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#### DLN: 93493127007163

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

4 Fo					
		2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012  C Name of organization		D Employer id	entification number
_	eck if ap Tress cha	JEWISH FEDERATION OF NORTHERN NEW JERSEY INC		20-11955	
_	ness char	Doing Business As	- <u> </u>	Telephone n	
_			_	(201)820-	-3900
_	ial retur	50 Ficenhower Drive			s \$ 25,826,196
_	mınated		_	<u> </u>	
_	ended r	Paramus, NJ 07652			
App	lication	pending			
		F Name and address of principal officer Jason Shames	H(a) Is this		
		50 Eisenhower Dr	affiliate	s ?	⊤Yes 🔽 No
		Paramus, NJ 07960	H(b) Are all a	ffiliates inclu	ded?
	v ovom	pt status			t (see instructions)
_			H(c) Group	exemption n	umber 🟲
J W	ebsite	: ► www jfnnj org			
<b>K</b> Forr	n of org	anization 🔽 Corporation 🗌 Trust 🗀 Association 🗀 Other 🕨	L Year of forma	ation 2004	<b>M</b> State of legal domicile NJ
Pa	rt I	Summary			
Governance	נ	Briefly describe the organization's mission or most significant activities ewish Federation of Northern New Jersey adds value by providing the leadership aring and vibrant Jewish community in northern New Jersey and abroad	necessary to	create a stro	ong, collaborative,
Ĕ.	-				
<u>*</u>	2 0	Check this box 🔭 if the organization discontinued its operations or disposed of	more than 25%	√ofits net a	assets
	l	Number of voting members of the governing body (Part VI, line 1a)		з	82
Activities &	l	Number of independent voting members of the governing body (Part VI, line 1b)		4	82
Ē	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	77
<u> </u>	6 ⊺	otal number of volunteers (estimate if necessary)		6	2,000
•	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	10,124
	Ь≀	Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Y	'ear	Current Year
Rayenue	8	Contributions and grants (Part VIII, line 1h)	1	1,012,568	15,489,629
	9	Program service revenue (Part VIII, line 2g)		768,282	289,832
<u>\$</u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		553,108	355,013
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		205,523	167,682
	12	12)	1.	2,539,481	16,302,156
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	!	5,743,537	5,061,514
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	0
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		3,843,681	4,009,973
Expenses	16a	5-10) Professional fundraising fees (Part IX, column (A), line 11e)		19,879	30,173
Φ ⊕	ь	Total fundraising expenses (Part IX, column (D), line 25) 1,335,290		15,575	30,173
Δ	17	Other expenses (Part IX, column (D), line 25) (Part IX, column (D), line 25) (Part IX, column (D), line 25)		2,487,074	3,107,407
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,094,171	12,209,067
	19	Revenue less expenses Subtract line 18 from line 12		445,310	4,093,089
8 <del>ያ</del>		·	Beginning o		End of Year
9 gg -			Yea		
8 G	20	Total assets (Part X, line 16)		7,012,430	69,949,768
α	21	Total liabilities (Part X, line 26)		3,240,159	32,727,329
7007 1004 1004	22	Net assets or fund balances Subtract line 21 from line 20	3	3,772,271	37,222,439
	22				
Par Under knowl	r penali ledge a ledge.	Signature Block ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)    Signature of officer	is based on all		
Par Under Knowl	rt III r penali ledge a ledge.	Signature Block ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)  Signature of officer	is based on all	information (	
Par Under knowl	rt III r penali ledge a ledge.	Signature Block ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)	is based on all	information (	
Par Under knowl	rt III r penali ledge a ledge.	Signature Block  ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)  Signature of officer  Jason Shames Chief Executive Officer Type or print name and title  Preparer's L. Date Chief	2013 Date	-05-06  Preparer's taxp	of which preparer has any
Par Under knowl Knowl Sign Here	rt III r penali ledge a ledge.	Signature Block ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)  Signature of officer  Jason Shames Chief Executive Officer Type or print name and title  Preparer's Signature  Date  Ch. Separature	2013 Date	-05-06	of which preparer has any
Under knowl Sign Here	rt III r penali ledge a ledge.	Signature Block  ties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete. Declaration of preparer (other than officer)  Signature of officer  Jason Shames Chief Executive Officer Type or print name and title  Preparer's signature  Date  Chief Executive Officer Firm's name (or yours	2013 Date	-05-06  Preparer's taxp (see instruction	of which preparer has any
Par Under knowl knowl Sign Here	r penaltiedge aledge.	Signature Block  ties of perjury, I declare that I have examined this return, including accompanying schand belief, it is true, correct, and complete. Declaration of preparer (other than officer)  Signature of officer  Jason Shames Chief Executive Officer Type or print name and title  Preparer's signature  Date  Chief Executive Officer  Executive Officer  Type or print name and title	2013 Date	-05-06  Preparer's taxp	of which preparer has any

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

Par	t III		<b>f Program Serv</b> ile O contains a res			III	
1	Briefl		ganızatıon's mıssıo				<u> </u>
north comi	iern Ne munitie:	w Jersey It serv s & groups in the	es as the central ur area JFNNJ suppo	nifying force of a rts over 84 ben	diverse Jewish po eficiary & affiliated	anning organization serving tobulation & strives to build paragencies, and community se to countries around the work	tnerships with other rvices that provide
2		ie organization ur ior Form 990 or 9		cant program se	rvices during the y	ear which were not listed on	┌ Yes ┌ No
			e new services on S				
3	servic	es?	ease conducting, or e changes on Scheo		t changes in how it	conducts, any program	⊤Yes ▼ No
4	Descr expen	ribe the organizat ises Section 501	ion's program servi .(c)(3) and 501(c)(	ce accomplishm 4) organizations	and section 4947	three largest program servio (a)(1) trusts are required to leach program service reporte	report the amount of
4a		s and allocations are	) (Expenses \$ given by Jewish Federa ally, nationwide and aro		including grants of \$ w Jersey to 215 501(c	5,061,514 ) (Revenue )(3) organizations which provide hu	·
4b		J's Council for Older A				0 ) (Revenue which provides congregate meals ir socialization for the elderly membe	n 3 locations, serving over 60,000
	(Code	<u> </u>	) (Expenses \$	389,348	including grants of \$	0 ) (Revenue	\$ 9,543 )
	congr	egations in the comn		g and maintaining o	congregation members	ers to address a wide range of issu Programs assist in areas of strateg	
	(Code	2	) (Expenses \$	302,326	ıncludıng grants of \$	0 ) (Revenue	\$ 27,403)
	brothe	erhood, religious and		olocaust remembrar	nces and awareness thr		s Bergen Reads, interfaith ah Day is a community-wide day of
	schoo	l's Jewish Educationa ls, regional schools a		ates a teacher resou ols JES early childh	ood seminars, teacher	recruitment and Jewish educational	grams and other issues affecting day
	provid	I's Israel Program Ce ling Ulpan (Hebrew I		ther educational an	d cultural programs and	0 ) (Revenue e Jewish community of northem Ne l events related to Israel such as ou eld in 2008	w Jersey This is achieved by
	(Code	<u> </u>	) (Expenses \$	126,765	ıncludıng grants of \$	0 ) (Revenue	\$ 4,421)
						ersity in Teaneck, Ramapo College, idents who attend college out of ou	
	currer intens create	Fellows Leadership Int challenges facing to Fify their commitmented the Klene-Up Krev	he northern New Jersey t to Jewish life and to a	community and ex ssume significant le to New Orleans to I	posure to leading phila adership positions in th	0 ) (Revenue skills and Jewish learning including anthropists and thinkers Graduates of ecommunity and beyond Two Berbuild from the devistation caused by	an overview of the history and of the program are expected to
	(Code	2	) (Expenses \$	84,338	including grants of \$	0 ) (Revenue	\$ 0)
	Jewis June	h community organiz 2012, there are 97 p e electricity, natural	ations including JFNNJ s articipating organization	sustantial amounts of s which have collec	of money by combining tively saved approxima	buying power to obtain lower cost tely \$1,600,000 The current offerir	aving numerous nothern New Jersey s on commodities and services At ngs on which organizations are saving iste removal and a tax exempt bond
	(Code	2	) (Expenses \$	72,673	ıncludıng grants of \$	0 ) (Revenue	\$ 0)
	•		nmission provides chapl	•		, (	,
	to ma	I held property for us mage group homes f	or the developmentally lting in an expense for I	disabled The mana	ngement contract termi	nated February 12, 2012 upon trans	ordance with a pass-through contract
4d	Othe	er program servic	es (Describe in Sc	hedule O )			
		enses \$	2,210,744 in		f\$	0 )(Revenue \$	271,607)
4e	Tota	l program service	expenses <b>-</b> \$	8,679,03	9		

Part IV	Checklist of	Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ਓ	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<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</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νo
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 30			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<b>1b</b> 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
ь				
_	If "Yes," enter the name of the foreign country 🕨			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
-	,	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
	organization solicit any contributions that were not tax deductible?			
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		110
u	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Yes	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
•		8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	_		
_	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is needed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Se	ection A. Governing Body and Management							
			Yes	No				
	Enterphenical forting and the community of the community of the control of the term.							
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	4		No					
5	filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?.							
6	Did the organization have members or stockholders?	6		Νo				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
Ь	<b>b</b> Each committee with authority to act on behalf of the governing body?							
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Re	evenue Code.)	-						
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	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?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		No				
-	16b							
Se	ection C. Disclosure							
17								

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ O wn website ☐ A nother's website ☑ U pon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Robin Greenfield CFO

Jewish Federation of Northern New Jersey

50 Eisenhower Drive

Paramus, NJ 07652 (201) 820-3900

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

#### 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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(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-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (describe hours	on (d e that s per offic ector	n on son er a	e bo ıs b nd a	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)		from related - organizations		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		reiau organiza	
See A	dditional Data Table													
												+		
												+		
												+		
												+		
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												+		
												+		
	0.1.7.1							<u> </u> ▶				+		
1b c	Sub-Total					•		<u>-</u>						
d				•		•		<b>P</b>		819,667		0		64,899
2	Total number of individuals (inclusion) \$100,000 of reportable compens					ted	above	) who	o received	more tha	n	·		
													Yes	No
3	Did the organization list any <b>form</b> on line 1a? <i>If</i> "Yes," complete Sch						mploy •	ee, c	orhighest o	ompens • •	ated employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.											4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									nization d	or individual for	5		No
	ation D. Todonou dout C	hua aka									<u> </u>		•	
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio												
	-	(A) ne and business add	dress							Desci	(B)		(C Comper	
												丰	- F - 5-1	
												$\perp$		
									+			$\perp$		
	Fotal number of independent conti \$100,000 of compensation from t			ot lır	nited	to	those	liste	d above) w	ho receiv	ed more than			

Part V		Statement of Revenue					
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<b>\$</b> \$	1a	Federated campaigns	<b>1a</b> 0				
亞黃	ь	Membership dues	<b>1b</b> 0				
ਲੋਵੇਂ	c	Fundraising events	<b>1c</b> 2,614,901				
£a ≝a	d	Related organizations	<b>1d</b> 0				
오늘	e	Government grants (contributions)	<b>1e</b> 269,394				
충동							
美量	f	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 12,605,334				
通色	g	Noncash contributions included	ın				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$					
ठॅ व	h	Total. Add lines 1a-1f		15,489,629			
e			Business Code				
ΕL	2a	Grant income	813219	70,746	70,746	0	0
.≊ 28	b	Community programs income	900099	219,086	219,086	0	0
ě.	c		_				
ž	d		-				
33	e		_				
Program Serwce Revenue	f	All other program convice rever			2	6.1	
Ď	'	All other program service revenu			0	0	
<u>~</u>	g	<b>Total.</b> Add lines 2a-2f	<u></u> <b>.</b> ►	289,832			
	3	Investment income (including di	vidends, interest				
		and other similar amounts)		218,110	0	0	218,110
	4	Income from investment of tax-exempt	bond proceeds	0	0	0	0
	5	Royalties		0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross rents 162,9					
	Ь	Less rental 152,8 expenses	23 0				
	c	Rental income 10,1	24 0				
	d	or (loss)  Net rental income or (loss)		10,124	0	10,124	0
	"	(ı) Securities	(II) Other	·		·	
	7a	Gross amount 9,101,3 from sales of assets other than inventory					
	ь	Less cost or 8,964,4 other basis and sales expenses					
	C	Gain or (loss) 136,9		126 002	0	0	126 002
	d	Net gain or (loss)		136,903	0	0	136,903
Other Revenue	8a	Gross income from fundraising events (not including \$					
<u>=</u>	ь	Less direct expenses	308,102				
₹	c	Net income or (loss) from fundra		-98,622		0	-98,622
_	9a	Gross income from gaming activ		,			-,
		See Part IV, line 19					
			<b>a</b> 13,350				
	ь	Less direct expenses					
	С	Net income or (loss) from gaming	gactivities	13,350	0	0	13,350
	10a	Gross sales of inventory, less returns and allowances .	<b>a</b> 0				
	ь	Less cost of goods sold	<b>b</b> 0				
	c	Net income or (loss) from sales		o	0	0	О
		Miscellaneous Revenue	Business Code				
	11a	Administrative fee income	561000	242,830	0	0	242,830
	ь						
	c						
	d	All other revenue	_	0	0	0	0
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	▶.	242,830			
	1			16,302,156	289,832	10,124	512,571

# 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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,368,277	3,368,277		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,693,237	1,693,237		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	776,489	160,949	229,220	386,320
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	2,600,547	1,184,270	719,083	697,194
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	321,909	90,163	133,034	98,712
10	Payroll taxes	311,028	139,316	71,427	100,285
11	Fees for services (non-employees)				
а	Management	0	0	0	0
b	Legal	10,334	0	10,334	0
С	Accounting	65,954	0	65,954	0
d	Lobbying	0	0	0	0
е	Professional fundraising See Part IV, line 17	30,173			30,173
f	Investment management fees	115,949	0	115,949	0
g	Other	427,197	325,035	102,162	0
12	Advertising and promotion	133,682	12,647	121,035	
13	Office expenses	253,188	78,970	156,747	17,471
14	Information technology	27,850	8,309	19,541	0
15	Royalties	0	0	0	0
16	Occupancy	145,821	10,533	135,288	0
17	Travel	62,915	52,765	10,150	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	181,605	76,167	100,303	5,135
20	Interest	59,632	22,546	37,086	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	217,141	78,511	138,630	0
23	Insurance	45,164	16,369	28,795	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Loss on transfer of non-operating property	809,447	809,447	0	0
ь	Program services	377,925	377,925	0	0
С	National dues	173,603	173,603	0	0
d					
e f	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24f	12,209,067	8,679,039	2,194,738	1,335,290
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. ,		rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 0 0 1 1 2,425,621 3.229.411 2 2 Savings and temporary cash investments . . . . . . . 3 7,134,041 5,822,359 222,472 165,106 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 0 6 71,000 61,000 7 0 8 60,553 9 60.758 9 Prepaid expenses and deferred charges . . . . . . 10a 8,275,470 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 1,131,775 8,294,115 **10c** 7,143,695 48,418,024 53,236,417 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 0 13 0 Investments—program-related See Part IV, line 11 . . 14 0 14 386,604 15 231,022 15 67,012,430 69,949,768 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 837,524 17 670,692 17 Accounts payable and accrued expenses . 18 4,684,345 18 4.305.324 19 19 0 20 3.800.000 20 3.600.000 21 20.211.339 21 21.076.234 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 119.330 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 3,587,621 25 3,075,079 D . . . . 26 33,240,159 26 32,727,329 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 25,491,970 27 Unrestricted net assets . . . . 24,603,309 8,280,301 28 12,619,130 28 Temporarily restricted net assets . . . . . Fund 29 ol 29 0 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 33.772.271 33 37.222.439 34 Total liabilities and net assets/fund balances . . . . . 67.012.430 69.949.768

Pal	Check if Schedule O contains a response to any question in this Part XI			. [~			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		16.3	302,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2			209,06		
3	Revenue less expenses Subtract line 2 from line 1	3	4,09		93,089		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-6	542,92		
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		37,2	222,43		
Par	Table 1 The Check of Schedule O contains a response to any question in this Part XII		•	୮			
1	Accounting method used to prepare the Form 990			Yes	No		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		<b>2</b> c	Yes			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b				

efile GRAPHIC print - DO NOT PROCESS

Name of the organization JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

As Filed Data -

DLN: 93493127007163

OMB No 1545-0047

Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Employer identification number** 

							20-11955				
Part I		Public Charity Sta				•	<u> </u>	<u>ıstructions</u>	;		
_		ivate foundation becaus									
1 _		ention of churches, or a				b)(1)(A)(i)	).				
2		bed in <b>section 170(b)(1</b>			•						
3 _	•	cooperative hospital se	_								
4		medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the ospital's name, city, and state									
5	=	operated for the benefice P	_	je or univers	sity owned or o	operated by	y a governmen	tal unit desc	 cribed in		
6	• • •		rnment or governmental unit described in <b>section 170(b)(1)(A)(v).</b>								
7 🔽	An organizatior described in	that normally receives  (1)(A)(vi) (Complete P	a substant					om the gen	eral publi	С	
8	• • •		•	(A)(vi) (Cd	mnlete Part I	Ι)					
9	receipts from a	community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II) norganization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross ceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses equired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III)									
.o ┌	An organization	organized and operated	d exclusivel	ly to test for	public safety	See <b>sectio</b>	on 509(a)(4).				
1	one or more put the box that de a Type By checking thi other than foun- section 509(a) If the organizat check this box	s box, I certify that the dation managers and ot	ations desconting orga I c organizatio her than one	ribed in sec nization and Type II n is not con e or more pu n from the I	tion 509(a)(1 I complete lind II - Functiona trolled directl iblicly support	) or sections of the section of the	n 509(a)(2) Sough 11h sed stly by one or nations describ	ee <b>section 5</b> d	509(a)(3) e III - Ot lified pers n 509(a)(	. Check her ons (1) or	
<i>-</i>	following persoi	rs?									
h	and (III) below, (ii) a family me (iii) a 35% con	o directly or indirectly o the governing body of th mber of a person descri trolled entity of a perso owing information about	ne the suppo bed in (i) ab n described	orted organi pove? d in (i) or (ii)	zation? above?	persons d	escribed in (ii)	11g 11g	yes g(i) l(ii) (iii)	No	
(i) Name suppo organiz	e of (ii) rted EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see	(iv) Is th organiza col (i) lis your gov docum	ne tion in sted in erning	(v) Did you no organizat col (i) or suppo	itify the tion in f your	(vi) Is th organizat col (i) org	e :ion in ianized			
		instructions))	Yes	No	Yes	No	Yes	No			
ot a l	I	I	I	1	1	1		1	1		

instructions

Support Schedule for Organizations Described in IRC 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.)

	under Part III. If th	ne organization	fails to qualify u	nder the tests l	<u>ısted below, ple</u>	ease cor	<u>nplete F</u>	Part III.)
	ection A. Public Support		<u> </u>	1			<del></del>	
Car	<b>endar year</b> (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	)11	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	16,673,041	11,270,305	12,395,110	11,457,508	15	,811,081	67,607,045
2	organization's benefit and either paid to or expended on its behalf	(	0	0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	(	0	0	0		0	0
4	<b>Total.</b> Add lines 1 through 3	16,673,041	11,270,305	12,395,110	11,457,508	15	,811,081	67,607,045
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							13,568,472
6	Public Support. Subtract line 5 from line 4							54,038,573
	ection B. Total Support							
Cal	endar year (or fiscal year	<b>(a)</b> 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20	11	(f) Total
7	beginning in) A mounts from line 4	16,673,041	11,270,305	12,395,110	11,457,508	15.	811,081	67,607,045
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	820,028	618,087	712,042	415,086	•	218,110	2,783,353
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		10,124	10,124
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	664,220	1,067,380	693,170	765,421		532,662	3,722,853
11	<b>Total support</b> (Add lines 7 through 10)							74,123,375
12	Gross receipts from related activi	ties, etc (See ins	tructions )			12		3,524,628
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pu			thırd, fourth, or fı	fth tax year as a	501(c)(3	) organız	ation, ▶┌
14	Public Support Percentage for 20			11 column (f))		14		72 904 %
15	Public Support Percentage for 20	-		· · · · · · · · · · · · · · · · · · ·		15		78 096 %
	33 1/3% support test—2011. If th	•		on line 13 and li	ine 14 is 33 1/3%		check ti	
_va	and <b>stop here.</b> The organization qu	_		•	IIIC I T 13 JJ 1/370		, CHECK U	IIIs DOX
	33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization metals.	on qualifies as a p st— <b>2011.</b> If the org zation meets the "1	ublicly supported o anization did not c acts and circumst	organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16t k this box and <b>st</b>	and line	14 Explain	<b>▶</b> ┌
b 18	organization  10%-facts-and-circumstances tes  15 is 10% or more, and if the organiz Explain in Part IV how the organiz supported organization  Private Foundation If the organization	anızatıon meets th zatıon meets the "1	e "facts and cırcuı ācts and cırcumst	mstances" test, c ances" test The	heck this box and organization qual	d <b>stop he</b> ıfıes as a	r <b>e.</b> publicly	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

#### **Explanation**

Line 10 - Other Income col(a) 2007 Program service income \$200,945, Administrative fee income \$313,852, Miscellaneous income \$59,423 totalling \$664,220 col(b) 2008 Program service income \$745,240, Administrative fee income \$263,398, Miscellaneous income \$58,742 totalling \$1,067,380 col(c) 2009 Program service income \$396,008, Administrative fee income \$257,408, Miscellaneous income \$39,754 totalling \$693,170 col(d) 2010 Program service income \$461,852, Administrative fee income \$263,262, Miscellaneous income \$40,307 totalling \$765,421 col(e) 2011 Program service income \$289,832, Administrative fee income \$242,830 totalling \$532,662

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493127007163

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

	me of the organization	·	Employer	identification numbe	er
JEV	VISH FEDERATION OF NORTHERN NEW JERSEY INC		20-11955	592	
Pa	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Ac	counts. Comple	te ıf the
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accou	nts
1	Total number at end of year	110			431
2	Aggregate contributions to (during year)	1,507,280		7,	729,284
3	Aggregate grants from (during year)	1,681,429		1,	018,263
4	Aggregate value at end of year	15,604,290		37,	198,960
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to th		or advised	<b>▽</b> Yes	┌ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the beconferring impermissible private benefit	enefit of the donor or donor advisor, or for ar	ny other purp	✓ Yes	┌ No
Pa	rt II Conservation Easements. Complete	e if the organization answered "Yes" to	<u>o Form 990</u>	, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a queessement on the last day of the tax year	Preservation of an Preservation of a c	certified histo	oric structure	a
			He	eld at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	ts	2b		
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, trans the taxable year ▶	ferred, released, extinguished, or terminate	ed by the orga	anızatıon durıng	
4	Number of states where property subject to conser	vation easement is located 🛌			
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		dling of violat	rions, and <b>Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	ents during t	he year ►	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easements	s during the y	⁄ear	
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease.	f the footnote to the organization's financial			
Par	Complete if the organization answered		or Other S	imilar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or researc	ch in furthera		е,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, education, or research ii			
	(i) Revenues included in Form 990, Part VIII, line	1	,	<b>-</b> \$	
	(ii) Assets included in Form 990, Part X			+\$	
2	If the organization received or held works of art, his following amounts required to be reported under SF				

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

3	Using the organization's accession and othe										<u>ontinuea)</u>
•	items (check all that apply)	records, effect aff	y 01 Ci	iic ioii	owing ti	iut ui	e a significa	iic u.	se of its concerto		
а	Public exhibition		d	Γ	Loan o	rexc	hange progr	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w thev	further	the c	organization	's ex	empt purpose in		
•	Part XIV										
5	During the year, did the organization solicition assets to be sold to raise funds rather than to									Yes	□ No
Par	t IV Escrow and Custodial Arrang										1 140
	Part IV, line 9, or reported an ar						Tanswered	1 1	C5	<i>-</i> ,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	ediary	/ for co	ontribut	ions	or other ass	ets r	not	Yes	√ No
Ь	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ving ta	ble		_				
							F		Amo	unt	
С	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?	<b>)</b>					<b>▽</b>	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	<u>'</u>									
Pa	rt V Endowment Funds. Complete										
	Danish a faranchalana	(a)Current Year	(b	Prior Y		<b>(c)</b> Tv	vo Years Back		Three Years Back (	<b>e)</b> Four	Years Back
1a	Beginning of year balance	24,941,135		-	123,413		18,105,00	+	25,284,837		
Ь	Contributions	6,693,539			314,390		1,895,69	+	854,161		
С	Investment earnings or losses	-246,195		•	177,797		2,488,45	+	-5,710,793		
d	Grants or scholarships	927,147			227,639		903,15	+	1,899,138		
е	Other expenditures for facilities and programs	288,891		:	335,421		334,07	5	208,519		
f	Administrative expenses	115,949			111,405		128,51	5	215,545		
g	End of year balance	30,056,492			941,135		21,123,41	3	18,105,003		
2	Provide the estimated percentage of the year	r end halance held :	a s								
a		59 %	45								
_	Board designated or quasi-endowment										
Ь	r ennament endowment										
c	Term endowment ► 41 %	6.1									
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	re held	and a	idministered	for	tne	Yes	No
	(i) unrelated organizations								3a(i)	1.03	No
	(ii) related organizations								3a(ii)		No
b	If "Yes" to 3a(II), are the related organization								3b	İ	<del>i</del>
4	Describe in Part XIV the intended uses of th	e organızatıon's end	dowm	ent fui	nds						
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	0, Pa	art X,	line 1	0.					
	Description of property				Cost or o		( <b>b)</b> Cost or of basis (othe		(c) Accumulated depreciation	<b>(d)</b> B	ook value
1a	Land					0	2,015	286			2,015,286
b	Buildings					0	5,544	758	533,730		5,011,028
c	Leasehold improvements					0		0	0		0
d	Equipment					0	715	426	598,045		117,381
е	Other					0		0	0		0
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,	), line	10(c).)						7,143,695
	•	•							Schedule D (	Form 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 13		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		of valuation /ear market value
(1)Financial derivatives		o o o con o na o n	, our market raide
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		of valuation /ear market value
		Cost of end-of-	real illaiket value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descrip	otion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5,)		
Part X Other Liabilities. See Form 990, Part X		<u> </u>	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	0		
Gift annuities payable	2,895,841		
Deferred compensation payable	179,238		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	2.075.070		
Total: (Column (b) should equal form 990, Fart X, cor (b) line 25 )	3,075,079		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	16,302,156
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,209,067
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,093,089
4	Net unrealized gains (losses) on investments	4	-601,809
5	Donated services and use of facilities	5	(
6	Investment expenses	6	(
7	Prior period adjustments	7	(
8	Other (Describe in Part XIV)	8	-41,112
9	Total adjustments (net) Add lines 4 - 8	9	-642,921
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,450,168
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	:urn
1	Total revenue, gains, and other support per audited financial statements	1	15,836,348
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-42,262
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,878,610
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 423,546		
C	Add lines <b>4a</b> and <b>4b</b>	4c	423,546
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	16,302,156
	<b>TXIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1 1	12,386,180
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d 600,659	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	600,659
3	Subtract line <b>2e</b> from line <b>1</b>	3	11,785,521
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	423,546
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	12,209,067
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

Identifier	Return Reference	Explanation
SchD_P04_S00_L02b	Schedule D, Part IV, Line 2b	Jewish Federation of Northern New Jersey, as custodian, provides endowment management and investment services to beneficiary, non-profit organziations located in northern New Jersey Ownership of the assets of the beneficiary agencies is retained by the respective agencies and is commingled for investment purposes with the assets of JFNNJ In exchange for services provided by JFNNJ, agencies pay an administrative fee
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Jewish Federation of Northern New Jersey has a policy of distributing annually 5% of the three year average fair value of the endowment assets to support JFNNJ's programs, and to support programs of the organization's beneficiary agencies and other 501(c)(3) organizations
SchD_P10_S00_L02	Schedule D, Part X, Line 2	Jewish Federation of Northern New Jersey is exempt from federal income taxes under the provisions of Section 501(c)(3) of the Internal Revenue Code and also from state and local taxes under comparable laws. Accordingly, no provision for income taxes has been recorded in the statements of activities and changes in net assets other than for unrelated business income tax (UBIT) recorded at June 30, 2012. JFNNJ rents approximately 22 percent of office space to several tenants which creates an unrelated business purpose of the property upon which net rental income becomes taxable as the property is debt-financed. The prepaid estimated tax liability is included in the functional expenses of fiscal year ended June 30, 2012. JFNNJ has no unrecognized tax benefits at June 30, 2012 and no open years subject to examination prior to June 30, 2008. In addition, JFNNJ has no income tax related penalties or interest for the current and prior years.
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Other is the Change in Valuation Allowance of \$41,112 which represents the adjustment to the present value of the charitable gift annuities liability to the beneficiaries
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Fundraising Events Expenses of \$406,724 are presented in Part VIII, Line 8b, as an offset to Gross Income from Fundraising Events Rental Expenses of \$152,823 are presented in Part VIII, Line 6b, as an offset to Gross Rents The total is \$559,547 For financial statement purposes, both Fundraising Income and Rental Income are presented as gross amounts
SchD_P12_S00_L04b	Schedule D, Part XII, Line 4b	This represents donor designated contributions which for financial statement purposes are deducted from gross contributions in accordance with US GAAP, specifically FAS 136 However, contributions are grossed-up by these designated gifts on Form 990
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Fundraising Events Expenses of \$406,724 are presented in Part VIII, Line 8b as an offset to Gross Income from Fundraising Events Rental expenses of \$152,823 are presented in Part VII, Line 6b as an offset to Gross Rents For financial statement purposes, both Fundraising Income and Rental Income are presented as gross amounts The Change in Valuation Allowance of \$41,112 is an expense in the financial statments, however it is not an expense on Form 990 as it represents a valuation change of the Charitable Gift Annuities Liability The total is \$600,659
SchD_P13_S00_L04b	Schedule D, Part XIII, Line 4b	This represents donor designated grants which for financial statement purposes are deducted from gross grants and allocations in accordance with US GAAP, specifically FAS 136 However, grants and allocations are grossed-up by these designated grants on Form 990

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As Filed Data -

DLN: 93493127007163

OMB No 1545-0047

2011

Open to Public Inspection

# SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC.

**Employer identification number** 

_ ,					20-1195592	
Par	<b>General Information</b> "Yes" to Form 990, Pa			ne United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the	amount of the grants	or
	assistance, the grantees' elig	gibility for the	grants or assis	stance, and the select	ion criteria used to awa	ard
	the grants or assistance?					✓ Yes
2	<b>For grantmakers.</b> Describe in Pa United States	rt V the organiz	atıon's procedur	es for monitoring the use	e of grant funds outsıde tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	expenditures for region/investments in region
	Middle East and North Africa	1	1	Program Services	Schedule F, Part V	52,566
	Middle East and North Africa	0	0	Investments	Schedule F, Part V	0
	Sub-total Total from continuation sheets					
	to Part I	1	1			

c Totals (add lines 3a and 3b)

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
			Mıddle East and North Afrıca	Schedule F Part V	1,693,237	cash payments	C	N/A	N/A
	-								
									+
									1
2	Enter total no tax-exempt l	umber of recipions by the IRS, or fo	ent organizations list or which the grantee	red above that are i	recognized as charit ovided a section 501	cies by the foreign o L(c)(3) equivalency	country, recognized letter	as . •	1
3	Enter total nu	umber of other	organizations or ent	ities				. ▶	0
								Schedule	F (Form 990) 2011

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . . . . .

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
		+			†		
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						1	dula E (Earre 000) 2011

# 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 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	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)	Г	Yes	্	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
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)	Г	Yes	┍	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Schedule F (Form 990) 2011

Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L02	1	Jew ish Federation of Northern New Jersey operates a small office in Israel. The purpose of which is to monitor programs in Israel sponsored by JFNNJ, prepare reports and assessments about these projects, and respond to community leaders' questions regarding continuing and/or new programs. There may be other di minimis costs related to the foreign office for activities performed by JFNNJ, but these are not significant and have not been included. The costs of the office are borne by JFNNJ and another Federation.

ldentifier	Return Reference	Explanation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	Line (2) - JFNNJ has foreign investments in State of Israel bonds only

ldentifier	Return Reference	Explanation
SchF_P02_S00_L01	Schedule F, Part II, Line 1	Jew ish Federation of Northern New Jersey reports grants on Schedule I to the Jew ish Federations of North America (JFNA) which is a domestic U.S. charity. JFNA makes some distributions directly to the Joint Distribution Committee (JDC) and to the Jew ish Agency for Israel (JAFI). All three agencies then send a portion of the grants to nonprofit organizations in Israel and other countries. JFNA, JDC and JAFI each file separate Forms 990 and report specific grant activity in detail on their Schedule F.

Schedule F (Form 990) 2010

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**SCHEDULE G** 

Department of the Treasury

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493127007163

Supr

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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

OMB No 1545-0047

2011

Open to Public Inspection

Internal Revenue Service	Attacl	h to Form 990 or Form 9	990-EZ. 🏲 See separate instruct	ions.	Inspection
Name of the organization		EV INC		Employer iden	ntification number
JEWISH FEDERATION OF NO	JRIHERN NEW JEKSI	EYINC		20-1195592	
Part I Fundraising A	ctivities. Comple	te ıf the organız	ation answered "Yes"	to Form 990, Part IV	 , line 17.
1 Indicate whether the ord	anization raised fund	s through any of th	ne following activities Che	eck all that apply	·
a ✓ Mail solicitations	,amzacion raibea ranac	= -	e 🔽 Solicitation of nor		
<b>b</b> Internet and e-mail	solicitations		f 🔽 Solicitation of gov	-	
c Phone solicitations			g 🔽 Special fundraisin	<del>-</del>	
d	ons		,	<b>y</b>	
or key employees listed  b If "Yes," list the ten high	in Form 990, Part VII nest paid individuals o	I) or entity in conr or entities (fundrais	ndividual (including office nection with professional f sers) pursuant to agreeme 90-EZ filers are not requi	fundraising services? ents under which the fun	
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?	,	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Siegel Marketing Group PO Box 686598	Tele-funding services	No	67,888	30,173	37,715
Chicago, IL 606956598					
		<del>                                     </del>			
Total		>	67,888	30,173	37,715
3 List all states in which the licensing	he organization is regi	stered or licensed	i to solicit funds or has be	en notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	(d) Total Events
			Super Sunday Telethon	Epstein Community Gala	14 (total number)	(Add col <b>(a)</b> through col <b>(c)</b> )
			(event type)	(event type)	(total number)	
E Le	1	Gross receipts	1,027,320	529,442	1,366,241	2,923,003
Revenue	2	Less Charitable contributions	1,027,320	480,618	1,106,963	2,614,901
	3	Gross income (line 1 minus line 2)	0	48,824	259,278	308,102
	4	Cash prizes	0	0	0	0
ω	5	Non-cash prizes	0	0	0	0
JS S	6	Rent/facility costs	0	19,440	43,042	62,482
Expenses	7	Food and beverages	2,572	18,480	81,535	102,587
DIRect D	8	Entertainment	0	5,697	12,708	18,405
ā	9	Other direct expenses .	3,994	14,609	204,647	223,250
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(406,724)
	11	Net income summary Combine III	nes 3 and 10 ın column (	d)	•	-98,622
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Sec.	2	Cash prizes				
penses	3	Non-cash prizes				
Direct EX	4	Rent/facility costs				
 	5	Other direct expenses				
	6	Volunteer labor	┌ Yes ┌ No	┌ Yes ┌ No	│ Yes │ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		( )
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🛌	
9	Ente	er the state(s) in which the organiza	ition operates gaming act	tivities		
a b	Is t	he organization licensed to operate No," Explain	gaming activities in each	n of these states?		· Fyes Fno
10a b	 Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			_ No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

OMB No 1545-0047

2011

DLN: 93493127007163

pen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number

20-1195592

Part II Grants and Other A Form 990, Part IV, lin Part IV and Schedule	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
See Addıtıonal Data Table							

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Every year agencies requesting funding present their plans, goals, needs and financial data to the Planning & Allocation Committee. This committee deliberates and reviews all submitted information. The committee then makes a recommendation to the Board of Trustees as to the allocation of funds available. The Board of Trustees meet in May every year to review and approve allocations. Because the agency recipients are located locally and known to the Jewish Federation, JFNNJ maintains close relationships with the agencies enabling JFNNJ to monitor the progress of the agencies' projects and programs for which the monies were allocated. The JFNNJ staff and volunteers work closely on numerous projects with the agencies in many aspects. Additionally, JFNNJ maintains donor advised funds whereby the donors select charities to make grant distributions from their donor accounts. All grants are all made to 501(c)(3) charitable organizations which are verified as legitimate charites by the JFNNJ staff and then approved by the Endowment grants committee. These grants have been included in Schedule I as well

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 20-1195592

Name: JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance
A braham Joshua Heschel School270 West 89th Street New York, NY 10024	13- 3091539	501(c)(3)	43,000				General support
Alzheimers Assn of Greater NJ400 Morris Ave Suite 251 Denville, NJ 07834	13- 3039601	501(c)(3)	6,500				General support

### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Friends of Hebrew University1 Battery Park Plaza 25th floor New York, NY 10004	13- 1568923	I 501(c)(3)	26,500				General support
Arnold P Gold Foundation619 Palisade Avenue Englewood Cliffs, NJ 07632	22- 3052098	501(c)(3)	15,250				General support

#### Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ben Porat YosefEast 243 Frisch Court Paramus,NJ 07417	22- 2368804	501(6)(3)	10,304				General support
Bergen County High School of Jewish Studies940 Main Street Hackensack, NJ 07601	22- 2267197	501(c)(3)	56,900				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bergen County Y JCC605 Pascack Road Twp of Washington, NJ 07676	22- 1487394	501(c)(3)	144,641				General support
Boys Town Jerusalem Foundation of A mericaOne Penn Plaza Suite 6250 New York, NY 10119	11- 5324002	501(c)(3)	6,963				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Breast Cancer Research Foundation60 East 56th Street 8th floor New York, NY 10022	13- 3727250	1 5017(2)(3)	142,000				General support
Carnegie Mellon University School of Architecture201 College of Fine Arts Pittsburgh, PA	25- 0969449	1 501(6)(3)	10,000				General support

(a) Name and address of organization	(b) EIN	(c) IRC Code section	(d) A mount of cash grant	(e) A mount of non-cash	<b>(f)</b> Method of valuation	(g) Description of	(h) Purpose of grant
or government		ıf applıcable		assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Congregation Machzekei Hadras of BelzPO Box 57 Monsey,NY 10952	13- 3158602	501(c)(3)	10,000				General support
Daughters of Miriam Center155 Hazel Street Clifton, NJ 07011	22- 1500504	501(c)(3)	57,200				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Des Moines University3200 Grand Ave Des Moines, IA 50312	42- 0730347	501(c)(3)	13,500				General support
Englewood Hospital Medical Center Foundation350 Engle Street Englewood, NJ 07631	22- 3367281	501(c)(3)	7,000				General support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fair Lawn High School1400 Berdan Ave Fair Lawn, NJ 07410	22- 6001795	501(c)(3)	5,700		other)		General support
Friends of Camp Young Judaea Sprout Lake1383 Ave of the Americas New York, NY 10019	37- 1595626	501(c)(3)	7,200				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Frisch School120 West Century Road Paramus, NJ 07652	22- 1937461	501(c)(3)	17,434				General support
Gerrard Berman Day School45 Spruce St Oakland, NJ 07436	22- 2635691	501(c)(3)	58,843				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Gesher Foundation 332 Bleecker St New York, NY 10014	23- 7029115	501(c)(3)	10,000				General support
Jewish Association for Developmental Disablilites190 Moore Street Suite 410 Hackensack, NJ 07601	22- 2842847	501(c)(3)	36,496				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Center of Teaneck70 Sterling Place Teaneck,NJ 07666	22- 1511303	501(c)(3)	17,081				General support
Jewish Education for Special Children666 Kinderkamack Road River Edge, NJ 07661	52- 1586927	501(c)(3)	8,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Family Service of Bergen County1485 Teaneck Road Teaneck, NJ 07666	22- 2223109	501(c)(3)	423,216				General Support
Jewish Family Service of North Jersey1 Pike Drive Wayne, NJ 07470	22- 1487228	501(c)(3)	437,178				General Support Economic Crisis

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federation of Palm Beach County4601 Community Drive West Palm Beach, FL 33417	59- 0948696	501(c)(3)	20,180				General support
Jewish Federations of North America 25 Broadway Suite 1700 New York, NY 10004	13- 1624240	501(c)(3)	2,245,784				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Historical Society680 Broadway Paterson, NJ 07514	22- 2988075	501(c)(3)	9,000				General support
Jewish Home Family10 Link Drive Rockleigh, NJ 07647	22- 3466678	501(c)(3)	107,050				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section If applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Home Foundation of North Jersey Inc10 Link Drive Rockleigh, NJ 07647	52- 1720580	501(c)(3)	35,123				General support
Jewish National Fund NY78 Randall Avenue Rockville Centre, NY 11570	13- 1659627	501(c)(3)	10,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kaplen JCC on the Palisades411 E Clinton Avenue Tenafly, NJ 07670	22- 1487220	I 501 (c)(3)	125,022				General support
League School30 Washington Street Brooklyn, NY 11201	11- 1714376	1 5017637	15,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ma' ayanot Yeshiva High School for Girls 1650 Palisade Avenue Teaneck, NJ 07666	22- 3383708	501(c)(3)	6,064				General support
Masorti Foundation for Conservative Judaism in Israel 475 Riverside Drive Suite 832 New York, NY	13- 1810938	501(c)(3)	40,100				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Moriah School53 South Woodland Avenue Englewood, NJ 07631	22- 1766272	501(c)(3)	60,864				General support
Morse Life Foundation4847 Fred Gladstone Drive West Palm Beach, Fl. 33417	65- 0329966	501(c)(3)	56,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Na'amat USA 350 Fifth A ve New York, NY 10118	22- 1487222	501(c)(3)	10,000				General support
National Multiple Sclerosis Society 900 South Broadway Denver, CO 80209	84- 0412595	501(c)(3)	50,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rosenblum Yeshiva of North Jersey666 Kinderkamack Rd River Edge, NJ 07661	22- 1526652	501(c)(3)	23,363				General support
Rutgers University Hillel93 College Avenue New Brunswick, NJ 08901	23- 7318742	501(c)(3)	20,000				General Support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Schechter Institutes Inc2300 Computer Avenue Suite D18 Willow Grove, PA 19090	22- 3342043	501(c)(3)	7,200				General support
Sha'ar Communities 31 Patton Lane Closter, NJ 07624	05- 0592289	501(c)(3)	11,000				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sharasheret1086 Teaneck Rd Teaneck,NJ 07666	13- 4198529	1 501(6)(3)	15,000				General support
Shelter our Sisters 405 State Street Hackensack, NJ 07601	22- 2184949	I 501(c)(3)	7,750				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Shelter Rock Jewish Center272 Shelter Rock Rd Roslyn, NY 11576	11- 2000270	501(c)(3)	8,000				General support
Sinai Special Needs Institute 1485 Teaneck Road Suite 300 Teaneck, NJ 07666	22- 2942402	501(c)(3)	28,550				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Solomon Schechter Day School of Bergen County275 McKinley Ave New Milford, NJ 07646	23- 7370024	I 501(c)(3)	29,660				General support
Temple EmanuEl of Closter180 Piermont Road Closter, NJ 07624	22- 1589223	501(c)(3)	13,800				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tıferet132 Nassau St Ste 300 New York, NY 10038	20- 1700411	501(c)(3)	15,000				General support
Torah Academy of Bergen County 1600 Queen Anne Road Teaneck, NJ 07666	22- 2890836	501(c)(3)	7,088				General support

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
or government					other)	doorstance	
Wayne Y formerly YM YWHA of No JerseyOne Pike Drive Wayne, NJ 07470	22- 1493179	501(c)(3)	98,034				General support
Yavneh Academy 155 Fairview Avenue Paramus, NJ 07652	22- 1613659	501(c)(3)	18,329				General support

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yeshivat Noam70 West Century Road Paramus, NJ 07652	22- 3722875	501(c)(3)	16,983				General support

DLN: 93493127007163

Employer identification number

OMB No 1545-0047

**Compensation Information** 

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

JEV	VISH FEDERATION OF NORTHERN NEW JERSEY INC			
	20-1195592			
Pa	rt I Questions Regarding Compensation			_
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain		l	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b	Yes	
2	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	,,			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	on		
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No.
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations		1	1

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
			сотрепванон	Compensation				I OIIII JJU-LZ
(1) David Gad-Harf	(I) (II)	183,112 0	0	0	7,000 0	13,076 0	203,188 0	0
(2) Lawrence Cohen	(I) (II)	167,863 0	0	0	0 0	10,378 0	178,241 0	0 0

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SchJ_P01_S00_L01a	Schedule J, Part I, Line 1a	The Chief Executive Officer and Executive Vice President relocated with his family in July, 2011 approximately 250 miles to assume the CEO/EVP position. Included in the employment contract was an allowance of a fixed amount for temporay housing for up to six months until a permanent home could be established.
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	The Board of Trustees of JFNNJ has adopted the compensation philosophy which it follows when the board reviews and approves the compensation and benefits of the organization's senior management. A review of the "total compensation" for senior management is made to include both current and deferred compensation and all employee benefits, both qualified and non-qualified. The review is done upon the hiring of the Chief Executive Officer and at times of his contract renewal to ensure that the "total compensation" is reasonable. The actions taken by a committee of the Board enable the organization to receive the rebuttal presumption of reasonableness for purposes of Internal Revenue Code Section 4958 with respect to the total compensation of certain members of the senior management. The three factors which must be satisfied in order to receive the rebuttal presumption of reasonableness are as follows:  1) the compensation arrangement is approved in advance by a Board committee composed entirely of individuals who are independent and do not have a conflict of interest with respect to the compensation arrangement, 2) the committee obtained and relied upon appropriate data as to comparability prior to making its determination, and 3) the committee has adequately documented the basis for its determination concurrently with making the determination. Documentation for determination and approval is in the form of the timely preparation of written minutes of the meetings. The actions outlined above with respect to the Board and the establishment of the rebuttal presumption of reasonableness applies only to senior management. The compensation and benefits of certain other individuals contained in this Form 990 are reviewed annually by the CEO with assistance from other staff in conjunction with the individual's job performance during the year and is based upon other objective factors designed to ensure that reasonable and fair market value compensation is paid by JFNNJ. Other objective factors include salary data for compar

Schedule J (Form 990) 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493127007163

2011

Open to Public **Inspection** 

Internal Revenue Service Name of the organization

Department of the Treasury

JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number

J ⊑ VV	15H FEDERALION OF NORTHE	H FEDERATION OF NORTHERN NEW JERSET INC												20-1195592					
Pa	art I Bond Issues	·																	
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	ed (e) Issue Price (f) Description of Purpose		Description of Purpose		<b>(g)</b> De	feased	Beh Iss	On alf of suer		Pool					
				!						Yes	No	Yes	No	Yes	No				
A	Colorado Educational & Cultural Facilities Authority	84-0896727	1964586R9	05-01-2007	6,500,	000 1: "		ise and reno fice building			×		X		×				
Pa	rt III Proceeds								1		•								
İ					A		$\dashv$	E	}		С			D					
	A mount of bonds retired				<del> </del>	2,900,0	)00						<del> </del>						
	A mount of bonds defeased						<u> </u>						↓						
3	Total proceeds of issue					3,600,0	000						$\bot$						
4	Gross proceeds in reserve fur				0						$\bot$								
5	Capitalized interest from proc		189,9	<del>}</del> 46						$oldsymbol{ol}}}}}}}}}}}}}}}}}}$									
6	Proceeds in refunding escrow			0															
7	Issuance costs from proceed					145,5	532												
8	Credit enhancement from prod	ceeds					0						<u> </u>						
9	Working capital expenditures	from proceeds			T	0													
10	Capital expenditures from pro	oceeds			6,500,000					T									
11	O ther spent proceeds						0												
12	Other unspent proceeds						0												
13	Year of substantial completion	n			200	8			•				•						
l —					Yes	No		Yes	No	Yes		No	Yes	š	No				
14	Were the bonds issued as par	rt of a current refund	ling issue?			Х							T						
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х													
16	Has the final allocation of pro	ceeds been made?			Х														
17	Does the organization maintal allocation of proceeds?	×																	
Pa	rt IIII Private Business U	Jse																	
l					A A		$-\!\!\!\!+$	E		C			<del> </del>	D					
i					Yes	No		Yes	No	Yes		No	Yes	ا ذ	No				

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Sche	edule K (Form 990) 2011									Page <b>2</b>
Par	t IIII Private Business Use (Continued)									
			A		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private use?	business		×						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the fin property?									
С	Are there any research agreements that may result in private business us financed property?	e of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use to other than a section 501(c)(3) organization or a state or local government.		,	14 %				•		•
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anoth 501(c)(3) organization, or a state or local government			8 %						
6	Total of lines 4 and 5			22 %						
7	Has the organization adopted management practices and procedures to er post-issuance compliance of its tax-exempt bond liabilities?	nsure the	Х							
Pa	rt IV Arbitrage									
		Α			В		С		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No	Yes	No	Y	es	No	Yes	No
			X							

	<del>-</del>	Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
			X						
2	Is the bond issue a variable rate issue?	Х							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
			X						
ь	Name of provider				•				
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х						
ь	Name of provider								
_с	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		Х						
6	Did the bond issue qualify for an exception to rebate?		Х						

# Part V Procedures To Undertake Corrective Action

#### Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

DLN: 93493127007163

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

**Employer identification number** 

D.	Tunes of Duenoute				20-1195592			
Ра	<b>It I</b> Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d contribution	etermı	_	
				1 g				
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
_	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	58	1,054,951	sales value			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .							
16	Real estate—Commercial							
	Real estate—O ther							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
21	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
	O ther ►()							
28	O ther ► ()				T			
29	Number of Forms 8283 received				29			0
	for which the organization comp	leted Form	8283, Part IV, Donee Ackr	iowiedgement	25			
20-	During the year did the organize	ation roceiu	a by contribution any propa	urty raparted in Dart I. lines	1 20 +65+ ++		Yes	No
<b>JU</b> a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	a to be usea			
	for exempt purposes for the enti					30a		No_
b	If "Yes," describe the arrangem	ent in Part :	II					
31	Does the organization have a gi	ft acceptan	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
h	If "Yes," describe in Part II					32a		
33	If the organization did not report	t revenues	ın column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II					1		

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b	, ,	Securities are sent directly by donors to pre-determined brokerage houses. The brokerage houses then sell the securities upon receipts

Schedule M (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127007163

2011

OMB No 1545-0047

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name	of the	orgar	ηIZ	ation			
<b>EWISH</b>	<b>FEDER</b>	ATION	OF	NORTHERN	NEW	<b>JERSEY</b>	INC

**Employer identification number** 

20-1195592

ldentifier	Return Reference	Explanation
F990_P06_S0A_L02	Form 990, Part VI, Section A, Line 2	Jason Shames is the Chief Executive Officer and the Executive Vice President of Jewish Federation of Northern New Jersey, a paid position and also the Assistant Secretary to the Board of Trustees Family relationships exist between David Bindelglass and Gale S. Bindelglass, Dr Leonard Cole and Ruth Cole, Gregory Meisel and Lisa Beth Meisel, and Alan Scharfstein and Karen Scharfstein
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 is prepared in-house and then reviewed by the tax accountants of the certified public accounting firm which annually audits the financial records of Jewish Federation of Northern New Jersey Suggestions and/or changes to Form 990 are made in accordance with the tax department review Form 990 is then forwarded to the members of the Audit Committee of JFNNJ for their review After their comments and suggestions are addressed, the return is submitted to the US Treasury
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Conflict of interest questionnaires are distributed to all members of the Board of Trustess, Officers, Board Committee members, key employees, and those employees in a position of management. The questionnaires are reviewed for issues of conflict and presented to the Board Executive Committee for determination whether there is a conflict and resolution. All new trustees or personnel complete a questionnaire upon assuming a new position. Questionnaires are updated periodically or upon situational changes to Board members or personnel. Because board positions are generally two years in length, bi-annual updates and reviews of Board members have been appropriate.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Under the auspices of the JFNNJ Board of Trustees, the Personnel Committee, which is made up of volunteers and assisted by lay people with expertise in the area of executive compensation, review surveys, studies all pertinent information from other Federations as a benchmark for the salary and benefits of all key employees. Annual performance reviews are conducted with or without salary changes. Compensation changes are reviewed and authorized by the Personnel Committee. All changes are then approved by the JFNNJ Board of Trustees.
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Information is made available to the public upon request
F990_P11_S00_L05	Form 990, Part XI, Line 5	Other Changes in Net Assets of \$(642,921) include Unrealized Losses of \$(601,809) and Change in Valuation Allowance of \$(41,112)

SCHEDULE R Related On

(Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

**Employer identification number** Name of the organization JEWISH FEDERATION OF NORTHERN NEW JERSEY INC 20-1195592 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (b) (d) (e) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5: contr organi	<b>g)</b> 12(b)(13) rolled ization
						Yes	No
See Additional Data Table							
					- 1 1 1 - 1-		

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

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>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

he	edule R (Form 990) 2011		Рa	age 3
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		N
e	Loans or loan guarantees by related organization(s)	1e		N
f	Sale of assets to related organization(s)	1f	<u> </u>	N
		1g		N
_	Exchange of assets with related organization(s)	1h		N
	Lease of facilities, equipment, or other assets to related organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from related organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
I	Performance of services or membership or fundraising solicitations by related organization(s)	11		N
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		Ŋ
n	Sharing of paid employees with related organization(s)	1n		N
0	Reimbursement paid to related organization(s) for expenses	10		Ŋ
p	Reimbursement paid by related organization(s) for expenses	1р	Yes	
			<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
q	O ther transfer of cash or property to related organization(s)	1q	Yes	_
r	O ther transfer of cash or property from related organization(s)	1r	1	N

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

	moraamy covered relat	Total po alla di allo acci	
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JEWISH COMMUNITY HOUSING CORPORATION	k	84,192	Cash payment for administrative services rendered
(2) BETH AND MARK METZGER FOUNDATION	С	205,000	Cash payment
(3) JEWISH ASSN FOR DEVELOPMENTAL DISABILTIES (J-ADD)	q	809,447	Net book value of assets transferred
(4)			
(5)			
(6)			

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

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: 11000129
Software Version: v1.00

**EIN:** 20-1195592

Name: JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Ide	ntification of F	Related Tax-	Exempt Orga	anizations			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary A ctivity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	<b>(f)</b> Direct Controlling Entity	Sectio (b)( contr organi	n 512 13) olled
JEWISH ASSN FOR DEVELOPMENTAL DISABILTIES (J-ADD) 190 Moore St Hackensack, NJ 07601 22-2842847	Sch R Part VII	NJ	501(c) (3)	7	N/A		No
JEWISH COMMUNITY HOUSING CORPORATION 510 East 27th St Paterson, NJ 07514 23-7139963	Sch R Part VII	NJ	501(c) (3)	9	Jewish Fed of No New Jersey	Yes	
BETH AND MARK METZGER FOUNDATION  50 Eisenhower Dr Paramus, NJ 07652 22-2734107	supporting org	NJ	501(c) (3)	Type I	N/A		No
ROSNER FAMILY FOUNDATION  50 Eisenhower Dr Paramus, NJ 07652 20-4384158	supporting org	NJ	501(c) (3)	Type I	N/A		No
SADINOFF FAMILY FOUNDATION  50 Eisenhower Dr Paramus, NJ 07652 22-2789176	supporting org	NJ	501(c) (3)	Type I	N/A		No
SEIDEN FAMILY FOUNDATION  50 Eisenhower Dr Paramus, NJ 07652 22-2756922	supporting org	NJ	501(c) (3)	Type I	N/A		No
THE HELEN & JACK LUBLINER FAMILY FDN  50 Eisenhower Dr Paramus, NJ 07652 90-0427853	supporting org	NJ	501(c) (3)	Type I	N/A		No
THE M M KAPLAN FAMILY FOUNDATION  50 Eisenhower Dr Paramus, NJ 07652 22-3410478	supporting org	NJ	501(c) (3)	Type I	N/A		No
THE PERLMAN FAMILY FOUNDATION  50 Eisenhower Dr  Paramus, NJ 07652 22-3482032	supporting org	NJ	501(c) (3)	Type I	N/A		No
THE UJA - 2 FOUNDATION INC  50 Eisenhower Dr Paramus, NJ 07652 22-3484927	supporting org	NJ	501(c) (3)	Туре I	N/A		No

#### **Additional Data**

**Software ID:** 11000129

**Software Version:** v1.00

**EIN:** 20-1195592

Name: JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

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

#### 4d. Other program services ) (Expenses \$ 302,326 including grants of \$ (Code 0) (Revenue \$ 27,403) JFNNJ Jewish Community Relations Council conducts programs on Israel Affairs, International Jewry, domestic concerns such as Bergen Reads, interfaith brotherhood, religious and racial tolerance, and Holocaust remembrances and awareness throughout the community Our Mitzvah Day is a community-wide day of volunteer activities that mobilizes nearly 1,500 volunteers of all ages to work to better the community 366,127 including grants of \$ 0) (Revenue \$ (Code ) (Expenses \$ 147,780) JFNNJ's Jewish Educational Services ("JES") operates a teacher resource center and provides expert consultation on school programs and other issues affecting day schools, regional schools and congregational schools. JES early childhood seminars, teacher recruitment and Jewish educational enrichment programs such as the Melton adult education program help enhance the quality of Jewish education in nothern New Jersey

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) 4d. Other program services ) (Expenses \$ 280,843 including grants of \$ 0) (Revenue \$ (Code 92,003) JFNNJ's Israel Program Center serves as a living bridge between the people of Israel and the Jewish community of northern New Jersey This is achieved by providing Ulpan (Hebrewlanguage) classes and other educational and cultural programs and events related to Israel such as our annual Israel Film Festival, the annual Parade to honor Israel and special celebrations such as the Israel at 60 Anniversary held in 2008 (Code ) (Expenses \$ 126,765 including grants of \$ 0) (Revenue \$ 4,421)

Hillel of Northern New Jersey operates college campus programs at Fairleigh Dickinson University in Teaneck, Ramapo College, Bergen Community College and William Paterson University. In addition, the Keep in Touch program provides services for students who attend college out of our geographic area

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

4d. Other program	m services				
(Code	) (Expenses \$	168,225	ıncludıng grants of \$	0)(Revenue\$	0)
of the history and Graduates of the p community and be	current challenges facing the n program are expected to intensi eyond Two Berrie Fellows, for ex	orthern New J fy their comm cample, have	ersey community and expo- nitment to Jewish life and to created the Klene-Up Krewe	p skills and Jewish learning includin sure to leading philanthropists and t assume significant leadership posit which brings groups to New Orlean ere have been eleven trips to New O	hinkers ions in the s to help that
(Code	) (Expenses \$	84,338	including grants of \$	0 ) (Revenue \$	0 )
numerous nothern	n New Jersey Jewish community	organizations	s including JFNNJ sustantia	and has become very successful in I amounts of money by combining bu	ıyıng power to

approximately \$1,600,000 The current offerings on which organizations are saving include electricity, natural gas, office supplies, shipping, credit card processing fees, telecommunications, janitorial supplies, waste removal and a tax exempt bond program

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

4d. Other program ser	rvices				
(Code The JFNNJ Chaplaincy	) (Expenses \$ y Commission provides cha	72,673 aplaincy servic	including grants of \$	0) (Revenue \$	0)
(Code	) (Expenses \$	809,447	ıncludıng grants of \$	0 ) (Revenue \$	0)

JFNNJ held property for use by an affiliated organization, Jewish Association for Developmental Disabilities Inc (J-ADD), in accordance with a pass-through contract to manage group homes for the developmentally disabled. The management contract terminated February 12, 2012 upon transfer of ownership of the properties from JFNNJ to J-ADD resulting in an expense for JFNNJ at June 30, 2012 as the properties and related liabilities were removed from the books and records of JFNNJ as part of the legal transfer of these assets

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per		tion ( that a		/)	_		( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Jason M Shames Exec VP, Asst Secretary	45	×		х				137,572	0	13,597	
David J Goodman President	2	Х		х				0	0	0	
Joan Krieger Treasurer	2	×		х				0	0	0	
Daniel Shlufman Esq Secretary	2	Х		х				0	0	0	
Leslie Billet Vice President	2	Х		х				0	0	0	
Gale S Bındelglass Vıce President	2	Х		x				0	0	0	
Sue Ann Levin Vice President	2	Х		х				0	0	0	
Dr Zvı Marans Vıce President	2	Х		x				0	0	0	
Carol Silberstein Vice President	2	Х		х				0	0	0	
Dana Post Adler Trustee	1	Х						0	0	0	
Laurı Bader Trustee	1	Х						0	0	0	
Barry Badner Trustee	1	Х						0	0	0	
A dolph Berman Trustee	1	Х						0	0	0	
Dr Lawrence Berman Trustee	1	Х						0	0	0	
Gail Billig Trustee	1	Х						0	0	0	
David Bindelglass Trustee	1	Х						0	0	0	
Jeffrey Bolson Trustee	1	Х						0	0	0	
Rabbı Neal Borovitz Trustee	1	Х						0	0	0	
Margot Brandes Trustee	1	Х						0	0	0	
Myron Bregman Trustee	1	Х						0	0	0	
Paula Cantor Trustee	1	Х						0	0	0	
Ralph Cheifetz Trustee	1	Х						0	0	0	
Howard Chernin Trustee	1	Х						0	0	0	
Martha Cohen Trustee	1	Х						0	0	0	
Martin Cohen Trustee	1	Х						0	0	0	

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	age Position (check all Reportable compensation						compensation	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Dr Leonard Cole Trustee	1	×						0	0	0		
Ruth Cole	1	×						0	0	0		
Trustee												
Edward J Dauber Esq Trustee	1	Х						0	0	0		
Stacey Distell Trustee	1	Х						0	0	0		
Julius Eisen Trustee	1	Х						0	0	0		
Lawrence Eisen Trustee	1	Х						0	0	0		
Carl Epstein Trustee	1	Х						0	0	0		
Jodi Epstein Trustee	1	×						0	0	0		
Merle Fısh Trustee	1	Х						0	0	0		
Esther Fıshman Trustee	1	Х						0	0	0		
Sharry Friedberg Trustee	1	х						0	0	0		
Dr Edward Friedland Trustee	1	Х						0	0	0		
Eva Lynn Gans Trustee	1	Х						0	0	0		
Gayle Gerstein Trustee	1	Х						0	0	0		
Dr Sandra Gold Trustee	1	Х						0	0	0		
Stephanie Goldman-Pittel Trustee	1	Х						0	0	0		
Lawrence Goodman Trustee	1	Х						0	0	0		
Steven Morey Greenberg Esq Trustee	1	Х						0	0	0		
Dr David Greenblatt Trustee	1	Х						0	0	0		
Sarıta Gross Trustee	1	Х						0	0	0		
Dr Bernard Hammer Trustee	1	Х						0	0	0		
Yona Hermann Trustee	1	Х						0	0	0		
Betty Hershan Trustee	1	Х						0	0	0		
Harry Immerman Trustee	1	Х						0	0	0		
Gilon Irwin Trustee	1	×						0	0	0		

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	that apply)						( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Joyce Joseph Trustee	1	×						О	0	0		
Dr Jeffrey Kern Trustee	1	Х						0	0	0		
Laura Kırsch Esq Trustee	1	×						0	0	0		
Rena Klosk Trustee	1	Х						0	0	0		
SuBonnie Kochman Trustee	1	Х						0	0	0		
Peter Kolben Trustee	1	х						0	0	0		
Bernard Koster Esq Trustee	1	Х						0	0	0		
Madelene Kupperman Trustee	1	Х						0	0	0		
Fred Lafer Trustee	1	Х						0	0	0		
Susan Liebeskind Trustee	1	Х						0	0	0		
Seth Lipschitz Trustee	1	Х						0	0	0		
George Liss Trustee	1	Х						0	0	0		
Bruce Mactas Trustee	1	х						0	0	0		
Cantor Ilan Mamber Trustee	1	х						0	0	0		
Rabbı Randall Mark Trustee	1	Х						0	0	0		
Gregory Meisel Trustee	1	Х						0	0	0		
Lisa Beth Meisel Trustee	1	Х						0	0	0		
Rita Merendino Trustee	1	Х						0	0	0		
Mark Metzger Trustee	1	Х						0	0	0		
Robin Miller Trustee	1	Х						0	0	0		
Linda Mirelson Trustee	1	Х						0	0	0		
Rabbı Joel Mosbacher Trustee	1	Х						0	0	0		
David Opper Trustee	1	Х						0	0	0		
Roberta Abrams Paer Trustee	1	Х						0	0	0		
Alex Paley Trustee	1	×						0	0	0		

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a		/)	_	1	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Susan Penn Trustee	1	x						0	0	0	
Jayne Petak	1	Х						0	0	0	
Trustee Alvin Reisbaum										_	
Trustee	1	Х						0	0	0	
Jonathan Rochlin Trustee	1	Х						0	0	0	
Ronald Rosensweig Esq Trustee	1	Х						0	0	0	
Daniel Rubin Trustee	1	×						0	0	0	
Sylvia Safer Trustee	1	Х						0	0	0	
Alan Scharfstein Trustee	1	Х						0	0	0	
Karen Scharfstein Trustee	1	Х						0	0	0	
Norman Seiden Trustee	1	Х						0	0	0	
Paula Shaimann Trustee	1	Х						0	0	0	
Susan Sher Trustee	1	Х						0	0	0	
Daniel Silna Trustee	1	Х						0	0	0	
A va Silverstein Trustee	1	Х						0	0	0	
Helen Sınger-Katz Trustee	1	Х						0	0	0	
David Smith Trustee	1	Х						0	0	0	
Leon Sokol Esq Trustee	1	Х						0	0	0	
Mıchael Starr Trustee	1	Х						0	0	0	
Dr Justın Straus Trustee	1	Х						0	0	0	
Dr Theodore Tobias Trustee	1	Х						0	0	0	
Louise Tuchman Trustee	1	Х						0	0	0	
Arlene Weiss Trustee	1	Х						0	0	0	
Robert Yudın Trustee	1	Х						0	0	0	
David Gad-Harf Chief O perational O fficer	45			Х				183,112	0	20,076	
Robin Greenfield Chief Financial Officer	45			Х				149,176	0	19,942	

(A) Name and Title	(B) A verage hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
		Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Lawrence Cohen Chief Development Officer	45			х				167,863	0	10,378
David Moss Director for Endowment	45			х				70,739	0	906
Lisa Harris Glass Synagogue Leadership Initiative Director	45				х			111,205	0	0