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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
50 Eisenhower Drive

City or town, state or country, and ZIP + 4
Paramus, NJ 07652

D Employer identification number
20-1195592

E Telephone number
(201)820-3900

G Gross receipts $ 31,919,980

F Name and address of principal officer
Jason M Shames
Jewish Federation of Northern NJ
50 Eisenhower Dr
Paramus,NJ 07652

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www jfnnj org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 2004 | M State of legal domicile NJ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Jewish Federation of Northern New Jersey adds value by providing the leadership necessary to create a strong, collaborative, caring and vibrant Jewish community in northern New Jersey and abroad

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	83
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	83
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	81
6	Total number of volunteers (estimate if necessary)	6	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	7,070
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	15,489,629	12,426,331
	9	Program service revenue (Part VIII, line 2g)	289,832	640,861
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	355,013	1,840,197
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	167,682	316,443
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,302,156	15,223,832
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,061,514	5,436,264
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,009,973	3,889,841
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	30,173	46,829
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,302,174		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,107,407	2,383,678
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,209,067	11,756,612
	19	Revenue less expenses Subtract line 18 from line 12	4,093,089	3,467,220

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	69,949,768	76,172,059
	21	Total liabilities (Part X, line 26)	32,727,329	35,070,694
	22	Net assets or fund balances Subtract line 21 from line 20	37,222,439	41,101,365

Part II Signature Block

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

Sign Here

Signature of officer — Date 2014-05-15

Jason Shames Chief Executive Officer
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

Jewish Federation of Northern New Jersey adds value by providing the leadership necessary to create a strong, collaborative, caring, and vibrant Jewish community in northern New Jersey, Israel, and around the world In support of its mission, Federation strengthens Jewish identity, provides a safety net for those in need, and deepens connections with Israel Federation acts as a convener, a connector, and a rallying point for action Federation cares for the young and the old, and for those who are unable to care for themselves

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 5,979,758 including grants of $ 5,436,264) (Revenue $ 0)

Grants and allocations are given by Jewish Federation of Northern New Jersey to two hundred thirty-seven 501(c)(3) organizations which provide humanitarian, social service, cultural and education needs locally, nationwide, and around the world

4b (Code) (Expenses $ 426,243 including grants of $ 0) (Revenue $ 10,629)

Synagogue Leadership Initiative (SLI) of Jewish Federation is funded by a partnership between Federation and the Henry and Marilyn Taub Foundation It addresses shared challenges and opportunities through its many initiatives and works with synagogue leaders (lay and professional) to transform synagogues, build communities, and to create a dynamic Jewish future SLI programs include Shalom Baby, which reaches out to young Jewish families, helping to socialize with other young Jewish families and bring them closer to the organized Jewish community, Synagogue Next, and ATID Addressing Transformative Innovative Design in Jewish Education, and other community outreach programs In 2013-14 SLI is focusing on the areas of Membership, Financial Sustainability, Change Management, and Leadership

4c (Code) (Expenses $ 380,333 including grants of $ 0) (Revenue $ 35,421)

JFNNJ operates the Services for Older Adults by which the Federation directly supports local programs, including CafÃ© Europa (a socialization program for Holocaust survivors), care and case management at Jewish Family Service of Bergen County and North Hudson and Jewish Family Service of North Jersey, congregate meal sites at the Bergen County Y, a JCC, Daughters of Miriam Apartments, and the Kaplen JCC on the Palisades Federation supports home-delivery, through Kosher Meals on Wheels, which is coordinated by the two Jewish Family Services In 2013, 61,500 kosher meals were served to community seniors adults

(Code) (Expenses $ 289,039 including grants of $ 0) (Revenue $ 45,343)

The Jewish Community Relations Council (JCRC) serves as the Federation's public policy and advocacy arm It provides a forum for discussion and action on issues of concern to the Jewish community with elected officials at all governmental levels JCRC involves members of the Jewish community in social action initiatives and promotes mutual understanding and harmonious relations among northern New Jersey's diverse racial, religious, civic and ethnic groups It strengthens Israel-Diaspora relations, and engages in advocacy and education relating to Israel and world affairs, legislative priorities, coalition building, anti-Semitism, genocide, intra-Jewish dialogue, and separation of religion and state

(Code) (Expenses $ 286,109 including grants of $ 0) (Revenue $ 0)

Bernie Fellows Leadership Program is an intensive two-year program focusing on leadership skills and Jewish culture including an overview of the history and current challenges facing the northern New Jersey community The program provides exposure to leading Jewish philanthropists and thinkers Graduates of the program are expected to intensify their commitment to Jewish life and to assume significant leadership positions in the community and beyond Two Bernie Fellows, for example, have created the Klene-Up Krewe which brings groups to New Orleans to help that community rebuild from the devistation caused by Hurricane Katrina and its aftermath There have been eleven trips to New Orleans to date

(Code) (Expenses $ 268,302 including grants of $ 0) (Revenue $ 175,314)

Israel Programs Center (IPC) provides educational programming about Israel to schools and institutions in the community IPC programs cover a range of topics and information about Israel to thousands of local residents The Center coordinates Jewish Federation's signature Israel Culture and Film Festival IPC also manages adult Ulpan courses, beginner to advanced, which help hundreds of people improve their Hebrew language skills, whether to smooth the way to making aliyah, or for conversational purposes IPC oversees Federation's Partnership2Gether initiative, bringing members of northern New Jersey's Jewish community together with residents of Federation's sister city in northwestern Israel, Nahariya The northern New Jersey-Nahariya relationship has built a strong connection between the two communities There have been many wonderful exchanges between different segments of the community including between first responders, artists, prosecutors, physicians, and teachers

(Code) (Expenses $ 224,170 including grants of $ 0) (Revenue $ 138,190)

Jewish Educational Services (JES) is dedicated to promoting and enhancing Jewish education in northern New Jersey As part of Federation's Synagogue Leadership Initiative, JES acts as a catalyst for educational improvement and Jewish continuity JES also offers the Florence Melton Adult Mini-School, working in close collaboration with a consortium of synagogues and JCCs In cooperation with the Foundation for Jewish Camp's One Happy Camper Program, Federation provides incentive stipends to first-time campers at Jewish non-profit overnight camps

(Code) (Expenses $ 124,127 including grants of $ 0) (Revenue $ 7,558)

Jewish Federation of Northern New Jersey's Hillel maintains Hillel clubs at four local campuses Ramapo College of New Jersey, Fairleigh Dickinson University/Metropolitan Campus, William Paterson University, and Bergen Community College Hillel fosters Jewish identity, provides social activities, volunteer opportunities, educational programs, as well as Israel trip options, counseling services, and a lending library for the more than 2,000 students who attend school at these four campuses

(Code) (Expenses $ 70,027 including grants of $ 0) (Revenue $ 0)

The JFNNJ Chaplaincy Commission provides chaplaincy services to area hospitals

(Code) (Expenses $ 26,268 including grants of $ 0) (Revenue $ 0)

The Kehillah Partnership Cooperative is a group purchasing initiative that lowers costs, allowing its member institutions - day schools, synagogues, community centers, and nursing homes - to spend less on overhead and more on mission As of June 2013 - 93 participating organizations have realized a savings of $1,825,489 since the inception of the program in February 2010 The Cooperative offers savings in the following areas electric and natural gas supply, shipping, office supplies, credit card processing, telecommunications, janitorial supplies, waste removal, and a tax exempt bond program Currently, membership in the Cooperative is available to agencies that serve the local Jewish community In the future, all northern New Jersey area non-profits can participate in the Cooperative

4d Other program services (Describe in Schedule O)

(Expenses $ 1,288,042 including grants of $ 0) (Revenue $ 366,405)

4e **Total program service expenses** ▶ 8,074,376

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)?	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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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 I*	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	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 V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	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		No
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
e	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 and XII*	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 and XII 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, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

		Yes	No
21 Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	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, line 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 lines 24b through 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		No
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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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)			
a A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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? *If "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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "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 11b 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 . . . . ☐

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	23			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	81			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	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? *If "No," provide an explanation in Schedule O*			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, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
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 organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
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	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
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.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 83			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 83			
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
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 this 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?			
a	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	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶NJ

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶Jason Shames Jewish Federation of Northern New Jersey 50 Eisenhower Drive Paramus, NJ (201) 820-3900

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

Check if Schedule O contains a response to any question in this Part VII . . . .

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

		(D)	(E)	(F)
1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	846,144	0	70,083

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶5

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII **Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 2,237,897				
	d	Related organizations . . .	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 10,188,434				
	g	Noncash contributions included in lines 1a-1f $	1,603,863				
	h	**Total.** Add lines 1a-1f . . . . ▶		12,426,331			
Program Service Revenue			Business Code				
	2a	Community programs income	900099	311,357	311,357	0	0
	b	Grant Income	813219	101,099	101,099	0	0
	c	Government grants	921190	228,405	228,405	0	0
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . ▶		640,861			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . ▶		325,429	0	0	325,429
	4	Income from investment of tax-exempt bond proceeds . . ▶		0	0	0	0
	5	Royalties . . . . ▶		0	0	0	0

		(i) Real	(ii) Personal
6a	Gross rents	165,814	0
b	Less rental expenses	158,744	0
c	Rental income or (loss)	7,070	0

		(A)	(B)	(C)	(D)
d	Net rental income or (loss) . . . . ▶	7,070	0	7,070	0

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	17,649,982	0
b	Less cost or other basis and sales expenses	16,135,214	0
c	Gain or (loss)	1,514,768	0

			(A)	(B)	(C)	(D)
7d	Net gain or (loss) . . . . ▶		1,514,768	0	0	1,514,768
8a	Gross income from fundraising events (not including $ 2,237,897 of contributions reported on line 1c) See Part IV, line 18 . .	a 332,993				
b	Less direct expenses . . .	b 402,190				
c	Net income or (loss) from fundraising events . . ▶		-69,197		0	-69,197
9a	Gross income from gaming activities See Part IV, line 19 . . .	a 17,085				
b	Less direct expenses . . .	b 0				
c	Net income or (loss) from gaming activities . . . ▶		17,085	0	0	17,085
10a	Gross sales of inventory, less returns and allowances .	a				
b	Less cost of goods sold . .	b				
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	Administrative fee income	561000	361,485	0	0	361,485
b						
c						
d	All other revenue		0	0	0	0
e	**Total.** Add lines 11a–11d . . . . . . ▶		361,485			
12	**Total revenue.** See Instructions . . . . . ▶		15,223,832	640,861	7,070	2,149,570

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response to any question in this Part IX . . . . ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,030,121	3,030,121		
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	2,406,143	2,406,143		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	584,692	109,441	166,097	309,154
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	2,712,914	1,057,274	927,623	728,017
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	292,544	89,680	97,868	104,996
10	Payroll taxes	299,691	109,373	103,158	87,160
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	4,317	0	4,317	0
c	Accounting	72,200	0	72,200	0
d	Lobbying	0	0	0	0
e	Professional fundraising services See Part IV, line 17	46,829			46,829
f	Investment management fees	194,629	0	194,629	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	234,491	129,280	105,211	0
12	Advertising and promotion	148,886	9,052	139,834	0
13	Office expenses	251,081	90,131	140,368	20,582
14	Information technology	27,876	4,143	23,733	0
15	Royalties . .	0	0	0	0
16	Occupancy	175,351	23,589	151,762	0
17	Travel	91,126	72,348	18,778	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	99,908	43,246	51,226	5,436
20	Interest	51,634	19,856	31,778	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	192,203	71,269	120,934	0
23	Insurance	46,825	16,279	30,546	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	Community program consultants	166,756	166,756	0	0
b	Program services	460,464	460,464	0	0
c	National dues	165,931	165,931	0	0
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	11,756,612	8,074,376	2,380,062	1,302,174
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

Check if Schedule O contains a response to any question in this Part X . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	3,229,411	2	4,370,791
	3	Pledges and grants receivable, net	5,822,359	3	5,190,863
	4	Accounts receivable, net	165,106	4	208,598
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	61,000	7	116,500
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	60,758	9	56,245
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 8,295,908			
	b	Less accumulated depreciation — 10b: 1,364,488	7,143,695	10c	6,931,420
	11	Investments—publicly traded securities	53,236,417	11	58,577,207
	12	Investments—other securities See Part IV, line 11	0	12	555,486
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	231,022	15	164,949
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	69,949,768	16	76,172,059
Liabilities	17	Accounts payable and accrued expenses	670,692	17	622,918
	18	Grants payable	4,305,324	18	4,062,182
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	3,600,000	20	3,600,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D	21,076,234	21	22,929,230
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,075,079	25	3,856,364
	26	**Total liabilities.** Add lines 17 through 25	32,727,329	26	35,070,694
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	24,603,309	27	27,113,933
	28	Temporarily restricted net assets	12,619,130	28	13,987,432
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	37,222,439	33	41,101,365
	34	Total liabilities and net assets/fund balances	69,949,768	34	76,172,059

Part XI Reconcilliation of Net Assets

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	15,223,832
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,756,612
3	Revenue less expenses Subtract line 2 from line 1	3	3,467,220
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,222,439
5	Net unrealized gains (losses) on investments	5	1,710,140
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,298,434
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,101,365

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . ☐

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

Additional Data

Software ID: 12000197
Software Version: v1.00
EIN: 20-1195592
Name: JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jason M Shames Exec VP, Asst Secretary	50 7	X		X				267,127	0	25,263
David J Goodman President	15 0	X		X				0	0	0
Joan Krieger Treasurer	10 0	X		X				0	0	0
Daniel Shlufman Esq Secretary	10 0	X		X				0	0	0
Leslie Billet Vice President	10 0	X		X				0	0	0
Gale S Bindelglass Vice President	10 0	X		X				0	0	0
Sue Ann Levin Vice President	10 0	X		X				0	0	0
Dr Zvi Marans Vice President	10 0	X		X				0	0	0
Carol Silberstein Vice President	10 0	X		X				0	0	0
Dana Post Adler Trustee	3 0	X						0	0	0
Lauri Bader Trustee	3 0	X						0	0	0
Barry Badner Trustee	3 0	X						0	0	0
Adolph Berman Trustee	3 0	X						0	0	0
Dr Lawrence Berman Trustee	3 0	X						0	0	0
Gail Billig Trustee	3 0	X						0	0	0
David Bindelglass Trustee	3 0	X						0	0	0
Jeffrey Bolson Trustee	3 0	X						0	0	0
Rabbi Neal Borovitz Trustee	3 0	X						0	0	0
Margot Brandes Trustee	3 0	X						0	0	0
Myron Bregman Trustee	3 0	X						0	0	0
Paula Cantor Trustee	3 0	X						0	0	0
Ralph Cheifetz Trustee	3 0	X						0	0	0
Howard Chernin Trustee	3 0	X						0	0	0
Martha Cohen Trustee	3 0	X						0	0	0
Martin Cohen Trustee	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Dr Leonard Cole Trustee	3 0	X						0	0	0
Ruth Cole Trustee	3 0	X						0	0	0
Edward J Dauber Esq Trustee	3 0	X						0	0	0
Stacey Distell Trustee	3 0	X						0	0	0
Julius Eisen Trustee	3 0	X						0	0	0
Lawrence Eisen Trustee	3 0	X						0	0	0
Carl Epstein Trustee	3 0	X						0	0	0
Jodi Epstein Trustee	3 0	X						0	0	0
Merle Fish Trustee	3 0	X						0	0	0
Esther Fishman Trustee	3 0	X						0	0	0
Sharry Friedberg Trustee	3 0	X						0	0	0
Dr Edward Friedland Trustee	3 0	X						0	0	0
Eva Lynn Gans Trustee	3 0	X						0	0	0
Gayle Gerstein Trustee	3 0	X						0	0	0
Dr Sandra Gold Trustee	3 0	X						0	0	0
Stephanie Goldman-Pittel Trustee	3 0	X						0	0	0
Lawrence Goodman Trustee	3 0	X						0	0	0
Steven Morey Greenberg Esq Trustee	3 0	X						0	0	0
Dr David Greenblatt Trustee	3 0	X						0	0	0
Sarita Gross Trustee	3 0	X						0	0	0
Dr Bernard Hammer Trustee	3 0	X						0	0	0
Yona Hermann Trustee	3 0	X						0	0	0
Betty Hershan Trustee	3 0	X						0	0	0
Harry Immerman Trustee	3 0	X						0	0	0
Gilon Irwin Trustee	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joyce Joseph Trustee	3 0	X						0	0	0
Dr Jeffrey Kern Trustee	3 0	X						0	0	0
Laura Kirsch Esq Trustee	3 0	X						0	0	0
Rena Klosk Trustee	3 0	X						0	0	0
SuBonnie Kochman Trustee	3 0	X						0	0	0
Peter Kolben Trustee	3 0	X						0	0	0
Bernard Koster Esq Trustee	3 0	X						0	0	0
Madelene Kupperman Trustee	3 0	X						0	0	0
Susan Liebeskind Trustee	3 0	X						0	0	0
Seth Lipschitz Trustee	3 0	X						0	0	0
George Liss Trustee	3 0	X						0	0	0
Bruce Mactas Trustee	3 0	X						0	0	0
Cantor Ilan Mamber Trustee	3 0	X						0	0	0
Rabbi Randall Mark Trustee	3 0	X						0	0	0
Gregory Meisel Trustee	3 0	X						0	0	0
Lisa Beth Meisel Trustee	3 0	X						0	0	0
Rita Merendino Trustee	3 0	X						0	0	0
Mark Metzger Trustee	3 0	X						0	0	0
Robin Miller Trustee	3 0	X						0	0	0
Linda Mirelson Trustee	3 0	X						0	0	0
Rabbi Joel Mosbacher Trustee	3 0	X						0	0	0
Philip Moss Trustee	3 0	X						0	0	0
David Opper Trustee	3 0	X						0	0	0
Roberta Abrams Paer Trustee	3 0	X						0	0	0
Alex Paley Trustee	3 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Susan Penn Trustee	3 0	X						0	0	0
Jayne Petak Trustee	3 0	X						0	0	0
Alvin Reisbaum Trustee	3 0	X						0	0	0
Jonathan Rochlin Trustee	3 0	X						0	0	0
Ronald Rosensweig Esq Trustee	3 0	X						0	0	0
Daniel Rubin Trustee	3 0	X						0	0	0
Sylvia Safer Trustee	3 0	X						0	0	0
Alan Scharfstein Trustee	3 0	X						0	0	0
Karen Scharfstein Trustee	3 0	X						0	0	0
Norman Seiden Trustee	3 0	X						0	0	0
Paula Shaimann Trustee	3 0	X						0	0	0
Susan Sher Trustee	3 0	X						0	0	0
Daniel Silna Trustee	3 0	X						0	0	0
Ava Silverstein Trustee	3 0	X						0	0	0
Helen Singer-Katz Trustee	3 0	X						0	0	0
David Smith Trustee	3 0	X						0	0	0
Leon Sokol Esq Trustee	3 0	X						0	0	0
Michael Starr Trustee	3 0	X						0	0	0
Dr Justin Straus Trustee	3 0	X						0	0	0
Dr Theodore Tobias Trustee	3 0	X						0	0	0
Louise Tuchman Trustee	3 0	X						0	0	0
Arlene Weiss Trustee	3 0	X						0	0	0
Robert Yudin Trustee	3 0	X						0	0	0
David Gad-Harf Chief Operational Officer	50 7			X				183,091	0	19,538
Robin Greenfield Chief Financial Officer	50 7			X				162,073	0	24,213

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Robin Rochlin Director for Endowment	45 5				X			119,431	0	1,069
Lisa Harris Glass Synagogue Leadership Initiative Director	45 0				X			114,422	0	0

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ______

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	11,270,305	12,395,110	11,457,508	15,811,081	13,004,814	63,938,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	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	0
4 **Total.** Add lines 1 through 3	11,270,305	12,395,110	11,457,508	15,811,081	13,004,814	63,938,818
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)						11,911,333
6 **Public support.** Subtract line 5 from line 4						52,027,485

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	11,270,305	12,395,110	11,457,508	15,811,081	13,004,814	63,938,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	618,087	712,042	415,086	218,110	325,431	2,288,756
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	10,124	7,070	17,194
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,067,380	693,170	765,421	532,662	773,941	3,832,574
11 **Total support** (Add lines 7 through 10)						70,077,342

12 Gross receipts from related activities, etc (see instructions) | **12** | 3,693,772

13 **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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | **14** | 74 243 %

15 Public support percentage for 2011 Schedule A, Part II, line 14 | **15** | 72 904 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

General Explanation - Line 10 col(a) 2008 Program service revenue $745,240, Administrative fee income $263,398, Miscellaneous income $58,742, totaling $1,067,380 col(b) 2009 Program service revenue $396,008, Administrative fee income $257,408, Miscellaneous income $39,754, totaling $693,170 col(c) 2010 Program service revenue $461,852, Administrative fee income $263,262, Miscellaneous income $40,307, totaling $765,421 col(d) 2011 Program service revenue $289,832, Administrative fee income $242,830, totaling $532,662 col(e) 2012 Program service revenue $412,456, Administrative fee income $361,485, totaling $773,941

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	114	441
2	Aggregate contributions to (during year)	2,508,129	1,438,144
3	Aggregate grants from (during year)	1,594,780	3,207,661
4	Aggregate value at end of year	18,293,894	39,809,396

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☑ **No**

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

			Amount
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ **Yes** ☐ **No**

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

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	30,056,492	24,941,135	21,123,413	18,105,003	25,284,837
b	Contributions	3,500,521	6,693,539	1,314,390	1,895,694	854,161
c	Net investment earnings, gains, and losses	3,550,735	-246,195	4,177,797	2,488,459	-5,710,793
d	Grants or scholarships	1,162,543	927,147	1,227,639	903,152	1,899,138
e	Other expenditures for facilities and programs	1,547,738	288,891	335,421	334,075	208,519
f	Administrative expenses	194,629	115,949	111,405	128,516	215,545
g	End of year balance	34,202,838	30,056,492	24,941,135	21,123,413	18,105,003

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

a Board designated or quasi-endowment ▶ 61 %

b Permanent endowment ▶ 0 %

c Temporarily restricted endowment ▶ 39 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

			Yes	No
	(i) unrelated organizations	3a(i)		No
	(ii) related organizations	3a(ii)		No
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,015,286		2,015,286
b Buildings	0	5,554,348	672,427	4,881,921
c Leasehold improvements	0	0	0	0
d Equipment	0	726,274	692,061	34,213
e Other	0	0	0	0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,931,420

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
Gift annuities payable	3,641,023
Deferred compensation payable	200,358
Tenants security deposit	14,983
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,856,364

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	16,766,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,710,140		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII)	2d	560,934		
e	Add lines **2a** through **2d**			2e	2,271,074
3	Subtract line **2e** from line **1**			3	14,495,402
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	728,430		
c	Add lines **4a** and **4b**			4c	728,430
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	15,223,832

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

1	Total expenses and losses per audited financial statements			1	12,887,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Other losses	2c	0		
d	Other (Describe in Part XIII)	2d	1,859,369		
e	Add lines **2a** through **2d**			2e	1,859,369
3	Subtract line **2e** from line **1**			3	11,028,182
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII)	4b	728,430		
c	Add lines **4a** and **4b**			4c	728,430
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	11,756,612

Part XIII 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, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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 organizations 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 JFNNJ rents approximately 22 percent of its office space to several tenants In 2013, JFNNJ exceeded the threshold of fifteen percent usage of the property of unrelated purposes upon which the net rental income becomes taxable as unrelated business income tax (UBIT) Net rental income in 2013 is $7,070 However, due to the calculations of unrelated business income tax per the provisions of IRC Section 514, it is expected that there will be no tax liability in 2013 JFNNJ had no unrecognized tax benefits at June 30, 2013 and no open years subject to examination prior to June 30, 2009 In addition, JFNNJ has no income tax related penalties or interest for the current and prior years
SchD_P11_S00_L02d	Schedule D, Part XI, Line 2d	Fundraising Events Expenses of $402,190 are presented in Part VIII, Line 8b as an offset to Gross Income from Fundraising Events Rental expenses of $158,744 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
SchD_P11_S00_L04b	Schedule D, Part XI, Line 4b	For financial statement puposes, Donor Designated Gifts of $728,430 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_P12_S00_L02d	Schedule D, Part XII, Line 2d	Fundraising Event Expenses of $402,191 are presented in Part VII, Line 8b, as an offset to Gross Income from Fundraising Events Rental Expenses of $158,744 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 $1,298,434 is an expense in the financial statements, however it is not an expense on Form 990 as it represents a valuation change of the Charitable Gift Annuities Liability The total is $1,859,369
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 U S GAAP, specifically FAS 136 However, contributions are grossed-up by these designated gifts on Form 990

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Middle East and North Africa	1	1	Program Services	Schedule F, Part V	50,759
	Middle East and North Africa	0	0	Investments	Schedule F, Part V	0
	Middle East and North Africa	0	0	Grantmaking	Schedule F, Part II	2,406,143
3a	Sub-total					
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	1			2,456,902

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	Schedule F, Part V	2,406,143	cash payments	0	N/A	N/A

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

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

Identifier	ReturnReference	Explanation
SchF_P01_S00_L02	Schedule F, Part I, Line 2	Jewish 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, however these are not significant and have not been included in the total reported The costs of the office are borne by JFNNJ and another Federation
SchF_P01_S00_L03	Schedule F, Part I, Line 3	JFNNJ has foreign investments in State of Israel bonds only
SchF_P02_S00_L01	Schedule F, Part II, Line 1	Jewish Federation of Northern New Jersey reports grants on Schedule I to the Jewish 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 Jewish Agency of 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 respective Schedules F JFNNJ does not determine the amount to be granted to Israel and abroad, nor does it monitor the grants As there are monies included within the payments by JFNNJ to JFNA that are then paid to foreign organizations, JFNNJ has included all funds paid to JFNA that are considered to be foreign on Schedule F in accordance with the instructions to Schedule F, Form 990 No direct payments were made by JFNNJ to foreign organizations

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☑ Mail solicitations
b ☑ Internet and email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Siegel Marketing Group 1845 N Farwell Ave Suite 300 Milwaukee, WI 53202	Tele-funding services		No	138,083	46,829	91,254
Total . . . . ▶				138,083	46,829	91,254

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

NJ

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

			(a) Event #1 Super Sunday Telethon (event type)	(b) Event #2 Lion of Judah Event (event type)	(c) Other events 11 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts . . .	820,842	482,550	1,267,498	2,570,890
	2	Less Contributions . .	820,842	477,500	939,555	2,237,897
	3	Gross income (line 1 minus line 2) . . .	0	5,050	327,943	332,993
Direct Expenses	4	Cash prizes . . .	0	0	0	0
	5	Noncash prizes . .	0	0	0	0
	6	Rent/facility costs . .	0	722	12,153	12,875
	7	Food and beverages .	2,223	16,092	129,643	147,958
	8	Entertainment . . .	0	0	18,405	18,405
	9	Other direct expenses .	16,543	6,455	199,954	222,952
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . ▶				(402,190)
	11	Net income summary Combine line 3, column (d), and line 10 . . . . ▶				-69,197

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

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue	0	0	17,085	17,085
Direct Expenses	2	Cash prizes	0	0	0	0
	3	Non-cash prizes . . .	0	0	0	0
	4	Rent/facility costs . . .	0	0	0	0
	5	Other direct expenses . .	0	0	0	0
	6	Volunteer labor . . .	☐ Yes ☐ No	☐ Yes ☐ No	☑ Yes 20 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . ▶				0
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . ▶				17,085

9 Enter the state(s) in which the organization operates gaming activities NJ

a Is the organization licensed to operate gaming activities in each of these states? . . . . ☑ Yes ☐ No

b If "No," explain

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

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☑ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	0 %
b	An outside facility	13b	100 %

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

Name ▶ Jewish Federation of Northern New Jersey

Address ▶ 50 Eisenhower Drive
Paramus, NJ 07652

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ Robin Greenfield Chief Finl Officer

Gaming manager compensation ▶ $ 0

Description of services provided ▶ The Chief Financial Officer has final responsibilty for all financial activity including gaming activity The accounting staff supervised by the CFO obtains the gaming licenses, handles the gaming income deposits and records the financial activity of the gaming event A compensation allocation would result in an immaterial amount as the gaming activities are de minimis

☑ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV Supplemental Information.

Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 237

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

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 and 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 based on 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 advised accounts All grants are made to 501(c)(3) charitable organizations which are verified as legitimate charities by the JFNNJ staff and then approved by the Endowment grants committee There grants have been included in Schedule I as well

Additional Data

Return to Form

Software ID: 12000197
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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Abraham Joshua Heschel School270 West 89th Street New York, NY 10024	13-3091539	501(c)(3)	58,000				General support
Aish International505 Eighth Avenue New York, NY 10018	11-3666684	501(c)(3)	16,180				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) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimers Assn of Greater NJ400 Morris Ave Suite 251 Denville, NJ 07834	13-3039601	501(c)(3)	7,000				General support
American Friends of YHS Kiryat Arba1342 East 4th Street New York, NY 11230	13-4015013	501(c)(3)	15,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Society for Technion55 East 59th Street New York, NY 10022	13-0434195	501(c)(3)	10,000				General support
Barnert Temple747 Route 208 South Franklin Lakes, NJ 07417	22-1589196	501(c)(3)	5,600				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Ben Porat YosefEast 243 Frisch Court Paramus,NJ 07652	22-2368804	501(c)(3)	31,663				General support
Bergen County High School of Jewish Studies940 Main Street Hackensack,NJ 07601	22-2267197	501(c)(3)	54,250				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bergen County Y JCC605 Pascack Road Twp of Washington, NJ 07676	22-1487394	501(c)(3)	236,000				General support
Boys Town Jerusalem Foundation of AmericaOne Penn Plaza Suite 6250 New York, NY 10119	11-5324002	501(c)(3)	5,156				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Charles E Smith Jewish Day School1901 East Jefferson Street Rockville, MD 20852	52-0961920	501(c)(3)	47,100				General support
Daughters of Miriam Center 155 Hazel Street Clifton, NJ 07011	22-1500504	501(c)(3)	39,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Englewood Hospital Medical Center Foundation350 Engle Street Englewood, NJ 07631	22-3367281	501(c)(3)	7,000				General support
Fair Lawn High School14 00 Berdan Ave Fair Lawn, NJ 07410	22-6001795	501(c)(3)	5,800				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Frisch School120 West Century Road Paramus,NJ 07652	22-1937461	501(c)(3)	38,123				General support
Gerrard Berman Day School 45 Spruce St Oakland,NJ 07436	22-2635691	501(c)(3)	54,995				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Gesher Foundation272/8 West 10th St New York, NY 10014	23-7029115	501(c)(3)	11,000				General support
J ADD Jewish Association for Developmental Disablilites 190 Moore Street Suite 410 Hackensack, NJ 07601	22-2842847	501(c)(3)	55,081				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JBI International Jewish Braille Institute110 East 30th Street New York, NY 10016	13-1683279	501(c)(3)	15,757				General support
JESNA247 West 37th Street New York, NY 10018	13-1628141	501(c)(3)	6,900				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Community Center of Teaneck70 Sterling Place Teaneck, NJ 07666	22-1511303	501(c)(3)	111,912				General support
Jewish Family Service of Bergen County1485 Teaneck Road Teaneck, NJ 07666	22-2223109	501(c)(3)	385,813				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Family Service of North Jersey1 Pike Drive Wayne, NJ 07470	22-1487228	501(c)(3)	387,771				General support Economic crisis
Jewish Learning Experience 178 New Bridge Road Bergenfield, NJ 07621	22-2681411	501(c)(3)	10,000				General support Economic crisis

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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Federation of Palm Beach County4601 Community Drive West Palm Beach, FL 33417	59-0948696	501(c)(3)	20,180				General support
Jewish Federations of North America25 Broadway Suite 1700 New York, NY 10004	13-1624240	501(c)(3)	2,406,143				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Historical Society680 Broadway Paterson,NJ 07514	22-2988075	501(c)(3)	10,150				General support
Jewish Home Family10 Link Drive Rockleigh,NJ 07647	22-3466678	501(c)(3)	87,746				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Jewish Home Foundation of North Jersey Inc10 Link Drive Rockleigh, NJ 07647	52-1720580	501(c)(3)	39,540				General support
Jewish National Fund NY78 Randall Avenue Rockville Centre, NY 11570	13-1659627	501(c)(3)	20,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Juvenile Diabetes Research Foundation NY26 Broadway New York, NY 10004	23-1907729	501(c)(3)	10,000				General support
Kaplen JCC on the Palisades 411 E Clinton Avenue Tenafly, NJ 07670	22-1487220	501(c)(3)	149,027				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
League School30 Washington Street Brooklyn,NY 11201	11-1714376	501(c)(3)	10,000				General support
Masorti Foundation for Conservative Judaism in Israel475 Riverside Drive Suite 832 New York,NY 10115	13-1810938	501(c)(3)	45,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Moriah School53 South Woodland Avenue Englewood, NJ 07631	22-1766272	501(c)(3)	15,243				General support
Morse Life Foundation4847 Fred Gladstone Drive West Palm Beach, FL 33417	65-0329966	501(c)(3)	60,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
New Israel Fund National 2100 M Street NW Washington, DC 20037	94-2607722	501(c)(3)	10,421				General support
Ohel Children's Home and Family Services4510 16th Avenue Brooklyn, NY 11204	11-6078704	501(c)(3)	10,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rosenblum Yeshiva of North Jersey666 Kinderkamack Rd River Edge, NJ 07661	22-1526652	501(c)(3)	15,575				General support
Rosenthal Institute Grad Center Holocaust Studies 365 5th Ave Room 5301 New York, NY 10016	13-3219419	501(c)(3)	8,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Rutgers University Hillel93 College Avenue New Brunswick, NJ 08901	26-0177367	501(c)(3)	21,000				General Support
Sha'ar Communities31 Patton Lane Closter, NJ 07624	05-0592289	501(c)(3)	8,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sharasheret1086 Teaneck Rd Teaneck,NJ 07666	13-4198529	501(c)(3)	12,000				General support
Shelter our Sisters405 State Street Hackensack,NJ 07601	22-2184949	501(c)(3)	32,750				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sid Jacobson Jewish Community Center300 Forest Drive East Hills, NY 11548	11-1976051	501(c)(3)	7,500				General support
Sinai Special Needs Institute 1485 Teaneck Road Suite 300 Teaneck, NJ 07666	22-2942402	501(c)(3)	27,931				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Solomon Schechter Day School of Bergen County275 McKinley Ave New Milford,NJ 07646	23-7370024	501(c)(3)	17,835				General support
Temple Beth Shalom108 Freehold Road Manalapan,NJ 07726	22-2208287	501(c)(3)	9,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Temple EmanuEl of Closter 180 Piermont Road Closter, NJ 07624	22-1589223	501(c)(3)	24,150				General support
Temple Shalom Individual Learning Program Temple Avodat Shalom385 Howland Ave River Edge, NJ 07661	22-6046606	501(c)(3)	30,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UJA Federation of Jewish Philanthropies of NY130 East 59th Street New York, NY 10022	51-0172429	501(c)(3)	31,800				General support
Visiting Nurse Assoc of America Connecticut103 Woodland Street Hartford, CT 06105	95-3858298	501(c)(3)	10,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Washington Institute for Near East Policy1828 L Street NW Suite 1050 Washington, DC 20036	52-1376034	501(c)(3)	25,000				General support
Wayne YOne Pike Drive Wayne, NJ 07470	22-1493179	501(c)(3)	75,612				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yavneh Academy155 Fairview Avenue Paramus,NJ 07652	22-1613659	501(c)(3)	11,953				General support
Yeshiva University500 West 185 th Street New York,NY 10033	13-1624225	501(c)(3)	10,000				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)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Yeshivat Noam70 West Century Road Paramus,NJ 07652	22-3722875	501(c)(3)	26,323				General support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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 or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	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			
a	The organization?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
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			
a	The organization?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
(1) Jason M Shames Exec VP, Asst Secretary	**(i)**	267,127	0	0	7,500	18,851	293,478	0
	(ii)	0	0	0	0	0	0	0
(2) David Gad-Harf Chief Operational Officer	**(i)**	183,091	0	0	7,000	13,383	203,474	0
	(ii)	0	0	0	0	0	0	0
(3) Robin Greenfield Chief Financial Officer	**(i)**	162,074	0	0	0	25,044	187,118	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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 compensataion and all employee beneits, 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 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 the 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 resonableness applies only to senior management The compensation and benefits of certain other individuals contained in the 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 resonableness and fair market value compensation is paid by JFNNJ Other objective factors include salary data for comparable positions, personnel reviews and evaluations
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	Jewish Federation of Northern New Jersey provides a 457(b) deferred compensation plan for Jason Shames, the Executive Vice President and David Gad-Harf, the Chief Operational Officer The JFNNJ contributions to the plan were $7,500 and $7,000 respectively

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	Colorado Educational & Cultural Facilities Authority	84-0896727	1964586R9	05-01-2007	6,500,000	Purchase and renovations of new office building		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,900,000			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	3,600,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	165,935			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	120,799			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	6,500,000			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2008			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	14%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	08%		%		%		%	
6	Total of lines 4 and 5	22%		%		%		%	
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
SchK_P04_S00_L02c	Schedule K, Part IV, Line 2c	A Rebate Analysis was performed May 9, 2011 and it was determined that there is no rebate due As there have been no changes to the status of the tax-exempt bonds other than having paid down the balance, no further calculations of the rebate liability are necessary

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	76	1,603,863	sales value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

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

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

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

Identifier	Return Reference	Explanation
SchM_P01_S00_L32b	Schedule M, Part I, Line 32b	Securities are sent directly by donors to pre-determined brokerage houses which then sell the securities upon receipt

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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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Identifier	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 the 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

Identifier	Return Reference	Explanation
F990_P06_S0A_L04	Form 990, Part VI, Section A, Line 4	The By-laws of Jewish Federation of Northern New Jersey were amended and approved April 30, 2013, and became effective July 1, 2013 Governance policies were impacted as follow the number of board members was reduced from "not less than 50 nor more than 200 members" to "not less than 25 nor more than 40 members", the abolishment of the Executive Committee, and the establishment of the Officer's Group

Identifier	Return Reference	Explanation
F990_P06_S0B_L11b	Form 990, Part VI, Section B, Line 11b	Form 990 and all its schedules are 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, excluding Schedule B, is then forwarded to the members of the Audit Committee and Board of Trustees of JFNNJ for their review Schedule B was not provided for their review in order to respect the privacy of our major donors After their comments and suggestions are addressed, the return is submitted to the US Treasury

Identifier	Return Reference	Explanation
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 Trustees, 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 Officer's Group (formerly the Executive Committee) of the Board for determination whether there is a conflict and resolution All new trustees or personnel complete a questionniare upon assuming a new position Questionnaires are updated at the beginning of each new term or upon situational changes to Board members or personnel Because Board positions are generally two year in length, bi-annual updates and reviews of Board members have been appropriate

Identifier	Return Reference	Explanation
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, reviews surveys, and studies all pertinent information from other federations as a benchmark for the salary and benefits of all key employees Compensation changes are reviewed and authorized by the Personnel Committee All changes are then approved by the JFNNJ Board of Trustees See Schedule J for additional information regarding the organization's review and approval process for key employees

Identifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	Information is made available to the public upon request

Identifier	Return Reference	Explanation
F990_P11_S00_L09	Form 990, Part XI, Line 9	Other changes in net assets is the Change in Valuation Allowance of ($1,298,434)

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SCHEDULE R (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

2012

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Employer identification number
20-1195592

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
See Additional Data Table							

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

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

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

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

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of other organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) Jewish Community Housing Corp	m	85,862	Cash payment for administrative services rendered
(2) Sadinoff Family Foundation	c	140,800	Cash payment of grant
(3) The M M Kaplan Family Foundation	c	366,647	cash payment of grant

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

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

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

Additional Data

Return to Form

Software ID: 12000197
Software Version: v1.00
EIN: 20-1195592
Name: JEWISH FEDERATION OF NORTHERN NEW JERSEY INC

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

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