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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 private foundations)

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

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

OMB No 1545-0047

2013Open to Public
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable

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

C Name of organization**Jewish Federation of Jacksonville, Inc.**

Doing Business As

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

8505 San Jose Boulevard

Room/suite

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

Jacksonville, FL 32217-4307**F** Name and address of principal officer **Kenneth Jacobs**
Same as above**D** Employer identification number**59-0637864****E** Telephone number**904-448-5000****G** Gross receipts \$ **2,826,751.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **www.jewishjacksonville.org****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation. **1977** **M** State of legal domicile **FL****Part I Summary**

Activities & Governance		Revenue		Expenses		Assets & Liabilities	
1 Briefly describe the organization's mission or most significant activities. The purpose of the Federation is to conduct community fundraising & resource development and allocate							
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.							
3 Number of voting members of the governing body (Part VI, line 1a)		3		54			
4 Number of independent voting members of the governing body (Part VI, line 1b)		4		54			
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5		10			
6 Total number of volunteers (estimate if necessary)		6		300			
7a Total unrelated business revenue from Part VIII, column (C), line 2		7a		0.			
7b Net unrelated business taxable income from Form 990-T, line 34		7b		<16,528.>			
8 Contributions and grants (Part VIII, line 1h)		8		2,617,727.		2,754,107.	
9 Program service revenue (Part VIII, line 2g)		9		0.		0.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10		92,409.		23,470.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11		0.		0.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12		2,710,136.		2,777,577.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13		1,810,649.		1,944,909.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		14		0.		0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15		628,778.		709,621.	
16a Professional fundraising fees (Part IX, column (A), line 11e)		16a		0.		0.	
16b Total fundraising expenses (Part IX, column (D), line 25)		16b		239,904.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		17		230,927.		349,198.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18		2,670,354.		3,003,728.	
19 Revenue less expenses. Subtract line 18 from line 12		19		39,782.		<226,151.>	
20 Total assets (Part X, line 16)		20		4,338,644.		4,267,016.	
21 Total liabilities (Part X, line 26)		21		2,148,071.		2,233,565.	
22 Net assets or fund balances. Subtract line 21 from line 20		22		2,190,573.		2,033,451.	

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 **Kenneth Jacobs, Treasurer** Date **2/12/15**

Paid Preparer Use Only Print/Type preparer's name **Dale C. NesSmith** Preparer's signature **Dale C. NesSmith** Date **2/5/15** Check if self-employed ☐ PTIN **P00237117**
 Firm's name **Erwin, Fountain & Jackson, P.A.** Firm's EIN **59-3613159**
 Firm's address **8762 Perimeter Park Boulevard Jacksonville, FL 32216-6347** Phone no. **904-733-4335**

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

☒ Yes ☐ No

9-17 8

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

The Federation is a fundraising & community relations resource organization. Contributions raised through annual campaigns support local, regional & national health & welfare agencies.

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 \$ 1,944,909. including grants of \$ 1,944,909.) (Revenue \$ 2,307,900.)
Charitable Contributions - Allocations to various national, regional, and local Jewish welfare, philanthropic, and charitable agencies. Several agencies receiving contributions provide support to the general public, Jews and non-Jews alike.

4b (Code) (Expenses \$ 273,198. including grants of \$) (Revenue \$)
Community Relations - Efforts to bring together the local Jewish community to promote understanding and fellowship. The Jacksonville Jewish News is distributed to over 400 community members each month. The Shalom Jax program provides assistance and community connections to new Jacksonville residents. Community University and the Annual Family Carnival are events designed to bring together community members for learning and fellowship.

4c (Code) (Expenses \$ 351,775. including grants of \$) (Revenue \$)
Community Events - To promote community volunteerism and leadership development. The rGEN (formerly Young Leadership) program focuses on young community members and encourages both personal involvement and leadership development. The Women's Division holds events each year to encourage volunteerism and personal involvement among the community women. The Annual Meeting recognizes individual achievement in volunteerism and community leadership.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,569,882.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
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		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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 10		
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	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	
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		X
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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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		X
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		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
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		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

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

☒ X**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	54													
b Enter the number of voting members included in line 1a, above, who are independent		54												
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?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?														X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?														
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X											
b Describe in Schedule O the process, if any, used by the organization to review this Form 990														
12a Did the organization have a written conflict of interest policy? If "No," go to line 13				X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done						X								
13 Did the organization have a written whistleblower policy?						X								
14 Did the organization have a written document retention and destruction policy?						X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?														
a The organization's CEO, Executive Director, or top management official						X								
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						X								
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?														X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?														

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ►
Patrick Burke - Controller - (904) 448-5000
8505 San Jose Boulevard, Jacksonville, FL 32217-4307

1

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 2,307,900.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 446,207.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,754,107.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		22,239.			22,239.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6 a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		50,405.				
	b Less: cost or other basis and sales expenses					
		49,174.				
	c Gain or (loss)					
		1,231.				
	d Net gain or (loss)		1,231.			1,231.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		2,777,577.	0.	0.	23,470.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,944,909.	1,944,909.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	269,880.	167,326.	51,277.	51,277.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	340,639.	206,704.	67,477.	66,458.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,978.	8,046.	2,466.	2,466.
9 Other employee benefits	86,124.	55,763.	15,360.	15,001.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,500.		7,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	17,360.	13,980.	1,615.	1,765.
12 Advertising and promotion				
13 Office expenses	15,850.	4,889.	7,088.	3,873.
14 Information technology				
15 Royalties				
16 Occupancy	13,987.	4,984.	7,476.	1,527.
17 Travel	2,144.	1,044.	799.	301.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,893.	28,827.	2,960.	4,106.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,987.		5,493.	5,494.
23 Insurance				
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 <u>Communications</u>	22,477.	20,394.	1,091.	992.
b <u>Program Costs</u>	66,135.	24,377.	15,402.	26,356.
c <u>Equipment Maintenance</u>	64,041.	54,858.	4,593.	4,590.
d <u>Bad Debts</u>	47,220.	625.		46,595.
e All other expenses	45,604.	33,156.	3,345.	9,103.
25 Total functional expenses. Add lines 1 through 24e	3,003,728.	2,569,882.	193,942.	239,904.
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	250.	1	250.
	2 Savings and temporary cash investments	752,409.	2	807,503.
	3 Pledges and grants receivable, net	1,906,460.	3	1,645,025.
	4 Accounts receivable, net	17,971.	4	43,987.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,662.	9	39,771.
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 360,858.		
	b Less: accumulated depreciation	10b 307,786.	10c	53,072.
	11 Investments - publicly traded securities	619,100.	11	712,707.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	931,731.	15	964,701.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,338,644.	16	4,267,016.	
Liabilities	17 Accounts payable and accrued expenses	11,121.	17	110,043.
	18 Grants payable	2,136,950.	18	2,123,522.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,148,071.	26	2,233,565.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,392,093.	27	1,207,537.
28 Temporarily restricted net assets		798,480.	28	825,914.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		2,190,573.	33	2,033,451.
34 Total liabilities and net assets/fund balances	4,338,644.	34	4,267,016.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,777,577.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,003,728.
3	Revenue less expenses Subtract line 2 from line 1	3	<226,151.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,190,573.
5	Net unrealized gains (losses) on investments	5	19,331.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	49,698.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,033,451.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization

Employer identification number

Jewish Federation of Jacksonville, Inc.

59-0637864

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Total

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2557314.	2677828.	2260190.	2409900.	2754107.	12659339.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2557314.	2677828.	2260190.	2409900.	2754107.	12659339.
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)						1382229.
6 Public support. Subtract line 5 from line 4						11277110.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2557314.	2677828.	2260190.	2409900.	2754107.	12659339.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,495.	19,819.	24,064.	22,660.	22,239.	98,277.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						12757616.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.40	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	89.22	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. 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 <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. 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 <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012.** 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

Part IV Supplemental Information. 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)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864**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	<u>3</u>	
2 Aggregate contributions to (during year)	<u>114,256.</u>	
3 Aggregate grants from (during year)	<u>168,620.</u>	
4 Aggregate value at end of year	<u>91,964.</u>	

- 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.

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

	Held at the End of the Tax Year
2a	
2b	
2c	
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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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:

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		302,746.	250,194.	52,552.
d Equipment		58,112.	57,592.	520.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				53,072.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Cash Surrender Value of Life Insurance	153,320.
(2) Contribution Receivable - Remainder Trust	811,381.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	
	964,701.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,846,606.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	19,331.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	49,698.
e	Add lines 2a through 2d	2e	69,029.
3	Subtract line 2e from line 1	3	2,777,577.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,777,577.

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

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

1	Total expenses and losses per audited financial statements	1	3,003,728.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,003,728.
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,003,728.

Part XIII Supplemental Information.

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

Part XI, Line 2d - Other Adjustments:

Unrealized Gain From Charitable Remainder Trust	49,698.
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**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.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number
59-0637864

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Community Foundation Of NE Florida - 4932 Sunbeam Road, Suite 200 - Jacksonville, FL 32217	59-3343214		138,422.	0.			Allocation for Jewish welfare
Jewish Family & Community Services 6261 Dupont Station Court East Jacksonville, FL 32217	59-0637868		288,000.	0.			Allocation for Jewish welfare
River Garden Hebrew Home 11401 Old St. Augustine Road Jacksonville, FL 32225	59-0624438		192,000.	0.			Allocation for Jewish welfare
Jewish Community Alliance 8505 San Jose Boulevard Jacksonville, FL 32217	59-2620208		205,000.	0.			Allocation for Jewish welfare
Martin J. Gottlieb Day School 3662 Crown Point Road Jacksonville, FL 32257	59-0624411		113,500.	0.			Allocation for Jewish welfare
National Funding Of UJC 25 Broadway, Ste. 1700 New York, NY 10004	13-1624240		17,146.	0.			Allocation for Jewish welfare

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

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

9.

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

Schedule I (Form 990) (2013)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Federations of North America - 25 Broadway, Ste. 1700 - New York, NY 10004	13-1624240		737,000.	0.			Allocation for Jewish welfare
Birthing Israel 25 Broadway, Ste. 1700 New York, NY 10004	13-1624240		9,368.	0.			Allocation for Jewish welfare
Torah Academy of Jacksonville 10167 San Jose Boulevard Jacksonville, FL 32257	26-0067800		39,300.	0.			Allocation for Jewish welfare

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

Part I, Line 2:

Explanation: Local organizations are given assistance to help with general overhead expenses. Currently, there is no monitoring of the use of these funds. Assistance given to other organizations is based on funding for a specific project that has been approved by the allocation committee. The Organization receives reports on the use of the funds from these entities. These reports are reviewed by the allocation committee to ensure the funds are used as directed.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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?

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations 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?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part III	Supplemental Information
----------	--------------------------

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Form 990, Part I, Line 1, Description of Organization Mission:

Federation funds to programs & services that address Jewish needs & responsibilities consistent with the organization's & the community's policies & priorities. Through an allocation process, Federation campaign dollars are distributed fairly & equitably.

Form 990, Part VI, Section B, line 11:

Explanation: The Form 990 is reviewed by the executive director & the controller. Then the Form 990 is reviewed by the BOD treasurer. Since the treasurer is not a CPA, it is also reviewed by a BOD member who is a CPA or another trusted member of the community who is a CPA.

Form 990, Part VI, Section B, Line 12c:

Explanation: The policy is restated at an annual board meeting. Any business transactions with a BOD member are disclosed if appropriate. Board members are not allowed to vote on any transaction in which they have a financial interest.

Form 990, Part VI, Section B, Line 15:

Explanation: There is an annual performance review and a survey of compensation for like positions within the Federation system as provided by The Jewish Federations of North America.

Form 990, Part VI, Section C, Line 19:

Explanation: Guidestar.org posts the Form 990. All other documents are available upon request.

Name of the organization

Jewish Federation of Jacksonville, Inc.

Employer identification number

59-0637864

Form 990, Part XI, line 9, Changes in Net Assets:

Unrealized Gain From Charitable Remainder Trust

49,698.

Form 990, Part XII, line 2c

Explanation: The finance committee assumes responsibility for audit oversight of the organization's financial statements and the selection of an independent accountant.

07/01/2013 - 06/30/2014

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Computers												
Net Hub												
10	D		4/2/1997	SL / N/A	5 0000	259.00	100.0000	0.00	0.00	259.00	0.00	259.00
GiftTrac/MIP Software												
14			2/28/1998	SL / N/A	3 0000	15,500.00	100.0000	0.00	0.00	15,500.00	0.00	15,500.00
HP 4050T Printer												
27	D		7/26/2000	SL / N/A	5 0000	1,648.00	100.0000	0.00	0.00	1,648.00	0.00	1,648.00
Dell 3110cn Color laser printer												
57			6/13/2007	SL / N/A	5 0000	274.00	100.0000	0.00	0.00	274.00	0.00	274.00
(2) Dell 24" Monitors												
74			7/29/2008	SL / N/A	5 0000	763.30	100.0000	0.00	0.00	750.58	12.72	763.30
(4) Dell Latitude E6510 Notebooks												
76			6/30/2010	SL / N/A	3 0000	4,733.08	100.0000	0.00	0.00	4,733.08	0.00	4,733.08
Dell T710 Server												
77			6/30/2010	SL / N/A	3 0000	5,989.35	100.0000	0.00	0.00	5,989.35	0.00	5,989.35
Dell Optiplex 780 Mini Tower												
78			6/30/2010	SL / N/A	3 0000	1,316.06	100.0000	0.00	0.00	1,316.06	0.00	1,316.06
Dell Optiplex 380 Mini Tower												
79			6/30/2010	SL / N/A	3 0000	633.75	100.0000	0.00	0.00	633.75	0.00	633.75
(3) Dell Optiplex 380 Mini Towers												
80			6/30/2010	SL / N/A	3 0000	1,901.25	100.0000	0.00	0.00	1,901.25	0.00	1,901.25
Subtotal: Computers						33,017.79		0.00	0.00	33,005.07	12.72	33,017.79
Less dispositions and exchanges:												
						1,907.00		0.00	0.00	1,907.00	0.00	1,907.00
Net for: Computers						31,110.79		0.00	0.00	31,098.07	12.72	31,110.79
Equipment												
HP 1220 Fax/Printer												
7			12/14/2001	SL / N/A	5 0000	313.48	100.0000	0.00	0.00	313.48	0.00	313.48
Hassler Mail Folder/Sorter												
35			7/1/2000	SL / N/A	7 0000	10,995.00	100.0000	0.00	0.00	10,995.00	0.00	10,995.00
Samsung Telephone System												
50			7/29/2005	SL / N/A	7 0000	3,894.50	100.0000	0.00	0.00	3,894.50	0.00	3,894.50
Cubicle Panels												
51			6/12/2006	SL / N/A	7 0000	3,500.00	100.0000	0.00	0.00	3,500.00	0.00	3,500.00
Workroom Chairs												
52			12/1/2005	SL / N/A	7 0000	263.88	100.0000	0.00	0.00	263.88	0.00	263.88
Canon Digital Camera												
53	D		12/6/2005	SL / N/A	5 0000	381.96	100.0000	0.00	0.00	381.96	0.00	381.96
Flash Pro Digital Camera												
75			8/30/2008	SL / N/A	3 0000	294.00	100.0000	0.00	0.00	294.00	0.00	294.00
Subtotal: Equipment						19,642.82		0.00	0.00	19,642.82	0.00	19,642.82
Less dispositions and exchanges:												
						381.96		0.00	0.00	381.96	0.00	381.96
Net for: Equipment						19,260.86		0.00	0.00	19,260.86	0.00	19,260.86
Furniture & Equipment												

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Furniture & Equipment												
Workroom												
16	D		6/29/1988	SL / N/A	20 0000	2,138.40	100 0000	0.00	0.00	2,138.40	0.00	2,138.40
Verticals												
17	D		6/30/1988	SL / N/A	20 0000	608.42	100 0000	0.00	0.00	608.42	0.00	608.42
Office Furniture												
18	D		10/1/1989	SL / N/A	7 0000	1,000.00	100 0000	0.00	0.00	1,000.00	0.00	1,000.00
2 Oak Bookcases												
19			11/1/1990	SL / N/A	7.0000	114.72	100 0000	0.00	0.00	114.72	0.00	114.72
Furniture												
20	D		6/1/1995	SL / N/A	7 0000	134.00	100 0000	0.00	0.00	134.00	0.00	134.00
File Cabinet												
21	D		3/15/1996	SL / N/A	7 0000	308.05	100 0000	0.00	0.00	308.05	0.00	308.05
Shelving												
22	D		3/15/1996	SL / N/A	7 0000	171.30	100 0000	0.00	0.00	171.30	0.00	171.30
4 Chairs												
23			7/25/1995	SL / N/A	7 0000	797.96	100 0000	0.00	0.00	797.96	0.00	797.96
Office Chair												
24	D		5/15/1997	SL / N/A	7 0000	374.00	100 0000	0.00	0.00	371.77	0.00	371.77
Frames												
25			6/30/1997	SL / N/A	7.0000	358.75	100 0000	0.00	0.00	358.75	0.00	358.75
Conference Table												
38			5/15/2001	SL / N/A	7 0000	517.77	100 0000	0.00	0.00	517.77	0.00	517.77
Table & Chairs - Executive Dir Office												
66			8/15/2007	SL / N/A	7 0000	405.00	100 0000	0.00	0.00	342.34	57.86	400.20
Lateral File Cabinet												
67			11/15/2007	SL / N/A	7 0000	401.00	100 0000	0.00	0.00	324.64	57.29	381.93
5-Drawer Lateral File Cabinet												
68			11/15/2007	SL / N/A	7 0000	598.00	100 0000	0.00	0.00	484.10	85.43	569.53
3-36" Used Lateral File Cabinets												
69			12/14/2007	SL / N/A	7 0000	1,100.00	100 0000	0.00	0.00	877.36	157.14	1,034.50
4-Black Side Chairs												
70			12/14/2007	SL / N/A	7 0000	497.52	100 0000	0.00	0.00	396.81	71.07	467.88
2 Workstations												
71			2/6/2008	SL / N/A	7 0000	2,325.00	100 0000	0.00	0.00	1,799.09	332.14	2,131.23
Refrigerator												
73			6/30/2009	SL / N/A	7 0000	624.63	100 0000	0.00	0.00	356.92	89.23	446.15
Subtotal: Furniture & Equipment						12,474.52		0.00	0.00	11,102.40	850.16	11,952.56
Less dispositions and exchanges						4,734.17		0.00	0.00	4,731.94	0.00	4,731.94
Net for: Furniture & Equipment						7,740.35		0.00	0.00	6,370.46	850.16	7,220.62
Leasehold												
Leasehold												
1			10/19/1988	SL / N/A	31 5000	295,255.15	100 0000	0.00	0.00	234,329.62	9,373.18	243,702.80
Burgundy Entry Door												

The Jewish Federation [34404]
Depreciation Expense

Financial

07/01/2013 - 06/30/2014

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus / Inv %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Leasehold												
39			5/8/2001	SL / N/A	39 0000	1,509.00	100 0000	0 00	0 00	470 73	38 69	509.42
Carpet												
54			4/30/2007	SL / N/A	7 0000	5,398 00	100 0000	0 00	0 00	4,755.36	642 64	5,398 00
Blinds												
55			4/30/2007	SL / N/A	7 0000	584 00	100 0000	0 00	0 00	514.49	69.51	584 00
Subtotal: Leasehold						302,746.15		0 00	0 00	240,070.20	10,124.02	250,194.22
Less dispositions and exchanges:												
Net for: Leasehold						302,746.15		0 00	0 00	240,070.20	10,124.02	250,194.22
Subtotal:						367,881.28		0 00	0 00	303,820.49	10,986.90	314,807.39
Less dispositions and exchanges:												
Grand Totals.						7,023.13		0 00	0 00	7,020.90	0 00	7,020 90
						360,858.15		0 00	0 00	296,799.59	10,986.90	307,786.49

**Jewish Federation of Jacksonville
Board Members 2013-2014**

First	Last	Address	Position
Hal	Resnick	604 Ibis Cove Ponte Vedra Beach, FL 32082	President
Sandy	Zimmerman	8106 Woodpecker Trail Jacksonville, FL 32256	First Vice President
Jon	Israel	2332 Smulian Trail S Jacksonville, FL 32217	Secretary
Ken	Jacobs	781 Peppervine Avenue St. Johns, FL 32259	Treasurer
Wendy	Efron	2563 Spreading Oaks Ln Jacksonville, FL 32223	Vice-President
Risa	Herman	2822 Ridgefield Court Jacksonville, FL 32257	Vice-President
Michael	Nussbaum	1478 Riverplace Blvd , Unit 406 Jacksonville, FL 32207	Vice-President
Iris	Kraemer	2651 Forest Circle Jacksonville, FL 32257	Vice-President
Jennifer	Plotkin	472 Summerset Drive Saint Johns, FL 32259	Vice-President
Erica	Jolles	320 Sparrow Branch Circle Saint Johns FL 32259	Vice-President
Mark	Green	2952 Forest Circle Jacksonville, FL 32257	Vice-President
Larry	Appel	8820 Holborn Court Jacksonville, FL 32217	Immediate Past President
Richard	Sisisky	6676 Epping Forest Way N Jacksonville, FL 32217	Presidential Appointee
Mike	Abel	8101 Woodpecker Trl Jacksonville, FL 32256	Board Member
Claudia	Baker	9672 Wexford Rd Jacksonville, FL 32257	Board Member
Nancy	Davis	8716 Brierwood Rd Jacksonville, FL 32217	Board Member
Susan	Dubow	2805 Beauclerc Rd Jacksonville, FL 32257	Board Member
Andrew	Jaffa	2801 Sylvan Lane N Jacksonville, FL 32257	Board Member
Francine	Kempner	4158 Alhambra Dr W Jacksonville, FL 32207	Board Member
Michael	Koren	235 Linkside Cir Ponte Vedra Bch, FI 32082	Board Member
Michael	Korn	3603 Cathedral Oaks Place, N Jacksonville, FL 32217	Board Member
Jan	Lipsky	9087 Barnstaple Ln. Jacksonville, FL 32257	Board Member
Mark	Lodinger	9839 Sawgrass Dr., E Ponte Vedra Beach, FL 32082	Board Member
Andrea	Mail	2737 Beauclerc Rd Jacksonville, FL 32225	Board Member
Lenny	Maiman	2850 Forest Circle Jacksonville, FL 32257	Board Member
Adam	Marmelstein	2322 Acadie Drive Jacksonville, FL 32217	Board Member
Ben	Marsh	12700 Bartram Park Blvd, #229 Jacksonville, FL 32258	Board Member

**Jewish Federation of Jacksonville
Board Members 2013-2014**

First	Last	Address	Position
Daniel	Miller	924 Cordova Place Jacksonville, FL 32207	Board Member
Emily	Rosenbaum	3113 Cornelia Dr Jacksonville, FL 32257	Board Member
Ellen	Rosner	8122 Bahia Blanca St Jacksonville, FL 32256	Board Member
Diane	Rothstein	1939 River Rd Jacksonville, FL 32207	Board Member
Zach	Sherman	154 Muirfield Drive Ponte Vedra Beach, FL 32082	Board Member
Mike	Solloway	8202 Condoover Ct Jacksonville, FL 32256	Board Member
Eugene	Wolchok	9020 Bay Cove Ln Jacksonville FL 32257	Board Member
Susan	Wolchok	3556 Silvery Lane Jacksonville, FL 32217	Board Member
Yaako	Fisch	10167 San Jose Blvd Jacksonville, FL 32257	Rabbi Counsel
Mona	Decker	PO Box 57644 Jacksonville, FL 32241	Rabbi Counsel
Joshua	Lief	8727 San Jose Blvd Jacksonville, FL 32217	Rabbi Counsel
Jonathan	Lubliner	3662 Crown Point Rd Jacksonville, FL 32257	Rabbi Counsel
Michael	Matuson	PO Box 1698 Ponte Vedra Beach, FL 32004	Rabbi Counsel
Scot	Ackerman	4072 Alhambra Dr W Jacksonville, FL 32207	Life Member
Guy	Benrubi	7950 Green Glade Rd Jacksonville, FL 32256	Life Member
Jack	Coleman	9601 Southbrook Dr Jacksonville, FL 32256-0810	Life Member
Ronald	Elinoff	2811 Scott Mill Est Dr Jacksonville, FL 32257	Life Member
Gary	Perlman	8179 Hollyridge Road Jacksonville, FL 32256	Life Member
Leslie	Held	2214 Landa Ln Jacksonville, FL 32217	Life Member
Joan	Levin	2315 Miller Oaks Dr N Jacksonville, FL 32217	Life Member
Mitchel	Levine	2823 Forest Cir Jacksonville, FL 32257	Life Member
David	Robbins	1125 Blackstone Bldg Jacksonville, FL 32202	Life Member
Steve	Silverman	917 1st Street S Unit 302 Jacksonville Beach, FL 32250	Life Member
Kenneth	Sekine	2648 Beauclerc Rd Jacksonville, FL 32257	Life Member
Leonard	Setzer	2623 Forest Point Ct Jacksonville, FL 32257	Life Member
Arnold	Vandroff	137 Dornoch Ct Ponte Vedra Beach, FL 32082	Life Member
Elliot	Zisser	1937 Beach Ave Atlantic Beach, FL 32233	Life Member

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization or other filer, see instructions	Enter filer's identifying number
File by the due date for filing your return. See instructions	Jewish Federation of Jacksonville, Inc.	Employer identification number (EIN) or 59-0637864
	Number, street, and room or suite no. If a P.O. box, see instructions 8505 San Jose Boulevard	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Jacksonville, FL 32217-4307	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Patrick Burke - Controller

- The books are in the care of ► **8505 San Jose Boulevard - Jacksonville, FL 32217-4307**
Telephone No ► **(904) 448-5000** Fax No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Forms 990-PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions