-2742482	501C3	114,093				FOR VENTURE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JFNA 25 BROADWAY SUITE 1700 New York, NY 10004	13-1624240	501C3	763,216				GRANTS FROM FEREP TO COVER EXP
ASSOCIATED JEWISH FEDERATIONS BALTIMORE 101 W MOUNT ROYAL AVENUE BALTIMORE, MD 21201	52-0607957	501C3	50,000				Leading Edge

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FED AND FAMILY SERVICES OF ORANGE COUNTY 1 FEDERATION WAY SUITE 220 IRVINE, CA 92603	95-2407026	501C3	95,000			HOLOCAUST GRANTS	
PESACH TIKVA HOPE DEVELOPMENT INC 18 MIDDLETOWN STREET BROOKLYN, NY 11206	11-2642641	501C3	129,993			HOLOCAUST GRANTS	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTH AND NORMAN RALES JEWISH FAM SERVICES INC 21300 RUTH AND BARON COLEMEN BLVD BOCA RATON, FL 33428	65-1115689	501C3	99,240			HOLOCAUST GRANTS	
SECURE COMMUNITY NETWORK INC 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	20-1437733	501c3	930,000			NATIONAL JEWISH NON PROFIT HOMELAND SECURITY	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER METROWEST NJ 901 RT 10 E WHYPPANY, NJ 07981	22-1487222	501c3	335,000			HOLOCAUST GRANTS FROM WILF FOUND	

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

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.

Return Reference	Explanation
Schedule J, Part I, Line 1a	There are several meetings during the year which require the attendance of the spouse of the CEO
Schedule J, Part I, Line 8	AMOUNTS WERE PAID TO GERRALD SILVERMAN, PRESIDENT/CEO, PURSUANT TO A CONTRACT SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGULATIONS SECTION 53.4958-(A) 3. A BINDING WRITTEN CONTRACT WAS EXECUTED BETWEEN THE ORGANIZATION AND GERRALD SILVERMAN. GERRALD SILVERMAN WAS NOT A DISQUALIFIED PERSON WITH RESPECT TO THE ORGANIZATION IMMEDIATELY PRIOR TO ENTERING INTO THE CONTRACT ON JULY 7, 2009. THE STARTING DATE ACCORDING TO THE CONTRACT WAS SEPTEMBER 30, 2009 FOR A CONTRACT OF FIVE YEARS THAT EXPIRED SEPTEMBER 2014. FROM SEPTEMBER 2014 THERE IS A RENEWAL OF CONTRACT THAT WILL EXPIRE SEPTEMBER 2019.
Schedule J, Part II	SALARIES RELATED TO THE WORK PERFORMED FOR UIA (RELATED ORGANIZATION) BY PAMELA ZALTSMAN AND DANIEL ALLEN WERE PAID BY JFNA AND RECORDED IN EXPENSES IN JFNA FINANCIAL STATEMENTS. THE RELATIONSHIP BETWEEN THE ORGANIZATION, THEY HAVE CERTAIN COMMON BOARD MEMBERS.

Additional Data

Software ID: 16000425

Software Version: v1.00

EIN: 13-1624240

Name: THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1Becky Porath General Counsel	(i)	146,914	0	293	3,240	36,489	186,936	0
	(ii)	0	0	0	0	-0	-0	0
1Pamela A Zaltsman Chief Financial Officer	(i)	167,610	0	833	3,403	5,365	177,211	0
	(ii)	55,870	0	277	1,134	-1,789	-59,070	0
2Mark Gurvis Executive Vice President	(i)	359,427	0	2,838	5,300	32,843	400,408	0
	(ii)	0	0	0	0	-0	-0	0
3Gerrald B Silverman President & CEO	(i)	632,881	0	2,838	23,300	33,752	692,771	0
	(ii)	0	0	0	0	-0	-0	0
4Becky Caspi Director General Israel Office	(i)	249,548	0	31,091	39,098	33,516	353,253	0
	(ii)	0	0	0	0	-0	-0	0
5William Daroff Senior Vice President	(i)	287,901	0	976	5,300	29,719	323,896	0
	(ii)	0	0	0	0	-0	-0	0
6Renee Rothstein Senior Vice President	(i)	273,390	0	1,418	5,300	14,951	295,059	0
	(ii)	0	0	0	0	-0	-0	0
7David Mallach V-UIA/Executive VP-IEF	(i)	64,861	0	1,880	1,408	13,453	81,602	0
	(ii)	97,291	0	2,820	2,110	-20,182	-122,403	0
8David Kessel Associate Vice President	(i)	183,923	0	655	4,002	28,749	217,329	0
	(ii)	0	0	0	0	-0	-0	0
9Kimberlee Fish Associate Vice President	(i)	194,522	0	423	4,040	12,219	211,204	0
	(ii)	0	0	0	0	-0	-0	0
10Beth MannVice President	(i)	200,024	0	1,897	4,198	14,648	220,767	0
	(ii)	0	0	0	0	-0	-0	0
11Joshua Karlin Senior Vice President	(i)	187,834	0	1,430	4,198	12,494	205,956	0
	(ii)	0	0	0	0	-0	-0	0
12Elissa MaierVice President	(i)	197,295	0	1,037	4,254	32,788	235,374	0
	(ii)	0	0	0	0	-0	-0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE JEWISH FEDERATIONS OF NORTH AMERICA INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

13-1624240

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 1	THE JEWISH FEDERATIONS OF NORTH AMERICA REPRESENTS AND SERVES 148 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	DAVID BUTLER-MICHAEL GELMAN - BUSINESS RELATIONSHIP SUSAN STERN -MARRIED TO JEFFREY STERN, DAVID SCHULMAN AND STACEY SCHULMAN - FATHER AND DAUGHTER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7a	THROUGH THE FEDERATION MEMBERS CORPORATION, AT LEAST 68% OF THE MEMBERS OF THE BOARD OF TRUSTEES ARE APPOINTED FROM MEMBER FEDERATIONS THE DELEGATEASSEMBLY 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 7b	UNDER THE CORPORATION BY-LAWS THE DELEGATE ASSEMBLY IS RESPONSIBLE FOR ADOPTION OF THE ANNUAL BUDGET OF THE CORPORATION RECOMMENDED BY THE BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	THE 990 WAS PREPARED BY THE JFNA FINANCE DEPARTMENT PROFESSIONALS THE FORM 990 IS REVIEWED BY JFNA MANAGEMENT BEFORE BEING PRESENTED FOR AUDIT BY INDEPENDENT AUDITORS AND REVIEWED BY THE JFNA AUDIT COMMITTEE AN INDEPENDENT STANDING COMMITTEE OF THE BOARD OF TRUSTEES BEFORE FILING THE 990 IS POSTED ON THE JFNA SECURE WEBSITE FOR MEMBERS OF THE BOARD OF TRUSTEES TO VIEW BEFORE THE FORM 990 IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>MEMBERS OF JFNA'S PROFESSIONAL STAFF SERVE A PUBLIC INTEREST ROLE AND HAVE A DUTY TO CONDUCT ALL AFFAIRS OF JFNA IN A MANNER CONSISTENT WITH THIS CONCEPT. ALL DECISIONS MADE BY STAFF ARE TO BE MADE SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTERESTS OF JFNA AND THE PUBLIC GOOD. THIS POLICY IS INTENDED TO CLEARLY ESTABLISH JFNA'S POLICIES AND PROCEDURES WITH REGARD TO ACTIVITIES ENGAGED IN BY MEMBERS OF THE PROFESSIONAL STAFF THAT MAY BE CONSIDERED A CONFLICT OF INTEREST. JFNA'S IN-HOUSE COUNSEL, CHIEF FINANCIAL OFFICER AND HEAD OF THE HUMAN RESOURCES DEPARTMENT WILL MONITOR COMPLIANCE WITH THIS POLICY. ADMINISTRATION OF THIS POLICY WILL BE THE RESPONSIBILITY OF THE CEO/PRESIDENT OR EXECUTIVE VICE PRESIDENT AND JFNA'S OUTSIDE COUNSEL. A "CONFLICT OF INTEREST" MAY EXIST WHENEVER THE PERSONAL INTERESTS OF A JFNA EMPLOYEE INTERFERE - OR HAVE THE APPEARANCE THAT THEY MIGHT POTENTIALLY INTERFERE - IN ANY WAY WITH THE INTERESTS OF JFNA. A CONFLICT MAY EXIST WHEN AN EMPLOYEE TAKES ACTIONS OR HAS BUSINESS INTERESTS THAT MAKE IT DIFFICULT TO PERFORM HIS OR HER WORK OBJECTIVELY AND EFFECTIVELY. CONFLICTS MAY ALSO ARISE WHEN AN EMPLOYEE OR A MEMBER OF HIS OR HER FAMILY RECEIVES AN IMPROPER PERSONAL BENEFIT AS A RESULT OF THE EMPLOYEE'S POSITION IN JFNA, WHETHER RECEIVED FROM JFNA OR A THIRD PARTY. PROFESSIONAL STAFF MEMBERS ARE REQUIRED TO AVOID ALL CONFLICTS OF INTEREST UNLESS THEY RECEIVE PRIOR APPROVAL IN WRITING FROM THE CEO/PRESIDENT (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST), WHO WILL CONFER WITH JFNA'S OUTSIDE COUNSEL, BOTH OF WHOM SHALL BE RESPONSIBLE FOR THE ADMINISTRATION OF THIS POLICY. ALTHOUGH IT IS NOT POSSIBLE TO SPECIFY EVERY ACTION THAT MIGHT CREATE A CONFLICT OF INTEREST, THIS POLICY SETS FORTH THE ONES THAT MOST FREQUENTLY PRESENT PROBLEMS. THE POTENTIAL FOR A CONFLICT OF INTEREST EXISTS WHEN JFNA'S EMPLOYEES OR MEMBERS OF THEIR FAMILIES 1 HAVE A FINANCIAL INTEREST IN, BUSINESS RELATIONSHIP WITH, OR INDEBTEDNESS TO AN ENTITY WITH WHICH THEY DO OR SEEK BUSINESS ON BEHALF OF JFNA, 2 ACCEPT PAYMENTS, LOANS, SERVICES, OR GIFTS FROM ANYONE DOING OR SEEKING TO DO BUSINESS WITH JFNA, 3 ARE OFFICERS, DIRECTORS, PARTNERS, INFLUENTIAL EMPLOYEES OR CONSULTANTS TO ANY ORGANIZATION DOING OR SEEKING TO DO BUSINESS WITH JFNA, OR 4 ENGAGE IN CONDUCT WHICH IS ADVERSE OR HARMFUL TO THE POLICIES, PURPOSES AND GOALS OF JFNA. JFNA'S LEADERSHIP, INCLUDING MEMBERS OF THE PROFESSIONAL STAFF, HOLD POSITIONS OF TRUST TO DONORS AND OUR BENEFICIARIES. MOREOVER, CHARITIES SERVE A PUBLIC INTEREST AND JFNA HOLDS A POSITION OF SPECIAL PROMINENCE AMONG AMERICAN CHARITIES. TO PRESERVE THIS TRUST, JFNA MUST PRESUME THAT TRANSACTIONS ARE NOT AT ARMS-LENGTH WHEN THEY ARE BETWEEN PERSONS WHOSE RELATIONSHIP MAY SUGGEST A POTENTIAL CONFLICT OF INTEREST, AND TO PROTECT JFNA FROM THE TAIN OF IMPROPRIETY, ACTUAL OR PERCEIVED, WE WILL SUBJECT SUCH TRANSACTIONS TO A CLOSER SCRUTINY AND MORE RIGOROUS OVERSIGHT THAN WOULD OTHER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>WISE APPLY TO OTHER TRANSACTIONS SCOPE THIS POLICY APPLIES TO ALL EMPLOYEES INVOLVED IN CONTRACTING FOR GOODS OR SERVICES ON BEHALF OF JFNA AND TO ALL PROFESSIONAL STAFF DISCLOSURE MEMBERS OF THE PROFESSIONAL STAFF SHALL BE REQUIRED TO PROVIDE AN INITIAL AND, THEREAFTER, ANNUAL STATEMENT ATTESTING * THAT THEY HAVE READ AND ARE FAMILIAR WITH THE POLICY, * THAT NEITHER THEY, NOR TO THE BEST OF THEIR KNOWLEDGE, THEIR FAMILY MEMBERS, HAVE IN THE PAST ENGAGED, ARE PRESENTLY ENGAGING, OR PLAN TO ENGAGE IN ANY ACTIVITY THAT CONTRAVENES THIS POLICY DISCLOSURES REQUIRED FROM MEMBERS OF THE STAFF MUST BE DIRECTED IN WRITING TO THE HEAD OF THE HUMAN RESOURCES DEPARTMENT IN THE EVENT THAT MEMBERS OF THE STAFF BECOME AWARE OF A CONFLICT, THEY SHALL DISCLOSE SUCH INFORMATION TO THE HEAD OF HUMAN RESOURCES, OR CHIEF FINANCIAL OFFICER, WHO WILL COMMUNICATE TO THE CEO/PRESIDENT, OR THE EXECUTIVE VICE PRESIDENT THOSE DISCLOSURES THAT ARE REQUIRED BY THIS POLICY THESE DISCLOSURES SHALL BE HELD IN CONFIDENCE EXCEPT WHEN THE BEST INTERESTS OF JFNA WOULD BE SERVED BY COMMUNICATING THE INFORMATION TO THE BOARD OF TRUSTEES IN EXECUTIVE SESSION ANY STAFF MEMBER WHO IS UNCERTAIN ABOUT A POSSIBLE CONFLICT OF INTEREST IN ANY MATTER OR WHO HAS QUESTIONS ABOUT THIS POLICY SHOULD CONTACT HUMAN RESOURCES ANY STAFF MEMBER MAY REQUEST A DECISION REGARDING WHETHER A PARTICULAR CIRCUMSTANCE CREATES A CONFLICT OF INTEREST FROM THE CEO/PRESIDENT (OR ANY COMMITTEE OF THE BOARD ENTRUSTED WITH THE OVERSIGHT OF CONFLICTS OF INTEREST) WHO WILL CONFER WITH JFNA'S OUTSIDE COUNSEL, BOTH OF WHOM SHALL BE RESPONSIBLE FOR DETERMINING WHETHER A POSSIBLE CONFLICT EXISTS REPORTING THE CEO/PRESIDENT OR THE EXECUTIVE VICE PRESIDENT SHALL MAKE A REPORT TO THE AUDIT COMMITTEE, AT LEAST ANNUALLY, LISTING ALL CONFLICTS AND IDENTIFYING THOSE THAT WERE APPROVED PENALTY FOR NON-COMPLIANCE FAILURE TO COMPLY WITH THIS POLICY, INCLUDING FAILURE TO SUBMIT IN A TIMELY FASHION THE STATEMENTS REQUIRED, WILL BE GROUNDS FOR TERMINATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 13	<p>INTRODUCTION IN 2014, THE JEWISH FEDERATIONS OF NORTH AMERICA'S BOARD OF TRUSTEES ADOPTED THIS UPDATED "WHISTLEBLOWER POLICY" WHICH SETS FORTH (1) CERTAIN SPECIFIC ACTIONS THAT ARE EXPLICITLY PROHIBITED AND (2) PROCEDURES THAT JFNA TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS ("COVERED PERSONS") MAY FOLLOW TO REPORT MISCONDUCT. THIS POLICY APPLIES TO COVERED PERSONS, AND SHALL BE DISTRIBUTED TO ALL JFNA TRUSTEES, OFFICERS, EMPLOYEES, AND TO VOLUNTEERS WHO PROVIDE SUBSTANTIAL SERVICES. PROHIBITED ACTIONS COMMISSION OF ANY OF THE FOLLOWING ACTS WILL BE CONSIDERED CAUSE FOR IMMEDIATE DISCIPLINARY ACTION, INCLUDING, BUT NOT LIMITED TO, TERMINATION OF EMPLOYMENT AND/OR REMOVAL FROM OFFICE OR APPOINTMENT, AND MAY ALSO SUBJECT THE OFFENDER TO CIVIL OR CRIMINAL LIABILITY IN ACCORDANCE WITH APPLICABLE LAW: 1. DISCHARGING, DEMOTING, SUSPENDING, THREATENING, HARASSING, DISCRIMINATING OR RETALIATING IN ANY MANNER AGAINST ANY COVERED PERSON, BECAUSE OF ANY LAWFUL ACT BY THAT COVERED PERSON: A) TO PROVIDE INFORMATION TO OR ASSIST IN ANY INVESTIGATION BY JFNA OR BY CONGRESS OR BY ANY FEDERAL, STATE OR CITY AGENCY, B) TO FILE OR ASSIST IN ANY ACTION ALLEGING A VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 2. KNOWINGLY TAKING ANY ACTION HARMFUL TO ANY PERSON FOR PROVIDING TRUTHFUL INFORMATION TO A LAW ENFORCEMENT OFFICER RELATING TO A POSSIBLE VIOLATION OF LAW OR REGULATION. 3. INTENTIONALLY DESTROYING, ALTERING, MUTILATING, CONCEALING, COVERING UP, FALSIFYING, AND/OR MAKING A FALSE ENTRY IN ANY RECORDS THAT MAY BE CONNECTED TO A MATTER WITHIN THE JURISDICTION OF A FEDERAL OR STATE COURT OR AGENCY, IN VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 4. INTENTIONALLY ALTERING, DESTROYING OR CONCEALING A DOCUMENT, OR ATTEMPTING TO DO SO, WITH THE INTENT TO IMPAIR THE DOCUMENT'S AVAILABILITY FOR USE IN AN OFFICIAL PROCEEDING OR OTHERWISE OBSTRUCTING, INFLUENCING OR IMPEDING ANY OFFICIAL PROCEEDING, IN VIOLATION OF FEDERAL OR STATE LAW OR REGULATION. 5. FRAUDULENTLY INFLUENCING, COERCING, MANIPULATING, OR MISLEADING ANY INDEPENDENT PUBLIC ACCOUNTANT ENGAGED IN THE PERFORMANCE OF AN AUDIT OF THE FINANCIAL STATEMENTS OF JFNA FOR THE PURPOSE OF RENDERING SUCH FINANCIAL STATEMENTS FALSE OR MISLEADING. REPORTING OF CONCERNS OR COMPLAINTS: JFNA IS COMMITTED TO TAKING ACTION TO PREVENT MISCONDUCT, INCLUDING FRAUD, VIOLATIONS OF LAW, VIOLATIONS OF JFNA POLICY, AND IMPROPER ACCOUNTING OR AUDIT PRACTICES ("MISCONDUCT"). COVERED PERSONS SHOULD PROMPTLY COME FORWARD AND REPORT ANY INSTANCES IN WHICH THEY BECOME AWARE OF MISCONDUCT OR POTENTIAL MISCONDUCT, WITHOUT REGARD TO THE IDENTITY OR POSITION OF A SUSPECTED OFFENDER. FOR THIS PURPOSE, AN OUTSIDE ORGANIZATION HAS BEEN HIRED TO RECEIVE COMPLAINTS OF SUSPECTED MISCONDUCT. JFNA'S COMMITMENT TO PROTECTING FROM RETALIATION COVERED PERSONS WHO IN GOOD FAITH REPORT SUSPECTED MISCONDUCT HAS BEEN DELEGATED JOINTLY TO THE GENERAL COUNSEL AND HEAD OF THE HUMAN RESOURCES DEPARTMENT. THEY WILL ADMINISTER THE WHISTLEBLOWER POLICY AND RE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 13	<p>PORT TO THE AUDIT COMMITTEE HOW TO REPORT CONCERNS OR COMPLAINTS COVERED PERSONS MAY COMMUNICATE SUSPECTED MISCONDUCT BY CALLING THE TOLL-FREE TELEPHONE NUMBER (800) 482-3920 IN THE US OR CANADA OR, IN ISRAEL, FROM AN OUTSIDE LINE DIAL 1(800) 94-94-949. A VOICE PROMPT WILL THEN ASSIST THE CALLER IN DIALING THE TOLL-FREE NUMBER. ANOTHER OPTION IS TO MAKE A REPORT USING THE FOLLOWING CONFIDENTIAL WEBSITE HTTPS://SECURE ETHICSPPOINT.COM/DOMAIN/REPORT BOTH THE TELEPHONE AND THE WEBSITE ARE PUBLISHED FOR INTERNAL USE AND ARE HOSTED BY "ETHICSPPOINT," AN INDEPENDENT PRIVATE ORGANIZATION WHICH IS NOT AFFILIATED WITH JFNA AND WHICH PROVIDES A CONFIDENTIAL WAY FOR COVERED PERSONS TO REPORT SUSPECTED MISCONDUCT. IN ORDER TO BE BETTER EQUIPPED TO RESPOND TO ANY INFORMATION OR COMPLAINT, IT WOULD BE HELPFUL IF THE CALLER IDENTIFIES HIM OR HERSELF AND PROVIDES THEIR TELEPHONE NUMBER AND OTHER CONTACT INFORMATION WHEN MAKING THE REPORT. COVERED PERSONS MAY BE ASSURED THAT ALL INFORMATION WILL BE TREATED IN UTMOST CONFIDENCE. HOWEVER, IF ANONYMITY IS PREFERRED, IT IS NOT NECESSARY THAT ONE'S NAME OR POSITION BE DISCLOSED AND CALLER ID WILL NOT BE ACTIVATED ON THE LINE. REGARDLESS OF WHETHER IDENTIFICATION IS GIVEN, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE SO AS TO ENABLE A THOROUGH INVESTIGATION, INCLUDING WHERE AND WHEN THE ACT OR INCIDENT OCCURRED, NAMES AND TITLES OF THE INDIVIDUALS INVOLVED, AND ANY OTHER AVAILABLE DETAILS. A FEW EXAMPLES OF WHAT TO REPORT ACCOUNTING AND AUDITING MATTERS THE UNETHICAL SYSTEMATIC RECORDING AND ANALYSIS OF JFNA'S BUSINESS AND/OR FINANCIAL TRANSACTIONS. EXAMPLES INCLUDE MISSTATEMENT OF CONTRIBUTIONS, EXPENSES, ASSETS AND/OR MISAPPLICATIONS OF GENERALLY ACCEPTED ACCOUNTING PRINCIPLES AND WRONGFUL TRANSACTIONS. CONFLICTS OF INTEREST A SITUATION IN WHICH A COVERED PERSON HAS A PRIVATE OR PERSONAL INTEREST SUFFICIENT TO APPEAR TO INFLUENCE THE OBJECTIVE EXERCISE OF HIS/HER OFFICIAL DUTIES. AN EXAMPLE IS IF JFNA HAS ENTERED INTO A CONTRACT FOR A COMPANY'S SERVICES AND A COVERED PERSON RESPONSIBLE FOR THE ENGAGEMENT HAS FAILED TO INFORM JFNA THAT HE OR SHE HAS A RELATIVE WHO IS A PRINCIPAL IN THAT COMPANY. FALSIFICATION OF CONTRACTS, REPORTS OR RECORDS THIS CONSISTS OF ALTERING, FABRICATING, FALSIFYING OR FORGING ALL OR ANY PART OF A DOCUMENT, CONTRACT OR RECORD FOR THE PURPOSE OF GAINING AN ADVANTAGE OR MISREPRESENTING THE VALUE OF THE DOCUMENT, CONTRACT OR RECORDS. VIOLATION OF LAW ANY VIOLATION OF APPLICABLE LAW. THE EXAMPLES SET FORTH ABOVE DO NOT LIMIT THE DEFINITION OF MISCONDUCT. BAD FAITH ANY ALLEGATIONS THAT PROVE NOT TO BE SUBSTANTIATED AND TO HAVE BEEN MADE MALICIOUSLY OR IN BAD FAITH WILL BE VIEWED AS A SERIOUS OFFENSE AND COULD SUBJECT THE COVERED PERSON TO DISCIPLINE UP TO AND INCLUDING TERMINATION FROM EMPLOYMENT AND/OR REMOVAL FROM OFFICE OR APPOINTMENT. CONFIDENTIALITY JFNA WILL TREAT ALL COMMUNICATIONS UNDER THIS POLICY IN A CONFIDENTIAL MANNER, EXCEPT TO THE EXTENT NECESSARY (1) TO CONDUCT A COMPLETE AND FAIR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 13	INVESTIGATION, (2) AS REQUIRED BY LAW, OR (3) FOR REVIEW OF JFNA OPERATIONS BY JFNA'S BOARD OF TRUSTEES, ITS AUDIT COMMITTEE, ITS INDEPENDENT PUBLIC ACCOUNTANTS AND JFNA'S INSIDE AND OUTSIDE COUNSEL

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	<p>COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE IS CHARGED WITH ESTABLISHING AND MAINTAINING POLICIES AND STANDARDS FOR EXECUTIVE COMPENSATION THE COMMITTEE ENGAGES IN THE FOLLOWING AREAS OF RESPONSIBILITY -SETS THE TERMS AND CONDITIONS OF EMPLOYMENT FOR THE CEO/PRESIDENT AND DETERMINES SALARY INCREASES GOING FORWARD IN ITS ANNUAL REVIEW OF THE CEO/PRESIDENT'S COMPENSATION, COMMITTEE MEMBERS ARE PROVIDED WITH RELEVANT COMPENSATION INFORMATION ALONG WITH COMPARABLE DATA AS PREPARED BY AN OUTSIDE EXPERT -APPROVES THE TERMS AND CONDITIONS OF SENIOR MANAGEMENT TEAM (SMT) HIRES IN ADDITION, THE COMMITTEE REVIEWS SALARY INCREASE PROPOSALS, AS PRESENTED BY THE CEO/PRESIDENT, FOR EVERY SMT MEMBER IN ADVANCE OF THIS REVIEW, THE COMMITTEE IS PROVIDED WITH RELEVANT SALARY INFORMATION -REVIEWS AND IS ASKED TO APPROVE PROPOSED ANNUAL SALARY INCREASES FOR NON-UNION STAFF THE COMMITTEE IS PROVIDED WITH APPROPRIATE SALARY DATA IN ADVANCE AND IS GIVEN A PERSON-BY-PERSON REVIEW OF ANY SALARY REQUESTS OVER A PREDETERMINED AMOUNT SOLID SALARY REVIEW ARE DONE EVERY YEAR THE LAST ONE WAS PERFORMED IN THE YEAR 2015 OTHER PROVIDES GUIDANCE ON ANY MAJOR CLAIM BEING MADE AGAINST THE ORGANIZATION AND REVIEWS/APPROVES ANY SETTLEMENT PROPOSALS, LABOR NEGOTIATIONS STRATEGIES, OTHER MATTERS AS DETERMINED BY THE CEO/PRESIDENT THE COMMITTEE IS COMPRISED OF THE CHAIR OF THE BOARD (CHAIR OF THE COMMITTEE), THE CHAIR OF THE EXECUTIVE COMMITTEE, TREASURER PLUS TWO OTHER MEMBERS PART VI, SECTION B, LINE 15B JFNA'S CEO MAKES A RECOMMENDATION TO THE CHAIR OF BOARD WHO IS ALSO CHAIR OF THE COMPENSATION COMMITTEE WHO THEN PRESENTS IT TO THE COMPENSATION COMMITTEE A SEPARATE CHART IS PROVIDED THAT GIVES RELEVANT INFORMATION ON EACH KEY EMPLOYEE/OFFICER AND PROVIDES INDUSTRY SALARY PARAMETERS AS CONTAINED WITHIN THE HAY GROUP SALARY RANGES THE COMPENSATION COMMITTEE REVIEWS THE RECOMMENDATIONS AND MAKES ITS DECISION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, Line 19	ALL JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) STATEMENTS INCLUDING GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, ANNUAL REPORT, MANAGEMENT LETTER, FORM 990, CONFLICT OF INTEREST STATEMENTS AND WHISTLE BLOWER POLICY ARE AVAILABLE AT REQUEST THE JFNA ANNUAL REPORT AND FORM 990 IS AVAILABLE ON THE JEWISHFEDERATIONS ORG WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	ADJUSTMENT TO MINIMUM PENSION LIABILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c	THERE HAS BEEN NO CHANGE IN THE FUNCTION OF THE AUDIT COMMITTEE FROM PRIOR YEARS THE AUDIT COMMITTEE SHALL BE RESPONSIBLE FOR THE NOMINATION OF THE INDEPENDENT AUDITORS FOR THE ORGANIZATION, FOR THE DETERMINATION OF THE SCOPE OF THEIR AUDIT, FOR THE REVIEW AND EVALUATION OF THEIR REPORTS, FOR REVIEW AND EVALUATION OF THE ADHERENCE OF MANAGEMENT TO ACCOUNTING RULES AND OF THE ACTION TAKEN BY MANAGEMENT IN RESPONSE TO THE AUDITORS' RECOMMENDATIONS, AND FOR THE ENGAGEMENT AND TERMINATION OF THE ENGAGEMENT OF AN INTERNAL AUDITOR IF DEEMED NECESSARY BY THE COMMITTEE OR THE BOARD

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

OMB No 1545-0047

2016

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 25 Broadway New York, NY 10004 35-2221732	FACILITATES THE ISSUANCE TAX EXEMPT BOND BY FED AND THEIR AFFILIATES	NY	0	0	N/A

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 25 BROADWAY NEW YORK, NY 10004 13-1760102	ADMINISTERS/SUPERVISES THE JEWISHFUNDS ALLOC FOR PHILANTHROPIC PURPOSES	NY	501 (C)(3)	7	THE JEWISH FEDERATIONS OF NORTH AMERICA INC	Yes	

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	

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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	552,293	UIA EXPENSES PAID BY JNFA
(2) UNITED ISRAEL APPEAL INC	b	155,251,559	GRANTS

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Schedule R, Part II	IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS NAME OF RELATED ORGANIZATION UNITED ISRAEL APPEAL,INC DIRECT CONTROLLING ENTITY THE JEWISH FEDERATIONS OF NORTH AMERICA, INC

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

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

