

# Return of Organization Exempt From Income Tax

**2019**

**Open to Public Inspection**

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

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

**C** Name of organization JEWISH FEDERATION OF GREATER METROWEST NJ  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
901 Route 10  
 City or town, state or province, country, and ZIP or foreign postal code  
Whippany, NJ, 07981

**D** Employer identification number  
22-1487222

**E** Telephone number  
973-929-3000

**F** Name and address of principal officer: Dov Ben-Shimon  
901 Route 10, Whippany, NJ 07981

**G** Gross receipts \$ 44,176,849

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

**H(c)** Group exemption number ▶ \_\_\_\_\_

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

**J** Website: ▶ jfedgmw.org

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: 1924

**M** State of legal domicile: NJ

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>JEWISH FEDERATION OF GREATER METROWEST NJ (THE FEDERATION) CARES FOR PEOPLE IN NEED, BUILDS JEWISH LIFE, AND SAVES THE WORLD, ONE PERSON AT A TIME.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>60</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>60</b>
	<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>149</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>450</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <u>23,867,778</u>	<b>Current Year</b> <u>39,287,057</u>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>2,492,509</u>	<u>1,246,183</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>3,044,462</u>	<u>2,091,768</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,145,722</u>	<u>-240,341</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>31,550,471</u>	<u>42,384,667</u>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>11,780,014</u>	<u>13,786,164</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	<u>0</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>7,616,817</u>	<u>8,350,696</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>23,903</u>	<u>36,422</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>2,853,662</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>8,515,352</u>	<u>6,808,254</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>27,936,086</u>	<u>28,981,536</u>	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>3,614,385</u>	<u>13,403,131</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <u>102,271,582</u>	<b>End of Year</b> <u>111,500,937</u>
	<b>21</b>	Total liabilities (Part X, line 26)	<u>32,036,186</u>	<u>31,068,550</u>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>70,235,396</u>	<u>80,432,387</u>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_  
Howard Rabner, CFO/COO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_  
 Firm's name ▶ \_\_\_\_\_ Firm's EIN ▶ \_\_\_\_\_  
 Firm's address ▶ \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:

THE FEDERATION CARES FOR PEOPLE IN NEED, BUILDS JEWISH LIFE, AND SAVES THE WORLD, ONE PERSON AT A TIME. THE FEDERATION STANDS AT THE CENTER OF A NETWORK OF 27 LOCAL AND 4 OVERSEAS PARTNER AGENCIES TO HELP MEET THE EDUCATIONAL, VOCATIONAL, RECREATIONAL, AND SOCIAL NEEDS OF THE GREATER  
(Continued on Schedule O, Statement 1)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 18,513,981 including grants of \$ 9,099,590 ) (Revenue \$ 1,241,628 )

ALLOCATIONS TO JEWISH COMMUNITY AGENCIES LOCALLY: FUNDING IS DIRECTED TO 501 ( C ) ( 3 ) ORGANIZATIONS LOCATED OR PROVIDING SERVICES IN NEW JERSEY (PARTICULARLY ESSEX, MORRIS, SUSSEX, UNION AND PARTS OF SOMERSET COUNTIES) TO MEET THE HUMAN SERVICE NEEDS OF INDIVIDUALS WITH EMPHASIS ON JEWISH INDIVIDUALS, TO STRENGTHEN JEWISH COMMUNAL LIFE THROUGH EDUCATIONAL AND CULTURAL EVENTS, AND TO CREATE STRONG BONDS BETWEEN JEWS IN THE LOCAL COMMUNITY AND THOSE IN JEWISH COMMUNITIES AROUND THE WORLD. SPECIFIC SUPPORTED SERVICES INCLUDE: JEWISH EDUCATION, SENIOR SERVICES, VOCATIONAL SERVICES, MENTAL HEALTH COUNSELING FOR ALL AGES, SERVICES FOR ALL INDIVIDUALS WITH SPECIAL NEEDS AND THEIR FAMILIES, AND SOCIAL AND RECREATIONAL PROGRAMMING.

**4b** (Code: ) (Expenses \$ 4,675,567 including grants of \$ 4,675,567 ) (Revenue \$ 0 )

ALLOCATIONS TO SERVE JEWISH COMMUNITIES OVERSEAS: FUNDING IS DIRECTED TO A VARIETY OF NONPROFITS EITHER LOCATED OR OPERATING ABROAD, FACILITATED PRIMARILY THROUGH JEWISH FEDERATION OF NORTH AMERICA, AN AMERICAN 501 ( C ) ( 3 ) ORGANIZATION, TO MEET HUMAN SERVICE NEEDS OF JEWS IN COUNTRIES THROUGHOUT THE WORLD, TO STRENGTHEN JEWISH COMMUNAL LIFE THROUGH EDUCATION AND CULTURE, TO PROVIDE FOR THE SAFETY OR RESCUE OF JEWS IN HOSTILE LOCATIONS OR SITUATIONS, AND TO CREATE STRONG CULTURAL BONDS BETWEEN JEWS ABROAD AND IN THE LOCAL COMMUNITY IN NEW JERSEY. JEWISH COMMUNITIES IN ISRAEL AND IN THE COUNTRIES OF THE FORMER SOVIET UNION RECEIVE PARTICULAR FOCUS.

**4c** (Code: ) (Expenses \$ 351,291 including grants of \$ 11,007 ) (Revenue \$ 4,555 )

DIRECT PROGRAMS AND SERVICES: THE ORGANIZATION DIRECTLY DELIVERS A VARIETY OF SERVICES TO THE COMMUNITY INCLUDING: JEWISH EDUCATIONAL AND CULTURAL PROGRAMMING, STRENGTHENING CONNECTIONS WITH THE JEWISH COMMUNITY IN ISRAEL, IMPACTING THE LESSONS OF THE HOLOCAUST, AND DEVELOPING LEADERSHIP IN THE COMMUNITY; AS WELL AS PUBLIC ADVOCACY ON ISSUES IN RELEVANCE TO THE JEWISH COMMUNITY. THE ORGANIZATION ALSO PLANS FOR COMMUNITY NEEDS AND COORDINATES THE SERVICES OF OTHER LOCAL NONPROFITS TO MOST EFFECTIVELY ADDRESS THEM.

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses **▶** 23,540,839

**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <span style="float: right;">149</span>		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</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 ► FL, NJ
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►

**Howard Rabner, (973)929-3000**  
 901 Route 10, Whippany, NJ 07981

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Dov Ben-Shimon	31.00									
Asst Secy Exec VP/CEO	9.00			✓			373,363	0	59,845	
Howard Rabner	28.00			✓			227,807	0	33,490	
COO/CFO	12.00			✓						
Robert Lichtman	40.00				✓		193,273	0	29,627	
Chief Learning Officer	0.00				✓		142,421	0	44,179	
Rebecca Pollack	40.00				✓					
VP, Campaign	0.00				✓		151,365	0	18,540	
Stanley Stone	5.00			✓			152,121	0	16,810	
Exec Dir JCF	35.00			✓						
Kim Hirsh	5.00									
Exec Dir JCF	35.00			✓						
Bonnie Sterling	40.00									
VP, HR	0.00					✓	124,907	0	32,787	
Lauren Silverstein	40.00					✓	120,485	0	30,388	
Chief Impact Officer	0.00					✓	147,154	0	1,846	
Jessica Mehlman	40.00					✓				
Chief Planning Officer	0.00					✓	147,314	0	321	
Amy Biloon	40.00					✓	131,929	0	2,939	
Chief Community Eng Officer	0.00					✓				
Robert Wilson	40.00					✓				
Chief Security Officer	0.00					✓				
Scott Krieger	1.00									
President	0.00	✓		✓			0	0	0	
Peter A Langerman	1.00									
Treasurer	0.00	✓		✓			0	0	0	
Scott Newman	1.00									
Vice President	0.00	✓		✓			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Maxine B Murnick ----- Vice President	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Eric Harvitt ----- Vice President	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Steven D Levy ----- Vice President	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Sharyl Pearlstein ----- Vice President	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Joan Schiffer Levinson ----- Secretary	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
David Hyman ----- Assistant Treasurer	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Leslie Dannin Rosenthal ----- Immediate Past President	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
David Saginaw ----- Trustee, President Elect	1.00 ----- 0.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
Stephanie Sherman ----- Chair, Global Connections	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Robert G Kuchner ----- Pres Jewish Comm Foundation	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Jody Hurwitz Caplan ----- President, Women's Philanthropy	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Rebecca Gold ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Paula Saginaw ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0
Gary O Aidekman ----- Trustee	1.00 ----- 0.00	<input checked="" type="checkbox"/>						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Shari Brandt	1.00									
Trustee	0.00	✓					0	0	0	
Lisa Buber	1.00									
Trustee	0.00	✓					0	0	0	
Lawrence Chodor	1.00									
Trustee	0.00	✓					0	0	0	
Stacey Davis	1.00									
Trustee	0.00	✓					0	0	0	
Mariela Dybner	1.00									
Trustee	0.00	✓					0	0	0	
Mindy Goldberger	1.00									
Trustee	0.00	✓					0	0	0	
Ellen Goldner	1.00									
Trustee	0.00	✓					0	0	0	
Neil B Goldstein	1.00									
Trustee	0.00	✓					0	0	0	
Renee Golush	1.00									
Trustee	0.00	✓					0	0	0	
Lynne B Harrison	1.00									
Trustee	0.00	✓					0	0	0	
Sanford L Hollander	1.00									
Trustee	0.00	✓					0	0	0	
Merle H Kalishman	1.00									
Trustee	0.00	✓					0	0	0	
Alan Kirshenbaum	1.00									
Trustee	0.00	✓					0	0	0	
Lori Klinghoffer	1.00									
Trustee	0.00	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Steven H Klinghoffer	1.00									
Trustee	0.00	✓					0	0	0	
Murray J Laulich	1.00									
Trustee	0.00	✓					0	0	0	
Benjamin Lehrhoff	1.00									
Trustee	0.00	✓					0	0	0	
Lee S Murnick	1.00									
Trustee	0.00	✓					0	0	0	
Erica Needle	1.00									
Trustee	0.00	✓					0	0	0	
RoAnna Pascher	1.00									
Trustee	0.00	✓					0	0	0	
Samuel Pepper	1.00									
Trustee	0.00	✓					0	0	0	
Shira Rothschild	1.00									
Trustee	0.00	✓					0	0	0	
Zev Scherl	1.00									
Trustee	0.00	✓					0	0	0	
Carol Simon	1.00									
Trustee	0.00	✓					0	0	0	
Brett Tanzman	1.00									
Trustee	0.00	✓					0	0	0	
Gerald N Tuch	1.00									
Trustee	0.00	✓					0	0	0	
Jon Ulanet	1.00									
Trustee	0.00	✓					0	0	0	
Mark Wilf	1.00									
Trustee	0.00	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
David Feuerstein	1.00									
Trustee	0.00	✓					0	0	0	
David Leit	1.00									
Trustee	0.00	✓					0	0	0	
Ruth Margolin	1.00									
Trustee	0.00	✓					0	0	0	
Ariel Nelson	1.00									
Trustee	0.00	✓					0	0	0	
Debbie Rovner	1.00									
Trustee	0.00	✓					0	0	0	
Jane Wilf	1.00									
Trustee	0.00	✓					0	0	0	
Sheri L Goldberg	1.00									
Chair, Community Relations	0.00	✓					0	0	0	
Michael Elchouss	1.00									
Trustee	0.00	✓					0	0	0	
Michael Goldberg	1.00									
Chair, UJA Annual Campaign	0.00	✓					0	0	0	
Robert A Francis	1.00									
Trustee	0.00	✓					0	0	0	
Marsha G Hoch	1.00									
Trustee	0.00	✓					0	0	0	
Allan H Janoff	1.00									
Trustee	0.00	✓					0	0	0	
Michele Landau	1.00									
Trustee	0.00	✓					0	0	0	
Jonathan Liss	1.00									
Trustee	0.00	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Maxine Schwartz Trustee	1.00 0.00	<input checked="" type="checkbox"/>						0	0	0
<b>1b Subtotal</b>								1,912,139	0	270,772
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								1,912,139	0	270,772

**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 **17**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
JWMW LLC, 1501 BROADWAY SUITE 505, NEW YORK, NY 10036	NEWSPAPER SUBSCRIPTION	216,660
ONLINE COMPUTERS AND COMMUNICATIONS LLC, 110 S JEFFERSON ROAD, WHI	IT CONSULTING	754,470
WITHUMSMITH BROWN, PO BOX 5340, PRINCETON, NJ 08543	AUDIT AND TAX ACCOUNTIN	121,597

**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 **3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 11,511						
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0						
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 2,799,699						
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 11,648,091						
	<b>e</b>	Government grants (contributions)	<b>1e</b> 1,934,256						
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 22,893,500						
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 885,234						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		39,287,057					
	<b>Program Service Revenue</b>			Business Code					
<b>2a</b>		<u>EDUCATIONAL PROGRAMS</u>	611600	1,162,879	1,162,879	0			
<b>b</b>		<u>SERVICES TO AFFILIATED ENTITIES</u>	561499	83,304	83,304	0			
<b>c</b>		-----							
<b>d</b>		-----							
<b>e</b>		-----							
<b>f</b>		All other program service revenue . . . . .							
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		1,246,183						
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,091,768	0	0			
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶		0	0	0			
	<b>5</b>	Royalties . . . . . ▶		0	0	0			
	<b>6a</b>	Gross rents . . . . .	(i) Real	1,370,318					
			(ii) Personal	0					
			<b>6b</b>	Less: rental expenses				1,399,834	0
			<b>6c</b>	Rental income or (loss)				-29,516	0
	<b>d</b>	Net rental income or (loss) . . . . . ▶		-29,516	0	0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	0					
			(ii) Other	0					
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .				0	0
			<b>7c</b>	Gain or (loss) . . . . .				0	0
	<b>d</b>	Net gain or (loss) . . . . . ▶		0	0	0			
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>2,799,699</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 110,355						
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 392,348						
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		-281,993		0	-281,993		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b> 0							
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b> 0							
<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		0	0	0	0			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b> 0							
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b> 0							
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		0	0	0	0			
<b>Miscellaneous Revenue</b>			Business Code						
	<b>11a</b>	<u>MISC REVENUE</u>	900099	71,168	71,168	0			
	<b>b</b>	-----							
	<b>c</b>	-----							
	<b>d</b>	All other revenue . . . . .		0	0	0			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		71,168						
<b>12</b>	<b>Total revenue.</b> See instructions . . . . . ▶		42,384,667	1,317,351	0	1,780,259			

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	9,101,284	9,101,284		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	9,313	9,313		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	4,675,567	4,675,567		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	1,008,204	650,776	187,514	169,914
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages . . . . .	6,115,740	3,947,590	1,137,455	1,030,695
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0	0	0	0
9	Other employee benefits . . . . .	649,602	419,306	120,818	109,478
10	Payroll taxes . . . . .	577,150	372,539	107,343	97,268
11	Fees for services (nonemployees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	13,758	3,512	9,744	502
c	Accounting . . . . .	77,739	19,844	55,060	2,835
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	36,422			36,422
f	Investment management fees . . . . .	506,087	196,851	157,159	152,077
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	456,978	291,984	50,068	114,926
12	Advertising and promotion . . . . .	327,601	231,924	37,564	58,113
13	Office expenses . . . . .	367,319	142,875	114,066	110,378
14	Information technology . . . . .	864,826	534,969	104,638	225,219
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	716,183	274,312	152,802	289,069
17	Travel . . . . .	167,418	119,504	34,636	13,278
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	191,319	131,874	26,419	33,026
20	Interest . . . . .	577,159	441,250	71,301	64,608
21	Payments to affiliates . . . . .	899,318	899,318	0	0
22	Depreciation, depletion, and amortization . . . . .	172,830	71,724	63,083	38,023
23	Insurance . . . . .	84,396	57,048	17,375	9,973
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) . . . . .				
a	<u>PROGRAM EXPENSE</u> . . . . .	1,335,342	903,887	137,946	293,509
b	<u>ORGANIZATION DUES</u> . . . . .	19,788	13,395	2,044	4,349
c	<u>MISC EXPENSE</u> . . . . .	30,193	30,193	0	0
d	-----				
e	All other expenses . . . . .				
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	28,981,536	23,540,839	2,587,035	2,853,662
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,300,613	<b>1</b>	4,852,474
	<b>2</b> Savings and temporary cash investments . . . . .	2,236,311	<b>2</b>	6,275,866
	<b>3</b> Pledges and grants receivable, net . . . . .	18,749,442	<b>3</b>	24,090,324
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	11,836,910	<b>7</b>	11,309,468
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	700,936	<b>9</b>	480,972
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	4,123,068	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	3,384,807	<b>10b</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	3,783	<b>10c</b>	738,261
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	61,811,834	<b>11</b>	4,255
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>12</b>	60,531,581
	<b>14</b> Intangible assets . . . . .	0	<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	2,980,368	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	102,271,582	<b>15</b>	3,217,736	
		<b>16</b>	111,500,937	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,873,243	<b>17</b>	5,275,782
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	451,120	<b>19</b>	333,725
	<b>20</b> Tax-exempt bond liabilities . . . . .	9,065,000	<b>20</b>	8,515,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	16,616,076	<b>23</b>	16,092,098
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	1,030,747	<b>25</b>	851,945
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	32,036,186	<b>26</b>	31,068,550
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	26,508,676	<b>27</b>	31,683,825
	<b>28</b> Net assets with donor restrictions . . . . .	43,726,720	<b>28</b>	48,748,562
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	70,235,396	<b>32</b>	80,432,387	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	102,271,582	<b>33</b>	111,500,937	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	42,384,667
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	28,981,536
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,403,131
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	70,235,396
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-3,068,590
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-137,550
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	80,432,387

**Part XII Financial Statements and Reporting**

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

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



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization <b>JEWISH FEDERATION OF GREATER METROWEST NJ</b>	Employer identification number <b>22-1487222</b>
--	---

**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)(vii)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	23,150,864	23,176,453	25,685,278	23,867,778	39,287,057	135,167,430
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	23,150,864	23,176,453	25,685,278	23,867,778	39,287,057	135,167,430
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						8,485,508
<b>6 Public support.</b> Subtract line 5 from line 4						126,681,922

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	23,150,864	23,176,453	25,685,278	23,867,778	39,287,057	135,167,430
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	4,964,834	4,711,010	4,545,977	4,787,446	2,336,407	21,345,674
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	63,129	159,064	260,014	161,380	71,168	714,755
<b>11 Total support.</b> Add lines 7 through 10						157,227,859
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,356,538
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	80.57 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	79.43 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**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** . . . . .

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	<b>1</b>	

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

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

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

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

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

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

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

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

Section D—Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a From 2014</b> . . . . .			
<b>b From 2015</b> . . . . .			
<b>c From 2016</b> . . . . .			
<b>d From 2017</b> . . . . .			
<b>e From 2018</b> . . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a Excess from 2015</b> . . .			
<b>b</b> Excess from 2016 . . .			
<b>c</b> Excess from 2017 . . .			
<b>d</b> Excess from 2018 . . .			
<b>e</b> Excess from 2019 . . .			





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF GREATER METROWEST NJ; Employer identification number: 22-1487222

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	31,665,668	29,809,253	27,758,304	24,071,076	23,981,751
<b>b</b> Contributions	7,976,255	2,342,918	1,567,868	1,323,312	2,795,001
<b>c</b> Net investment earnings, gains, and losses	-1,024,634	1,096,470	2,277,331	3,694,234	-485,883
<b>d</b> Grants or scholarships	1,336,084	1,279,757	1,529,023	1,098,596	1,928,173
<b>e</b> Other expenditures for facilities and programs	309,971	303,216	265,227	231,722	291,620
<b>f</b> Administrative expenses	0	0	0	0	0
<b>g</b> End of year balance	36,971,234	31,665,668	29,809,253	27,758,304	24,071,076

**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  95 %
- c** Term endowment  5 %

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

	Yes	No
<b>3a(i)</b>		✓
<b>3a(ii)</b>	✓	
<b>3b</b>	✓	

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

**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
<b>1a</b> Land	0	0	0	0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	1,236,121	989,940	246,181
<b>d</b> Equipment	0	2,729,335	2,350,086	379,249
<b>e</b> Other	0	157,612	44,781	112,831
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				738,261

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other <b>INVESTMENTS HELD IN POOLED FUNDS MANAGED BY AFFILIATE</b>	<b>60,491,081</b>	<b>End-of-Year Market Value</b>
(A) <b>ISRAEL BONDS</b>	<b>40,500</b>	<b>End-of-Year Market Value</b>
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	<b>60,531,581</b>	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, 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)	
<b>Total.</b> (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
(2) <b>POST RETIREMENT HEALTH BENEFITS</b>	<b>669,248</b>
(3) <b>DUE TO BENEFICIARY AGENCIES</b>	<b>37,797</b>
(4) <b>SECURITY DEPOSIT PAYABLE</b>	<b>144,900</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	<b>851,945</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information.**

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

Schedule D, Part V, Line 4 - THE FEDERATION HAS A POLICY OF APPROPRIATING FOR DISTRIBUTION EACH YEAR 4 PERCENT OF ITS INVESTMENT ENDOWMENT FUNDS' AVERAGE FAIR VALUE OVER THE PRIOR 13 QUARTERS THROUGH THE FISCAL YEAR-END PRECEDING THE FISCAL YEAR-END IN WHICH THE DISTRIBUTION IS PLANNED. IN ESTABLISHING THIS POLICY, THE FEDERATION CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY OVER THE LONG-TERM, THE FEDERATION EXPECTS THE CURRENT SPENDING POLICY TO ALLOW ITS ENDOWMENT TO GROW AT AN AVERAGE OF 4 PERCENT ANNUALLY. THIS IS CONSISTENT WITH THE FEDERATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY OR FOR A SPECIFIED TERM AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

Schedule D, Part X, Line 2 - THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND FROM STATE AND LOCAL TAXES UNDER COMPARABLE LAWS. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS, OTHER THAN FOR UNRELATED BUSINESS INCOME TAX AS REQUIRED. THERE ARE NO UNCERTAIN TAX POSITIONS AT ANY OF THE ORGANIZATIONS. IN ADDITION, THERE ARE NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**JEWISH FEDERATION OF GREATER METROWEST NJ**

Employer identification number

**22-1487222**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Middle East and North Africa	1	3	Grantmaking	MONITORING GRANTS	4,657,567
(2) Russia and the newly independ	0	0	Grantmaking	MONITORING GRANTS	18,000
(3) Middle East and North Africa	0	0	Investments	NONE	40,500
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> . . . . .					
<b>b Total from continuation sheets to Part I</b> . . . . .					
<b>c Totals (add lines 3a and 3b)</b>	<b>1</b>	<b>3</b>			<b>4,716,067</b>

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

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			Middle East and Nor	GENERAL SUPPORT	4,657,567	WIRES, CHECKS	0		
(2)			Russia and the new	GENERAL SUPPORT	18,000	WIRES, CHECKS	0		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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

**Part IV Foreign Forms**

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



**Part V Supplemental Information**

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

Schedule F, Part I, Line 2 - FOREIGN ACTIVITIES: GRANT FUNDS PAID TO FOREIGN NGOS LOCATED IN ISRAEL ARE MONITORED BY THE ORGANIZATION THROUGH EXPENDITURE AND PROGRAM REPORTING. ANNUAL AUDITS ARE PERFORMED WHICH MUST BE SUBMITTED AND WHICH ARE REVIEWED ANNUALLY TO ENSURE THAT THE GRANT FUNDS ARE PROPERLY USED FOR APPROVED PROGRAM ACTIVITIES. JEWISH FEDERATION OF GREATER METROWEST NJ (FEDERATION) HAS INCLUDED \$4,675,567 OF GRANT FUNDING PAID TO JEWISH FEDERATION OF NORTH AMERICA (JFNA) ON SCHEDULE F BASED ON THE STRUCTIONS OF SCHEDULE F. IN REGARD TO MONITORING OF THESE FUNDS: THE FEDERATION REPORTS ADDITIONAL US GRANTS ON SCHEDULE I TO JFNA WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. THE FEDERATION'S MONITORING POLICY IS DESCRIBED ON SCHEDULE I. IN ADDITION, JFNA AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA). A SUBSIDIARY OF JFNA, AND AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501(C)(3) ORGANIZATIONS EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F WHERE THEY DISCLOSED THEIR MONITORING POLICIES. JFNA AND ITS SUBSIDIARIES ARE RESPONSIBLE FOR THE CONTROL AND OVERSIGHT OF THE FOREIGN GRANTS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

**JEWISH FEDERATION OF GREATER METROWEST NJ**

**22-1487222**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> See Schedule G, Part IV, Statement 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				<b>142,104</b>	<b>35,928</b>	<b>106,176</b>

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FL, NJ

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MAJOR GIFTS EVENT (event type)	WOMEN WITH PURPOSE (event type)	5 (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	2,360,480	229,185	320,389	2,910,054
	<b>2</b> Less: Contributions . . . . .	2,262,052	217,683	319,964	2,799,699
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	98,428	11,502	425	110,355
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0	0	0
	<b>5</b> Noncash prizes . . . . .	0	0	0	0
	<b>6</b> Rent/facility costs . . . . .	40,905	6,996	35,000	82,901
	<b>7</b> Food and beverages . . . . .	41,340	7,071	35,054	83,465
	<b>8</b> Entertainment . . . . .	94,969	10,000	65,000	169,969
	<b>9</b> Other direct expenses . . . . .	21,778	11,221	23,014	56,013
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				392,348
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-281,993	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<b>1</b> Gross revenue . . . . .		
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....
- c** If "Yes," enter name and address of the third party:
 

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
  - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

## Fundraiser Activity Information

Name and Address	Activity	C1	Gross Receipts	C2	C3
SIEGEL MARKETING GROUP 1845 N FARWELL AVE SUITE 300 MILWAUKEE, WI 53202	TELEMARKETING	No	79,380	19,101	60,279
LESTER INC 100 SOUTH SHORE DR SUITE 175 EAST HAVEN, CT 06512	TELEMARKETING	No	62,724	16,827	45,897
<b>Total:</b>			<b>142,104</b>	<b>35,928</b>	<b>106,176</b>

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF GREATER METROWEST NJ**

Employer identification number

**22-1487222**

**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.

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

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 39

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

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

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

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

Schedule I, Part I, Line 2 - GRANT MONITORING - THE ORGANIZATION MAKES ANNUAL GRANTS TO NONPROFIT ORGANIZATIONS. THE ORGANIZATION HAS A GRANT PROCESS THAT INCLUDES MONITORING THE USE OF THE GRANT FUNDS. THE GRANTEE SUBMITS A BUDGET DURING THE APPLICATION PROCESS. THE GRANTEE MEETS WITH A MONITORING COMMITTEE TWICE ANNUALLY TO REVIEW THE GRANTEE'S COMPLIANCE WITH THE USE OF THESE FUNDS. THE GRANTEE IS ALSO REQUIRED TO PROVIDE QUARTERLY EXPENDITURE REPORTS, QUARTERLY FINANCIAL STATEMENTS, AND ANNUAL AUDITS. ALL DOCUMENTATION IS REVIEWED TO ENSURE THAT THE GRANT FUNDS ARE SPENT IN ACCORDANCE WITH THE INTENDED USE. FOREIGN TRANSACTIONS PASS-THROUGH U.S. ORGANIZATIONS - JEWISH FEDERATION OF GREATER METROWEST NJ (FEDERATION) HAS INCLUDED \$4,675,567 OF GRANT FUNDING PAID TO JEWISH FEDERATION OF NORTH AMERICAN (JFNA) ON SCHEDULE F BASED ON THE INSTRUCTIONS TO SCHEDULE F THAT REQUIRE THAT FUNDS PAID TO A U.S. ORGANIZATION TO BE USED IN FOREIGN LOCATIONS BE SHOWN ON SCHEDULE F. IN REGARD TO MONITORING OF THESE FUNDS, THE FEDERATION REPORTS GRANTS ON SCHEDULE I TO JFNA WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY, IN ADDITION, JFNA AND ITS BENEFICIARY AGENCIES, UNITES ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501(C)(3) ORGANIZATIONS EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULES F. THE FEDERATION AWARDS CAMP GRANTS WHICH ARE GIFTS FOR ELIGIBLE NEW CAMPERS, UP TO \$1,000 PER CAMPER, TOWARD JEWISH OVERNIGHT CAMPS, THE FEDERATION ALSO AWARDS CAMP SCHOLARSHIPS WHICH ARE NEED-BASED ASSISTANCE IN VARYING AMOUNTS (AVERAGE OF \$1,600 PER CAMPER). IN ORDER TO QUALIFY, THE NEW CAMPERS MUST ENROLL AT THE SPECIFIED CAMPS, AND GRANT/SCHOLARSHIP PAYMENTS ARE MADE DIRECTLY TO THE CAMPS IN THE NAME OF THE CAMPERS. EACH CAMPER'S ATTENDANCE IS VERIFIED AT THE END OF THE CAMP SEASON. IF A CAMPER ATTENDED FOR A SHORTER TIME, THE APPROPRIATE REFUND IS RECEIVED FROM THE RESPECTIVE CAMP.

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

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
<b>Name and address</b>	AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND ST SUITE 400 NEW YORK, NY 10017	13-1656634	102,700	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	GENERAL SUPPORT			
<b>Name and address</b>	CAMP GAN ISRAEL NORTHEAST INC 10 HIDDEN GLEN LANE AIRMONT, NY 10952	27-5457003	12,197	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	JEWISH CAMPING			
<b>Name and address</b>	CAMP ZEKE 1295 FIFTH AVE NEW YORK, NY 10029	46-1869615	5,500	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	JEWISH CAMPING			
<b>Name and address</b>	DAUGHTERS OF ISRAEL GERIATRIC CENTER 1155 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	22-1487162	2,908,100	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	LOCAL NURSING HOME			
<b>Name and address</b>	FOUNDATION FOR JEWISH CAMPS 15 WEST 36TH ST NEW YORK, NY 10018	22-3551013	10,000	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	JEWISH CAMPING			
<b>Name and address</b>	FRIENDSHIP CIRCLE-LIFE TOWN INC 10 MICROLAB ROAD LIVINGSTON, NJ 07039	22-6017975	28,000	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				
<b>Desc. of Non-Cash Asst.</b>				
<b>Purpose of grant</b>	SERVICES FOR CHILDREN WITH SPECIAL NEEDS			
<b>Name and address</b>	GOLDA OCH ACADEMY 1418 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	22-1779887	596,043	
<b>IRC code section</b>	501(c)(3)			
<b>Method of valuation</b>				



## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	JEWISH EDUCATION		
<b>Name and address</b>	GOTTESMAN RTW ACADEMY 146 DOVER CHESTER ROAD RANDOLPH, NJ 07869	22-1833220	307,885
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH EDUCATION		
<b>Name and address</b>	HEBREW FREE LOAN SOCIETY OF NEW JERSEY 265 COLUMBIA TPK SUITE 105 FLORHAM PARK, NJ 07932	52-1931966	19,500
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	INTEREST FREE LOANS FOR THE NEEDY		
<b>Name and address</b>	HIAS INC 1300 SPRING ST SUITE 500 SILVER SPRING, MD 20910	13-5633307	5,600
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	HILLEL-THE FOUNDATION 800 EIGHT ST NW WASHINGTON, DC 20001	52-1844823	25,750
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JCC ASSOCIATION OF NORTH AMERICA 520 8TH AVE 4TH FL NEW YORK, NY 10018	13-5599486	49,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JESPY HOUSE 102 PROSPECT ST SOUTH ORANGE, NJ 07079	22-2186490	157,600
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DEVELOPMENTALLY DISABLE ADULTS		
<b>Name and address</b>	JEWISH AGENCY FOR ISRAEL 633 THIRD AVE NEW YORK, NY 10017	23-0053483	102,600
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	LOCAL YOUNG ADULTS CONNECTING TO ISRAEL		
<b>Name and address</b>	JEWISH BOARD OF FAMILY AND CHILDREN	13-5564937	10,000

	135 WEST 50TH ST 6TH FLR NEW YORK, NY 10020		
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH COMMUNITY CENTER OF CENTRAL NJ 1391 MARTINE AVE SCOTCH PLAINS, NJ 07076	22-2667094	180,321
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH PROGRAMS FOR LOCAL COMMUNITY		
<b>Name and address</b>	JEWISH COMMUNITY CENTER OF METROWEST NJ 760 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	22-2680030	982,853
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH PROGRAMS FOR LOCAL COMMUNITY		
<b>Name and address</b>	JEWISH COMMUNITY HOUSING CORP 760 NORTHFIELD AVENUE WEST ORANGE, NJ 07052	22-2540505	132,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	LOCAL NURSING HOME		
<b>Name and address</b>	JEWISH COUNCIL FOR PUBLIC AFFAIRS 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624104	13,900
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH EDUCATIONAL CENTER 330 ELMORA AVE ELIZABETH, NJ 07208	22-1549747	286,059
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH EDUCATION		
<b>Name and address</b>	JEWISH FAMILY SERVICES OF CENTRAL NJ 655 WESTFIELD AVE ELIZABETH, NJ 07208	22-1487364	609,068
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	LOCAL FAMILIES IN ECONOMIC DISTRESS		
<b>Name and address</b>	JEWISH FAMILY SERVICES OF METROWEST NJ 256 COLUMBIA TURNPIKE FLORHAM PARK, NJ 07932	22-1687995	746,083
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			

## Desc. of Non-Cash Asst.

<b>Purpose of grant</b>	LOCAL FAMILIES IN ECONOMIC DISTRESS		
<b>Name and address</b>	JEWISH FEDERATION OF NORTHERN NEW JERSEY 50 EISENHOWER DRIVE PARAMUS, NJ 07652	20-1195592	129,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	349,726
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SHLICHIM PROGRAM, GENERAL		
<b>Name and address</b>	JEWISH HISTORICAL SOCIETY OF METROWEST 901 ROUTE 10 WHIPPANY, NJ 07981	22-3054709	37,501
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH LABOR COMMITTEE 140 WEST 31ST ST 2ND FL NEW YORK, NY 10001	13-1675850	6,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	JEWISH SERVICE FOR THE DEVELOPMENTALLY DISABLED OF METROWEST 395 PLEASANT VALLEY WAY WEST ORANGE, NJ 07052	22-3479872	68,600
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	DEVELOPMENTALLY DISABLE ADULTS		
<b>Name and address</b>	JEWISH VOCATIONAL SERVICES OF METROWEST NJ 245 EISENHOWER PWY SUITE 2150 LIVINGSTON, NJ 07039	22-1487229	182,953
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	VOCATIONAL SERVICES FOR THE NEEDY		
<b>Name and address</b>	JOSEPH KUSHNER HEBREW ACADEMY 110 SO ORANGE AVENUE LIVINGSTON, NJ 07039	22-1520392	722,244
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH EDUCATION		

## Schedule I, Part IV, Statement 1

## JEWISH FEDERATION OF GREATER METROWEST NJ

<b>Name and address</b>	JTA-MJL NEWS CORP 24 WEST 30TH ST NEW YORK, NY 10001	13-0887610	11,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	NEW JERSEY Y CAMPS 21 PLYMOUTH ST FAIRFIELD, NJ 07004	13-1663143	30,200
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	JEWISH CAMPING		
<b>Name and address</b>	NORTH AMERICAN CONFERENCE OF ETHIOPIAN JEWELRY 255 WEST 36TH ST SUITE 701 NEW YORK, NY 10018	13-3187021	6,400
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	RUTGERS UNIVERSITY HILLEL 93 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	22-1714130	104,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	EDUCATIONAL & CULTURAL ORGANIZATION		
<b>Name and address</b>	SINAI SPECIAL NEEDS INSTITUTE 1485 TEANECK ROAD SUITE 304 TEANECK, NJ 07666	22-1487266	7,000
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	SPECIAL NEEDS EDUCATION IN JEWISH COMMUNITY		
<b>Name and address</b>	TEMPLE EMANU-EL 756 EAST BROAD ST WESTFIELD, NJ 07090	22-3751781	5,666
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	TEMPLE NER TAMID 936 BROAD ST BLOOMFIELD, NJ 07003	22-1834562	7,500
<b>IRC code section</b>	501(c)(3)		
<b>Method of valuation</b>			
<b>Desc. of Non-Cash Asst.</b>			
<b>Purpose of grant</b>	GENERAL SUPPORT		
<b>Name and address</b>	THE KINGS SOLDIERS-CHAYILEI HAMELECH 445 MASTHOPE PLANK RD LACKAWAXEN, PA 18435	71-1017431	6,590
<b>IRC code section</b>	501(c)(3)		

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant JEWISH CAMPING

<b>Name and address</b>	UNION FOR REFORM JUDAISM	13-1663134	20,200
	633 3RD AVE 7TH FL		
	NEW YORK, NY 10017		

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant GENERAL SUPPORT

<b>Name and address</b>	YM-YWHA OF UNION COUNTY	22-2663795	286,533
	501 GREEN LANE		
	UNION, NJ 07083		

IRC code section 501(c)(3)

Method of valuation

Desc. of Non-Cash Asst.

Purpose of grant JEWISH PROGRAMS FOR LOCAL COMMUNITY

Description of Grants and Other Assistance to Individuals in the United States

		Number of recipients	Amt. of cash grant	Amt. of non-cash asst.
Type of grant	GRANT	13	9,313	0
Method of valuation	CASH PAYMENT AMOUNT			
Desc. of Non-Cash Asst.				

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

**JEWISH FEDERATION OF GREATER METROWEST NJ**

Employer identification number

**22-1487222**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>		
<b>1b</b>		
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>		
<b>2</b>		
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input checked="" type="checkbox"/> Written employment contract  <input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>		<input checked="" type="checkbox"/>
<b>4a</b>		<input checked="" type="checkbox"/>
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<input checked="" type="checkbox"/>	
<b>4b</b>	<input checked="" type="checkbox"/>	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Dov Ben-Shimon, Asst Secy Exec VP/CEO	(i) 344,363	0	29,000	19,000	40,845	433,208	0
	(ii)	0	0	0	0	0	0	0
2	Stanley Stone, Exec Dir JCF	(i) 147,427	0	3,938	0	18,540	169,905	0
	(ii)	0	0	0	0	0	0	0
3	Howard Rabner, COO/CFO	(i) 222,807	0	5,000	0	33,490	261,297	0
	(ii)	0	0	0	0	0	0	0
4	Robert Lichtman, Chief Learning Officer	(i) 188,273	0	5,000	0	29,627	222,900	0
	(ii)	0	0	0	0	0	0	0
5	Rebecca Pollack, VP, Campaign	(i) 137,421	0	5,000	0	44,179	186,600	0
	(ii)	0	0	0	0	0	0	0
6	Kim Hirsh, Exec Dir JCF	(i) 151,308	0	813	0	16,810	168,931	0
	(ii)	0	0	0	0	0	0	0
7	Bonnie Sterling, VP, HR	(i) 122,907	0	2,000	0	32,787	157,694	0
	(ii)	0	0	0	0	0	0	0
8	Lauren Silverstein, Chief Impact Officer	(i) 119,385	0	1,100	0	30,388	150,873	0
	(ii)	0	0	0	0	0	0	0
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							



**Part III Supplemental Information**

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

Schedule J, Part I, Line 4 - DOV BEN-SHIMON IS A PARTICIPANT IN THE DEFERRED COMPENSATION PLAN WHICH IS PRESENTED IN COLUMN C. THIS INCLUDED UNVESTED BENEFIT IN AN INTERNAL REVENUE CODE SECTION 457(F) PLAN (NON-QUALIFIED DEFERRED COMPENSATION PLAN) WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN THE INDIVIDUAL'S 2019 FORM W-2, BOX 5, AS TAXABLE WAGES. SEE SCHEDULE O FOR THE DETAILS WITH RESPECT TO POLICIES FOR REBUTTABLE PRESUMPTION.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF GREATER METROWEST NJ**

Employer identification number

**22-1487222**

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	Essex County Improvement Authority	22-2023989		07/01/2005	12,425,000	Bond to finance construction		✓		✓		✓
<b>B</b>												
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .		0						
<b>2</b>	Amount of bonds legally defeased . . . . .		0						
<b>3</b>	Total proceeds of issue . . . . .		12,425,000						
<b>4</b>	Gross proceeds in reserve funds . . . . .		0						
<b>5</b>	Capitalized interest from proceeds . . . . .		0						
<b>6</b>	Proceeds in refunding escrows . . . . .		0						
<b>7</b>	Issuance costs from proceeds . . . . .		0						
<b>8</b>	Credit enhancement from proceeds . . . . .		0						
<b>9</b>	Working capital expenditures from proceeds . . . . .		12,425,000						
<b>10</b>	Capital expenditures from proceeds . . . . .		0						
<b>11</b>	Other spent proceeds . . . . .		0						
<b>12</b>	Other unspent proceeds . . . . .		0						
<b>13</b>	Year of substantial completion . . . . .		2007						
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		✓						
<b>15</b>	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .		✓						
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	✓							
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	✓							

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		✓						
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		✓						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		✓						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		✓						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . ▶		0 %		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . ▶		0 %		%		%		%
<b>6</b> Total of lines 4 and 5 . . . . .		0 %		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		✓						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		✓						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .				%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	✓							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .	✓							
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .								
<b>b</b> Exception to rebate? . . . . .								
<b>c</b> No rebate due? . . . . .								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .	✓							

**Part IV Arbitrage (continued)**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		✓						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		✓						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148?	✓							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	✓							

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

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

Employer identification number

**JEWISH FEDERATION OF GREATER METROWEST NJ**

**22-1487222**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	✓	96	885,234	FMV
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	✓	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		✓
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M, Part I, Line 9 - RECEIVED 96 CONTRIBUTIONS OF PUBLICLY TRADED SECURITIES.

Lined area for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION OF GREATER METROWEST NJ

Employer identification number

22-1487222

Form 990, Part VI, Section A, Line 2 - THE FOLLOWING MEMEBERS OF THE BOARD OF TRUSTEES HAVE FAMILY RELATIONSHIPS:  
LORI KLINGHOFFER AND STEVEN H KLINGHOFFER; MAXINE B MURNICK AND LEE S MURNICK; MARK WILF AND JANE WILF;  
DAVID SAGINAW AND PAULA SAGINAW

Form 990, Part VI, Section B, Line 11b - THE BUDGET AND FINANCE COMMITTEE REVIEWS AND ANALYZES FORM 990. THE  
BUDGET AND FINANCE COMMITTEE HAS THE AUTHORITY TO REVIEW AND APPROVE FORM 990 PER A BOARD RESOLUTION.  
THE ORGANIZATION PROVIDES A COMPLETE COPY OF THE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY BEFORE  
FILING THE FORM.

Form 990, Part VI, Section B, Line 12c - THE FEDERATION REQUIRES ALL BOARD MEMBERS TO COMPLETE A CONFLICT OF  
INTEREST FORM ANNUALLY. COMPLETED FORMS ARE REVIEWED BY THE CFO FOR POSSIBLE CONFLICT OF INTEREST. THE  
EXECUTIVE COMMITTEE IS MADE AWARE OF ANY CONFLICTS. IN A CASE OF CONFLICT, THESE BOARD MEMBERS ARE ASKED  
TO RECUSE THEMSELVES FROM PARTICIPATION ON ISSUES THAT CREATE THE CONFLICT OF INTEREST.

Form 990, Part VI, Section B, Line 15 - PERFORMANCE REVIEWS ARE PREPARED FOR EACH OF THESE EMPLOYEES. THE  
NATIONAL SALARY SURVEY FOR LARGE FEDERATIONS IS USED TO HELP DETERMINE THE COMPENSATION OF THE TOP  
RANKING EMPLOYEES OF THE FEDERATION. THE SALARIES ARE SUBJECT TO THE APPROVAL BY THE PERSONNEL  
COMMITTEE WHOSE MEMBERS INCLUDE PAST PRESIDENTS AND OTHER SENIOR LEADERSHIP OF THE FEDERATION. THE  
FEDERATION HAS A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND  
APPROVES THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT. A REVIEW OF THE "TOTAL  
COMPENSATION" FOR EACH INDIVIDUAL IS MADE BY THE PERSONNEL COMMITTEE OF THE BOARD OF TRUSTEES, WHICH IS  
INTENDED TO INCLUDE BOTH CURRRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEYEE BENEFITS, BOTH QUALIFIED  
AND NON-QUALIFIED. THE REVIEW IS DONE AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION"  
OF SENIOR MANAGEMENT OF THE FEDERATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE  
FEDERATION TO COMPLY WITH THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL  
REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR  
MANAGEMENT TEAM. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE  
PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN  
ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF  
INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE  
AUTHORIZED BODY OBTAINS AND RELIES UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS  
DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTS THE BASIS OF ITS DETERMINATION"  
CONCURRENTLY WITH MAKING THAT DETERMINATION. THE MEMBERS OF THE BOARD OF TRUSTEES EACH ARE  
INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS  
FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE MEETING DURING WHICH THE  
EXECUTIVE COMPENSATION AND BENEFITS ARE REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED  
ABOVE WITH RESPECT TO THE BOARD AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS  
ONLY APPLIES TO ALL SENIOR MANAGEMENT PERSONNEL.

Form 990, Part VI, Section C, Line 19 - FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE  
FEDERATION'S WEBSITE. THE FORM CAN ALSO BE OBTAINED FROM THE FEDERATION DIRECTLY THROUGH A WRITTEN  
REQUEST. ALL OTHER POLICIES AND GOVERNING DOCUMENTS ARE AVAILBLE UPON WRITTEN REQUEST.

Form 990, Part XI, Line 9 - LOSS ON UNCOLLECTED PLEDGES.

Mission Description

---

Description

---

METROWEST NJ. ADDITIONAL PROGRAMS INCLUDE EFFORTS TO MAKE JEWISH EDUCATION AFFORDABLE, JEWISH CAMPING, ISRAEL EDUCATION AND ADVOCACY, LEADERSHIP DEVELOPMENT, AND BIRTHRIGHT ISRAEL. ITS WORK CAN ALSO BE SEEN IN ACTION ON MISSIONS TO ISRAEL AND OTHER PARTS OF THE WORLD; FEDERATION HAS SEVEN PARTNER COMMUNITIES IN ISRAEL AND IN UKRAINE. THERE ARE MANY WAYS TO BECOME INVOLVED IN THE FEDERATION, ALL OF WHICH OFFER EDUCATIONAL, SOCIAL, AND NETWORKING OPPORTUNITIES AND THE SATISFACTION OF BEING PART OF A VIBRANT COMMUNITY WORKING TO MEET URGENT HUMAN NEEDS. THE FEDERATION SUMMARIZES ITS MISSION AS TOGETHER, WE CARE, WE BUILD, WE SAVE.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF GREATER METROWEST NJ**

Employer identification number

**22-1487222**

**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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>JEWISH COMMUNITY FDN GREATER METROWEST (22-1714130)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	GRANTMAKING	NJ	501(C)(3)	7	JFGMW	✓	
(2) <b>SOBEL FAMILY SUPPORTING FDN (22-3699941)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(3) <b>ROCKER FAMILY FDN (22-3699940)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(4) <b>WILLIAM AND BETTY LESTER FDN (22-3063176)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(5) <b>COOPERMAN FAMILY FUND FOR A JEWISH FUTURE (22-3892931)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(6) <b>JEROME &amp; PAULA GOTTESMAN FAMILY SF (22-3056144)</b> 901 ROUTE 10, WHIPPANY, NJ 07981	CHARITY	NJ	501(C)(3)	11 TYPE 1	JCF	✓	
(7) (Continued on Schedule R, Part VII, Statement 1)							

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?

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

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	JEWISH COMMUNITY FDN GREATER METROWEST	a-iv	2,446,040	
(2)	JEWISH COMMUNITY FDN GREATER METROWEST	c	6,886,793	
(3)	JEWISH COMMUNITY FDN GREATER METROWEST	l	33,475	
(4)	JEWISH COMMUNITY FDN GREATER METROWEST	m	423,990	
(5)	JEWISH COMMUNITY FDN GREATER METROWEST	o	1,817,064	
(6)	(Continued on Schedule R, Part VII, Statement 2)			

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

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

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

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

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

Schedule R, Part V, Line 1f - THE ORGANIZATION HAS FUNDS INVESTED WITH THE JEWISH COMMUNITY FOUNDATION OF GREATER METROWEST NEW JERSEY, INC (THE JCF). INVESTMENT INCOME IS EARNED EACH YEAR ON THESE FUNDS WHICH IS INCLUDED IN THIS RETURN AS INTEREST AND DIVIDENDS AND WHICH ARE USED TO ISSUE THE GRANTS MADE ANNUALLY BY THE ORGANIZATION. THERE WERE NO DIVIDENDS ISSUED BY THE JCF TO THIS CORPORATION AND AS A RESULT QUESTION 1F HAS BEEN ANSWERED AS NO IN SCHEDULE R.

## Description of Identification of Related Tax-Exempt Organizations

---

**Name and EIN** HEBREW FREE LOAN OF METROWEST (52-1931966)  
**Address** 901 ROUTE 10  
 WHIPPANY, NJ 07981  
**Primary activities** CHARITY  
**State or foreign country** NJ  
**Exempt code section** 501(C)(3)  
**Public charity status** 11 TYPE 1  
**Direct controlling entity** JCF  
**512(b)(13) controlled organization?** Yes

---

**Name and EIN** METROWEST COMM SUPP FDN SAMECH (22-3829229)  
**Address** 901 ROUTE 10  
 WHIPPANY, NJ 07981  
**Primary activities** CHARITY  
**State or foreign country** NJ  
**Exempt code section** 501(C)(3)  
**Public charity status** 11 TYPE 1  
**Direct controlling entity** JCF  
**512(b)(13) controlled organization?** Yes

---

**Name and EIN** METROWEST COMM SUPP FDN AYIN (22-3829234)  
**Address** 901 ROUTE 10  
 WHIPPANY, NJ 07981  
**Primary activities** CHARITY  
**State or foreign country** NJ  
**Exempt code section** 501(C)(3)  
**Public charity status** 11 TYPE 1  
**Direct controlling entity** JCF  
**512(b)(13) controlled organization?** Yes

---

**Name and EIN** METROWEST COMM SUPP FDN PAY (22-3829225)  
**Address** 901 ROUTE 10  
 WHIPPANY, NJ 07981  
**Primary activities** CHARITY  
**State or foreign country** NJ  
**Exempt code section** 501(C)(3)  
**Public charity status** 11 TYPE 1  
**Direct controlling entity** JCF  
**512(b)(13) controlled organization?** Yes

---

**Name and EIN** BERSON FAMILY SUPPORTING FOUNDATION (22-2872256)  
**Address** 901 ROUTE 10  
 WHIPPANY, NJ 07981  
**Primary activities** CHARITY  
**State or foreign country** NJ  
**Exempt code section** 501(C)(3)  
**Public charity status** 11 TYPE 1  
**Direct controlling entity** JCF  
**512(b)(13) controlled organization?** Yes

---

## Description of Covered Relationships and Transaction Thresholds

		Amt. involved
<b>Name</b>	JEWISH COMMUNITY FDN GREATER METROWEST	167,008
<b>Transaction type</b>	q	
<b>Method of determining amt. involved</b>		
<b>Name</b>	BERSON FAMILY SUPPORTING FOUNDATION	35,000
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		
<b>Name</b>	COOPERMAN FAMILY FUND FOR A JEWISH FUTURE	234,000
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		
<b>Name</b>	JEROME & PAULA GOTTESMAN FAMILY SF	1,460,000
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		
<b>Name</b>	ROCKER FAMILY FDN	182,500
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		
<b>Name</b>	SOBEL FAMILY SUPPORTING FDN	188,000
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		
<b>Name</b>	WILLIAM AND BETTY LESTER FDN	293,194
<b>Transaction type</b>	c	
<b>Method of determining amt. involved</b>		