Extended to May 15, 2020

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	A F	or the	e 2018 calendar year, or tax year beginning JUL 1, 2018 and o	ending	<u>JUN 30, 2019</u>	<u>\</u>			
ĺ	B c	heck if	C Name of organization		D Employer identifi	cation number			
		Addre	Jewish Federation of Jacksonville, Inc	.					
	Τ	Name	Doing business as	<u></u>	59-0	637864			
	匸	initial return		Room/suit					
		Final return/				448-5000			
		termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	ss receipts \$ 4,499,225.				
		Amend			H(a) Is this a group re	eturn			
		Applic	F Name and address of principal officer Sue Eaglstein		for subordinates	s? Yes X No			
		pendir	Same as above	$\Lambda / 2$	H(b) Are all subordinates i	ncluded? Yes No			
_		ax-ex	list (see instructions)						
			e: ▶ www.jewishjacksonville.org		H(c) Group exemption				
ļ			organization: X Corporation	L Yea	ar of formation: 1977 M	M State of legal domicile: FL			
L	Pa	rt I	Summary						
	e e		Briefly describe the organization's mission or most significant activities. The						
	Activities & Governance		to conduct community fundraising & resour						
	ern		Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mo	1	•			
	ઠ્ઠ	_	Number of voting members of the governing body (Part VI, line 1a)		3	55			
	8		Number of independent voting members of the governing body (Part VI, line 1b)		4	55			
	ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	17			
	tř		Total number of volunteers (estimate if necessary)		6	125			
	Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	<35,506.>			
		<u> </u>	Net unrelated business taxable income from Form 990-T, line 38		7b				
2021	İ	0	Contributions and grants (Part VIII June 1h)	-	Prior Year 8,092,901.	3,491,102.			
1 2	ã.		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		2,176.	655,188.			
0	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	85,472.	352,935.			
2	۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
APR			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	8,180,549.	4,499,225.			
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,604,265.	2,310,889.			
SCANNED		14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.			
吴	ွ	15	Salaries, other compensation, employee benefits (Part IX, column (2) and 15 in the	ED_5	747,549.	926,061.			
F	Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	125	0.	0.			
ပ္က	ğ		Total fundraising expenses (Part IX, column (D), line 25)	320.					
0)	ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			829,054.			
	İ	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 36DEN,	ַ זט	4,052,738.	4,066,004.			
_		19	Revenue less expenses Subtract line 18 from line 12		4,127,811.	433,221.			
	58			<u> E</u>	Beginning of Current Year	End of Year			
	Fund Balances	20	Total assets (Part X, line 16)	L	27,471,530.	28,911,391.			
4	<u> </u>	21	Total liabilities (Part X, line 26)	<u> </u>	<u>16,635,623.</u>	17,370,035.			
2			Net assets or fund balances Subtract line 21 from line 20		<u> 10,835,907.</u>	11,541,356.			
Ĺ		rt II	Signature Block			 			
		•	lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
<u>t</u>	rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepar	er has any knowledge.				
			Signature of officer		Date U/2	-/-			
	Sign		θ .		Dail 4/3	0/20			
ŀ	Here	•	Sue Eaglstein, Treasurer Type or print name and title						
-				••	Date , Check	PTIN			
	aid		Print/Type preparer's name Dale C. NesSmith Preparer's signature Wale C. Newsonia	;	4/24/2020 self-emplos	P002371 <u>17</u>			
	rep.		Dale C. NesSmith Firm's name Erwin, Fountain & Jackson, P.A.		Firm's EIN	59-3613159			
	Jse (Firm's address 8762 Perimeter Park Boulevard		i iiiii 3 Eily	<u> </u>			
,	J36 (Jiiiy	Jacksonville, FL 32216-6347		Phone no 9 0	4-733-4335			
-	·Aav	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			
1	vidy	uie ii	to discuss this return with the preparer shown above. (see instructions)			- 000			

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation

	n 990 (2018) Jewish Federation of Jacksonville, Inc. 59	-0637864 Page	<u> </u>
Pa	rt III Statement of Program Service Accomplishments	_	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission.		
	The Federation is a fundraising & community relations resou		
	organization. Contributions raised through annual campaigns	s 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 X N	d۸
	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 X N	
3	If "Yes," describe these changes on Schedule O	רישו tes	10
	•		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	e total expenses, and	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,641,940. including grants of \$ 1,641,940.) (Revenue \$	<u>2,317,733</u>	<u>•</u>)
	Charitable Contributions - Allocations to various national,		
	and local Jewish welfare, philanthropic, and charitable age	encies.	
			_
			—
			_
			—
			
			—
			
			
4b	(Code) (Expenses \$	655,188.	<u>•</u>)
	Jewish Community Programming- Activities focused on women,		
	young adults, and teens to promote Jewish traditions. Event	<u>ts held to </u>	
	promote Jewish holidays and Jewish culture.		
			_
			<u> </u>
			——————————————————————————————————————
			——————————————————————————————————————
4c	(Code) (Expenses \$ 941,052. including grants of \$ 657,954.) (Revenue \$	1,526,304.	
4c	Community Foundation - Proceeds from various long-term fund	1,526,304.	
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are	1,526,304. ds e granted to	
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization	1,526,304. ds e granted to ns receive	
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4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit	1,526,304. ds e granted to ns receive	.)
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization	1,526,304. ds e granted to ns receive	
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit	1,526,304. ds e granted to ns receive	
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit	1,526,304. ds e granted to ns receive	.)
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4c	Community Foundation - Proceeds from various long-term fundation (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit programming.	1,526,304. ds e granted to ns receive	
4c	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit	1,526,304. ds e granted to ns receive	
	Community Foundation - Proceeds from various long-term fund (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit programming. Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$	1,526,304. ds e granted to ns receive	
	Community Foundation - Proceeds from various long-term fundation (Endowment, Donor Advised, and Point of Interest funds) are various charitable organizations. A variety of organization grants to conduct local, national, Jewish or secular charit programming. Other program services (Describe in Schedule O)	1,526,304. ds e granted to ns receive	

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_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	١.	3,7	
^	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u>X</u>	
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			v
4		3		<u> </u>
*	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			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_4		<u> X</u>
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		х
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		Х
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	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? If "Yes," complete Schedule D, Part VII	<u>11b</u>		X
С	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		<u>X</u>
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	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		١ ,,	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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		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	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Î	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? If "Yes," complete Schedule G, Part I	17	ĺ	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? If "Yes," complete Schedule G, Part II	18]	_X_
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_X_	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		37	
04.5	Schedule J	23	X	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	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	040		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	-	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		-
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		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 "Yes,"	'		
	complete Schedule L, Part II	26_		<u>X</u>
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		<u>X</u>
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	_	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		v
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31		Х
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		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	33		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	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			3,5
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	_	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	<u> 30</u> j	Λ	
	Check 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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ł	
	(gambling) winnings to prize winners?	1c	Х	
832004	1 12-31-18	Form	990 (2018)

Jewish Federation of Jacksonville, Inc.
Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		ĺ					
	filed for the calendar year ending with or within the year covered by this return	1	ļ ļ	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_2b	X						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	,	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	<u> </u>					
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)?	<u>4a</u>		X_					
b	If "Yes," enter the name of the foreign country			1					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		i l	l					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>					
6a	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).								
а	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		-					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		<u>X</u> _					
d	If "Yes," indicate the number of Forms 8282 filed during the year	l _		ĺ					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f							
f									
g									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8							
_	sponsoring organization have excess business holdings at any time during the year?								
9									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	-						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	95							
10	Initiation fees and capital contributions included on Part VIII, line 12			1					
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			ĺ					
11	Section 501(c)(12) organizations. Enter	1	1	1					
	Gross income from members or shareholders								
_	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them)	1							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1							
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note. See the instructions for additional information the organization must report on Schedule O								
b	Enter the amount of reserves the organization is required to maintain by the states in which the]		ļ					
-	organization is licensed to issue qualified health plans)							
С	Enter the amount of reserves on hand			<u></u>					
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								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_ 					
	excess parachute payment(s) during the year?	15		_X_					
	If "Yes," see instructions and file Form 4720, Schedule N			 i					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O								
		Form	990	(2018)					

Form 990 (2018) Jewish Federation of Jacksonville, Inc. 59-0637864 Page
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										
Sec	tion 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 55									
	If there are material differences in voting rights among members of the governing body, or if the governing	1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 55									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1								
-	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-								
3		_		v						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		<u>X</u>						
6	Did the organization have members or stockholders?	6		_X_						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	. '	i							
	more members of the governing body?	7a_		_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?	_7b		<u> X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.									
а	The governing body?	8a	_X							
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		<u>X</u>						
Sec	tion 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		<u>X</u>						
b	if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			i						
	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	X							
	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	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
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	х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	15a	х	İ						
	Other officers or key employees of the organization	15b	X							
Ų	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l						
ioa		160	' i	X						
	taxable entity during the year?	16a								
D	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	46h								
2	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filled FL	0.001.3	ave.t	bl-						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avalla	1016						
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X 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	i tinan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	Patrick Burke - Controller - (904) 448-5000									
	8505 San Jose Boulevard, Jacksonville, FL 32217-4307									

Part VII Compensation of Officers,	Piractore 1	on Con	0.	<u> </u>	Jac	CK	50	NVIIIE, INC.	<u> </u>	864 Page /
Employees, and Independe				es,	Ne:	уЕ	mp	loyees, nignest C	ompensated	
Check if Schedule O contains a resp				e in	this	Parl	· VII			<u> </u>
Section A. Officers, Directors, Trustees, Key								ted Employees		
1a Complete this table for all persons required						_			with or within the orga	anization's tax yea
List all of the organization's current office Enter -0- in columns (D), (E), and (F) if no comper List all of the organization's current key expected by List the organization's five current highest able compensation (Box 5 of Form W-2 and/or Expected by List all of the organization's former officer reportable compensation from the organization List all of the organization's former direct more than \$10,000 of reportable compensation List persons in the following order. Individual truind former such persons	nsation was pai mployees, if an compensated e lox 7 of Form 1 s, key employe and any related ors or trustees from the organ	id y. Sempl 099 es, a l org s tha	ee in loyed MIS and l aniz at rec	strues (c C) o high ation ceive	ction other of mo est ons ed, in	ns for that ore the come of th	or de n ar han pen e ca ed o	efinition of "key employed officer, director, truste \$100,000 from the organizated employees who repacity as a former directorganizations	ee." e, or key employee) what inization and any relate eceived more than \$10 to return the orest	no received report ed organizations 00,000 of ganization,
Check this box if neither the organization	nor any related	orga	anıza	ation	cor	mpe	nsat	ted any current officer, of	director, or trustee	
(A)	(B)			-(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any	offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation			
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) See Attached	2.00	х						0.	0.	0.
(2) Alan Margolies	37.50	-				X		215 004	0.	10 000
Executive Director		-	-	-		^	\vdash	215,004.		10,000.
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									nville, Inc.	59-06	37	864	<u> </u>	age 8
(A) Name and title Average hours per week (list any hours for			Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an tee)	from the	(E) Reportable compensation from related organizations		con	ed of ation	
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	-	or ar	from the	tion ted
							-							
							_	_	!		l			
	 				-									
С	Sub-total Total from continuation sheets to Part VI	I, Section A	1			L		> >	215,004. 0. 215,004.		0.	. 0.		
2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	no re		,000 of reportable				1
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,"	" coi	mple	ete S	Sche	dule	J f	for such individual			4_	х	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	J fo	or su	ich j	pers	<u>on</u>					5		<u> </u>
1	Complete this table for your five highest conthe organization. Report compensation for (A)								n the organization's tax y	rear.	pensa 		C)	
	Name and business	address	NC	NE	<u> </u>			1	Description of s	ervices	C	ompe	ensatio	<u>n</u>
- <u>-</u>			_					-						
			_					_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organization from the organization)		ot lin	nited	d to	thos		ted	l above) who received m	ore than		orm	990 (2018)

Check if Schedule O contains a response or note to any line in this Part IX Children	Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	mplete column (A)	
Graits and distribute assistance to disease organizations 2, 310, 889 2, 310, 889 3, 2, 310, 889 3, 310,		Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
Grants and other assistance to foreign organizations, foreign growments, see Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 23 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits pand for for members of the See Part IV, lines 15 and 16 Growment of these, decelors, trustees, and key employees of the section of the See Part IV, lines 15 and 16 Growment of the See Part IV, lines 17		•	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Girnts and other assistance to domestic individuals See Part IV, lines 15 and 16 and parameters of the commentary of t	1	Grants and other assistance to domestic organizations				
2 Gants and other assistance to domestic individuals See Part IV, lines 15 and 16 and other assistance to foreign organizations, foreign governments, and foreign andividuals See Part IV, lines 15 and 16 and persons discribed in section 4958(IV) and persons discribed assistance to foreign approach assistance to foreign and the section 4958(IV) and persons discribed assistance above, to discribed approach (Section of curried 4958(IV) and persons discribed assistance above, to discribe approach assistance above, to discribe approach assistance and 4958(IV) and approach discribed assistance and 4958(IV) and approach assistance and approach assistance and approach assistance and approach assistance and 4958(IV) and approach assistance and 4958(IV) and approach assistance and 4958(IV) and approach assistance and 4958(IV) and 493(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and an advantagement and 4958(IV) and 495(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and Ainagement and Ainagement and 4958(IV) and 495(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and Ainagement and 4958(IV) and 495(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and Ainagement and Ainagement and Ainagement and 4958(IV) and 495(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and Ainagement and 4958(IV) and 495(IV) employer contributions; (include section 401(IV) and 493(IV) employer contributions) and 4958(IV) and 495(IV) a		and domestic governments. See Part IV, line 21	2,310,889.	2,310,889.		
3 Grafts and other assistance to foreign organization, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benafits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Benson lab across and contributions (include section 401(k) and 403(b) employer contributions) 10 Other employee benefits Payrolit taxes Payrolit taxes Payrolit taxes 11 Fees for services (port-employees) A Management b Legal c Accounting d Lobbying e Professional fundratising services. See Parl IV, line 17 f Investment management fees Other (If line 11 gameunt exceeds 10% of line 25, column (A) amount, list line 11 geopenses on Sch 0.) 24, 436. 12, 379. 9, 317. 2, 740. 115, 036. 170, 946. 170,	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals See Peart IV, interference of the second and interference of the		individuals See Part IV, line 22				
Individuals See Part IV, Innes 15 and 16	3	Grants and other assistance to foreign				
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees		organizations, foreign governments, and foreign			'	, 1
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(f)) and persons discribed in section 4958(f)(f)) and persons discribed in section 4958(f)(f)) and persons discribed in section 4958(f)(f)) and persons discribed in section 4958(f)(f)) and persons discribed in section 4018(f) and 403(f) employer contributions) 7 Other employee benefits 10.7, 619. 51,156. 37,484. 18,979. 11. Fees for services (non-employees) 11. Fees for services (non-employees) 12. Advantage of the first fi		individuals See Part IV, lines 15 and 16				
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(p(1))) and persons described in section 4958(p(1))) and persons described in section 4958(p(1))) and persons described in section 4958(p(1))) and persons described in section 4958(p(1))) and persons described in section 4958(p(1))) and persons described in section 4958(p(1))) and 493(p) employer contributions (include section 4018(p) and 493(p) employer contributions) 3 Other employee benefits 1 Fees for services (non-employees) 1 Fees for services (non-employees) 1 Fees for services (non-employees) 2 Advantagement 2 Legal 2 C Accounting 2 Lobbying 2 Professional fundraising services. See Part IV, line 17 for the vicinity of t	4	Benefits paid to or for members				
6 Compensation not included above, 10 disqualified persons (as defined under section 4958(t)(3)) and persons described in section 4958(t)(3)(8) 7 Other salaries and wages 8 Pension plan actuals and contributions (include section 401(t)) and a 403(t) employer contributions) 13, 240, 6, 620, 3, 840, 2, 780, 107, 619, 51, 156, 37, 484, 18, 979. 10 Payroll taxes 11 Fees for services (non-employees) 12 Accounting 13 Caccounting 14 Lobbyring 15, 780, 14, 700, 1, 080, 14, 700, 1, 080, 15, 780, 14, 700, 1, 080, 15, 780, 14, 700, 1, 080, 15, 780, 115, 036,	5	Compensation of current officers, directors,				
persons (as defined under section 4986(f(1)) and persons described in section 4986(s)(3)(8) 7 Other salaries and wages 8 Penson plan accrusis and contributions (include section 4016) and 4030 persoper contributions 9 Other employee benefits 107,619. 51,156. 37,484. 18,979. 9 Payroll taxes 1 Fees for services (non-employees) a Management b Legal c Accounting Professional fundrasing services. See Part IV, line 17 f Investment management fees 9 Other (film it 1) a minut exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 24,4436. 12,379. 9,317. 2,740. 10 Office expenses 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 10 Coupancy 11 Tavel or entertainment expenses for 24, 44, 44, 44, 44, 44, 44, 44, 44, 44,		trustees, and key employees				
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107,619. 51,156. 37,484. 18,979. Payroll taxes Amanagement Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Sch 0.) Payments of travel or entertainment expenses for corry refedral, state, or local public officials Conferences, conventions, and meetings Interest Payments of affiliates Depreciation, depletion, and amortization line respenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) Communit cast time 2 expenses on Schedule 0.) Communit cast consider the program of the program	8	Pension plan accruals and contributions (include				
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f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings interest 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization amount, list line 24e sepnses on Schoolie C.) 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 sepnses on Schoolie C.) 25 Pagame Costs 109,184. 68,433. 14,901. 25,850. 26 Program Costs 109,184. 68,433. 14,901. 25,850. 27,451. 478. 7,451. 28 Joint costs. Complete this line only if the organization reported in column (B) pint costs from a combined educational campagin and fundraising solicitation. Check here □ Infollowing SoP 8se 2,850 9s8-720)	d	, ,				
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12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.) 2 Communications 2 Department of the Control of	g	•	170 046	170 046		
13 Office expenses			1/0,940.	170,940.		
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on toevered 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 0.) 2 Communications 2 Bad Debts 2 Program Costs 4 Printing and Publicatio 5 All other expenses 5 C Program Costs 5 C Brogram Costs 5 C Brogram Costs 5 C Brogram Costs 109,184 68,433 144,901 25,850 17,478 7,451. 25 Total functional expenses. Add lines 1 through 24e 4,066,004 3,308,103 361,712 396,189.		- '	24 436	12 379	9 317	2 740
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 25 Communications 26 Program Costs 27 Program Costs 28 Debts 29 Printing and Publicatio 29 All other expenses. Add lines 1 through 24e April 10 and 10 an	_	•	24,450.	12,319.	<u> </u>	2,740.
16 Occupancy Travel Tr		<u>.</u>				
17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule 0.) Communications Bad Debts Printing and Publicatio All other expenses Total functional expenses. Add lines 1 through 24e Jif tollowing SOP 98-2 (ASC 958-720) 5 0, 119	-		28 102	17 448	9 093	1.561.
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for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) Communications Bad Debts Program Costs Program Costs Printing and Publicatio All other expenses. Add lines 1 through 24e 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) 100 119						
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) 25 a Communications 26 Program Costs 27 Program Costs 28 Printing and Publicatio 29 Printing and Publicatio 20 Expenses. Add lines 1 through 24e 20 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 29 Control of the cost of th	10					
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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 0.) a Communications b Bad Debts c Program Costs d Printing and Publicatio e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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 12	19		50.119.	44.048.	3.858.	2,213.
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a Communications b Bad Debts c Program Costs d Printing and Publicatio e All other expenses. Add lines 1 through 24e 56, 879. 109, 184. 25, 293. 20, 256. 3, 249. 1,788. 3,249. 1,788. 4,901. 25,835. 0. 0. 152,835. 429,931. 3,022. 5,195. 42,993. 3,022. 5,195. 41,901. 25,850. 42,993. 3,022. 5,195. 56,879. 31,950. 17,478. 7,451. 25 Total functional expenses. Add lines 1 through 24e 4,066,004. 3,308,103. 361,712. 396,189.		· · · · · · · · · · · · · · · · · · ·				
22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a Communications b Bad Debts c Program Costs d Printing and Publicatio e All other expenses Total functional expenses. Add lines 1 through 24e 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 123,701. 7,841. 12,621. 3,239. 3,249. 1,788. 25,293. 20,256. 3,249. 1,788. 68,433. 14,901. 25,835. 0. 0. 152,835. 68,433. 14,901. 25,850. 3,022. 5,195. 4,066,004. 3,308,103. 361,712. 396,189.		-				
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 0.) a Communications b Bad Debts c Program Costs d Printing and Publicatio e All other expenses 51,210. 42,993. 3,022. 5,195. 25 Total functional expenses. Add lines 1 through 24e 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 11 following SOP 98-2 (ASC 958-720)		•	23,701.	7,841.	12,621.	3,239.
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 0.) a Communications b Bad Debts c Program Costs d Printing and Publicatio e All other expenses Total functional expenses. Add lines 1 through 24e 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)						
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b Bad Debts c Program Costs d Printing and Publicatio e All other expenses Total functional expenses. Add lines 1 through 24e 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) 152, 835. 109, 184. 68, 433. 14, 901. 25, 850. 68, 433. 31, 950. 31, 950. 31, 950. 31, 950. 31, 950. 31, 950. 31, 950. 396, 189.	а		25,293.	20,256.	3,249.	1,788.
c Program Costs d Printing and Publicatio E All other expenses Total functional expenses. Add lines 1 through 24e 25 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) 109,184. 68,433. 14,901. 25,850. 51,210. 42,993. 3,022. 5,195. 17,478. 7,451. 396,189.	b					
d Printing and Publicatio e All other expenses Total functional expenses. Add lines 1 through 24e 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	_			68,433.	14,901.	
e All other expenses 56,879. 31,950. 17,478. 7,451. 25 Total functional expenses. Add lines 1 through 24e 4,066,004. 3,308,103. 361,712. 396,189. 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)	_			42,993.	3,022.	
Total functional expenses. Add lines 1 through 24e 4, 066, 004. 3, 308, 103. 361, 712. 396, 189. 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				31,950.	17,478.	7,451.
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 in following SOP 98-2 (ASC 958-720)	25			3,308,103.	361,712.	396,189.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here In following SOP 98-2 (ASC 958-720)						
Check here If following SOP 98-2 (ASC 958-720)						
Check here If following SOP 98-2 (ASC 958-720)		educational campaign and fundraising solicitation.				
		Check here I if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1,074,144. 1,001,395. 2 Savings and temporary cash investments 2 1,451,097. 1,549,914. 3 Pledges and grants receivable, net 3 41,755. 67,250. 4 Accounts receivable, net 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 Notes and loans receivable, net 7 Inventories for sale or use 8 38,694. 44,752. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 454,589. basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 373,195. 64,488. 81,394. 10b 10c 18,399,032. 23,854,101. Investments - publicly traded securities 11 11 12 12 Investments · other securities See Part IV. line 11 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 6,402,320. 2,312,585. Other assets. See Part IV, line 11 15 15 27,471,530. 28,911,391. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 142,558. 209,515. Accounts payable and accrued expenses 17 17 1,855,440. 1,878,240. 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 14,637,625. 15,282,280. Schedule D 25 16,635,623. 26 17,370,035. Total liabilities, Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,323,878. 3,218,641. 27 27 Unrestricted net assets 1,716,047. 1,182,313. 28 28 Temporarily restricted net assets 6,434,953. 6,501,431. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 11,541,356. 10,835,907. 33

27.471.530.

34

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2018) Jewish Federation of Jacksonville, Inc.	<u> 59-0</u>	<u>)6378</u>	64	Pa	<u>ge</u> 12
Pa	rt XI Reconciliation of Net Assets	_				
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	499	, 2	25.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	066	, 0	04.
3	Revenue less expenses Subtract line 2 from line 1	3		433	, 2	21.
4	Net assets or fund balances at heginning of year (must equal Part X, line 33, column (A))	4	10,	835	<u>, 9</u>	07.
5	Net unrealized gains (losses) on investments	5			_	
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		272	, 2	28.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u> </u>	<u>541</u>	<u>, 3</u>	<u>56.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> X </u>
			_		Yes	No
1	Accounting method used to prepare the Form 990					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		- }		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		 -	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		- }		ļ
	separate basis, consolidated basis, or both		1			
	Separate basis Consolidated basis Both consolidated and separate basis		-	1		
b	Were the organization's financial statements audited by an independent accountant?		- -	<u>2</u> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,	-)		İ
	consolidated basis, or both.					
	X 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		-	2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	igle Audit	t	_ 1		1
	Act and OMB Circular A-133?		-	3a	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	200	(0046)
			F	orm :	79U	(2018)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

		Jewi	sh Federat	<u>ion of Jacks</u>	<u>onvil</u>	<u>le, I</u>	nc.	5	<u>9-0637864</u>
Pa	irt [Reason for Public	Charity Status (All organizations must co	mplete th	is part) Se	ee instructions	S	
Γhe	organ	zation is not a private found	lation because it is:	For lines 1 through 12, o	heck only	one box)			1
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).	,	AVI
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 99	90-EZ))			
3		A hospital or a cooperative					H).		U
4		A medical research organiz	-				•	(iii). Enter	the hospital's name,
		city, and state						•	
5		An organization operated for	or the benefit of a co	llege or university owner	or operat	ted by a g	overnmental u	nit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local go	vernment or governn	nental unit described in :	section 17	'0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II)						
8		A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	: 11)				
9		An agricultural research org				ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of	the colleg	e or
		university						_	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the or	ganızatıon	after June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety See s	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ons of, or to ca	irry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) 0	r section s	509(a)(2)	See section 5	09(a)(3). C	theck the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	iplete lines	s 12e, 12f, and	i 12g	
а	L	Type I. A supporting orga	•	·	-	-	-		
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the dire	ctors or truste	es of the s	upporting
		organization You must o	•	,					
þ	L	Type II. A supporting org							
		control or management o	f the supporting org	anization vested in the s	ame perso	ns that co	ontrol or mana	ge the sup	ported
		organization(s) You mus	•						
С	L	Type III functionally inte	•					ly integrate	ed with,
_		its supported organization		· · · · · · · · · · · · · · · · · · ·					
d	Ł	Type III non-functionally							
		that is not functionally int		• •	•		•	an attent	iveness
	Γ	requirement (see instruct		•				U. Tuna III	
е	L	Check this box if the orga					i Type I, Type	n, rype in	
	- -4-	functionally integrated, or r the number of supported of		nally integrated support	ng organiz	ation			
7		r the number of supported to	J	id organization(s)					<u> </u>
9) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
	-			above (see injulia cherici)					
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_		· · · · · · · · · · · · · · · · · · ·				_			
		I							
									

Schedule A (Form 990 or 990 EZ) 2018 Jewish Federation of Jacksonville, Inc. 59-0637864 Page 2 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
	include any "unusual grants ")	3217978.	2679303.	2525196.	8411119.	⁻ 3392285.	20225881.
2	Tax revenues levied for the organ-						1
	ization'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	3217978.	2679303.	2525196.	8411119.	3392285.	20225881.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						Ì
	supported organization) included						
	on line 1 that exceeds 2% of the	ĺ					1
	amount shown on line 11,		!				
	column (f)		ľ	i			1475910.
6	Public support. Subtract line 5 from line 4						18749971.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3217978.	2679303.	2525196.	8411119.		20225881.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,423.	27,873.	22,728.	85,470.	352,935.	514,429.
9	Net income from unrelated business						
	activities, whether or not the						ļ
	business is regularly carried on	ļ		ļ			
10	Other income Do not include gain						
	or loss from the sale of capital		j				ļ
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						20740310.
	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stop	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	90.40 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	93.05 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	t - 2018. If the orga	anization did not c	heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test The organizat	tion qualifies as a j	oublicly supported	lorganization		
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and :	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test	The organization q	ualifies as a public	oly supported orga	nızatıon	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	ı, 16b, 17a, or 17b	, check this box a	nd see instruction	s D
					Cala a	July A / Carry 000	000 EZ\ 0010

Schedule A (Form 990 or 990 EZ) 2018 Jewish Federation of Jacksonville, Inc. 59-0637864 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **b)** 2015 (c) 2016 (d) 2017 (e) 2018 (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 (c) 2016 Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (d) 2017 (e) 2018 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 % 16 Public support percentage from 2017 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2017 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2018. 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 - 2017. 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

Schedule A (Form 990 or 990-EZ) 2018 Jewish Federation of Jacksonville, Inc. 59-0637864 Page 4 **Supporting Organizations**

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

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	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)			
<u>Sec</u>	tion A. All Supporting Organizations		_	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by		·	٠.
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		l
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>	 	
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		'	
	organization was described in section 509(a)(1) or (2).	2	1	
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	<u> </u>		
- Ou	(b) and (c) below	3a	ļ	
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		 	
٠	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b	1	
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 35		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ł
45	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		•
.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<u> 4a</u>		
U	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			1
	despite being controlled or supervised by or in connection with its supported organizations	4b		1
_	Did the organization support any foreign supported organization that does not have an IRS determination	- 40		
U	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			. '
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		ı
5-2	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		\vdash	
Ja	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			, ,
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			ı
	was accomplished (such as by amendment to the organizing document)	5a		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already			
J	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			i
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			ı
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			ł
	Part VI.	6		1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			,
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	District the second of the sec			
~	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	L_	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated]]	
	supporting organizations)? If "Yes," answer 10b below.	10a		
	Put the exemplation have any expose hydrogs in the tay year? (Lice Schedule C. Form 4720 to]]	

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Sche	edule A (Form 990 or 990 EZ) 2018 Jewish Federation of Jacksonville, Inc. 59-0	<u> 63786</u>	4 Pa	age 5
Pa	rt IV Supporting Organizations (continued)		Γ	1
4.4	Han the average ten accorded a wife or another transfer or a fit of the fit of the same of the fit of the same of the fit of the same of the fit of the same of the fit of the same of the fit of the same of the fit of the same of the fit of the same of the sa		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		ļ	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
L	below, the governing body of a supported organization?	11a	├	
	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c	<u> </u>	L
000	tion B. Type i oupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ļ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			ļ
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ł
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization	2		ĺ
Sec	tion C. Type II Supporting Organizations			L
	tion of type it displaying organization		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Γ	1.00	-
Ţ	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1] ,	ļ
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations	<u></u>	-	•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	1]
	supported organizations played in this regard	3		ļ
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions	s).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	1	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		}
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a	 -	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			[
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1		1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or]
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	لــــــا	L

Sch	edule A (Form 990 or 990 EZ) 2018 Jewish Federation of Ja			59-0637864 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions -	_ 2		
3	Other gross income (see instructions)	_ 3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)			<u> </u>
a	Average monthly value of securities	1a		<u> </u>
b	Average monthly cash balances	1b	 	
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		· <u> </u>	<u> </u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		<u> </u>
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ılly integrate	d Type III supporting org	anization (see

instructions)

Schedule A (Form 990 or 990 EZ) 2018 Jewish Federation of Jacksonville, Inc. 59-0637864 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019. Add lines 3] and 4c. 8 Breakdown of line 7 a Excess from 2014 **b** Excess from 2015 c Excess from 2016 d Excess from 2017 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

Part VI	Supplementa Part IV, Section A line 1, Part IV, Sec	I Information., lines 1, 2, 3b, 3c ction D, lines 2 and 6, and 8; and Pa	Provide the explar , 4b, 4c, 5a, 6, 9a, 9 d 3, Part IV, Section	nations required by 9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2t	Part II, line 10, Part II, nd 11c; Part IV, Section on 3a, and 3b, Part V, lin complete this part for a	line 17a or 17b, Part II n B, lines 1 and 2, Part le 1, Part V, Section B	II, line 12, t IV, Section C, , line 1e, Part V.
	-	·	· -			<u>-</u>	-
							
							
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				<u> </u>			-
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Jewish Federation of Jacksonville

Employer identification number

		of Jacksonville, Inc.	59-0637864
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, III	ne 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	38	
2	Aggregate value of contributions to (during year)	820,656.	
3	Aggregate value of grants from (during year)	453,759.	
4	Aggregate value at end of year	1,968,716.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	are the organization's property, subject to the organization's	s exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	
	impermissible private benefit?		X Yes No
Pa			rt IV, line 7
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	·	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	must use use alreaded to (a)	2b
C	Number of conservation easements on a certified historic st	·	2c
a	Number of conservation easements included in (c) acquired	after 7725/06, and not on a historic structure	2d
2	listed in the National Register	bloaced extinguished or terminated by the o	
3	Number of conservation easements modified, transferred, revear ►	eleased, exclinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
J	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	>		ū .
7	Amount of expenses incurred in monitoring, inspecting, han-	dling of violations, and enforcing conservatio	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	e organization's accounting for
-	conservation easements		0: :: 4
Pa	t III Organizations Maintaining Collections of	•	ier Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (A:		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1	1 10 (ASC 938) relating to these items	•
a	Revenue included on Form 990, Part VIII, line 1		*
h	ACCOR INCHIDAD IN FORM WHILL MORE I		

_	rt III Organizations Maintaining C	collections of A					03/864 ets/a-at/a/				
3											
3	Using the organization's acquisition, access	on, and other record	is, check any or the	iollowing that a	re a signii	icant use of it	s collection i	tems			
_	(check all that apply) Public exhibition		. —	.	_						
a	Scholarly research	C		hange programs	S						
b	_ 	е	e Other								
C	Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
4							art XIII.				
5	During the year, did the organization solicit of				similar ass	sets 「	٦,,	<u></u>			
Pai	t IV Escrow and Custodial Arran				-" 5-	000 0 + 11	Yes	No_			
T al	reported an amount on Form 990, Pa		ete if the organization	n answered Ye	s on For	m 990, Part IV	r, line 9, or				
			tion, for contribution	o or other seed	to not incl						
18	Is the organization an agent, trustee, custod	ian or other intermet	nary for contribution	is or other asset	is not inci	noeo L	7				
	on Form 990, Part X?	and complete the fa	llana tabla.			L	Yes	No			
D	If "Yes," explain the arrangement in Part XIII	and complete the to	illowing table:		Г		A A				
	Deciment belongs				ŀ		Amount				
C	Beginning balance				ŀ	1c	 -				
	Additions during the year				ŀ	1d					
	Distributions during the year				ł	1e					
f	Ending balance	000 Dart V I	04 for an array are as] Ωریفرارمامیانه	1f					
	Did the organization include an amount on F					_	Yes	∐ No			
Par	t V Endowment Funds. Complete in							 -			
1 ai	Endowment I dids. Complete					Three wears has	(a) Four w	nare back			
	Decimalization of control of the con	(a) Current year	(b) Prior year	(c) Two years b	ack (a)	Three years bac	((e) Four y	ears pack			
1a	Beginning of year balance	5,587,592.	5 605 516				 				
b	Contributions	350,735,	5,607,716,				-				
С.	Net investment earnings, gains, and losses	986,215,	29,741.				 				
d	Grants or scholarships	275,159.	38,582.				+				
е	Other expenditures for facilities			{			1				
_	and programs	 					 				
f	Administrative expenses	147,952.	11,283.				-				
g	End of year balance	6,501,431.	5,587,592.	<u> </u>							
2	Provide the estimated percentage of the curi	•	· ·	a)) neid as							
а	Board designated or quasi-endowment	11.80	_%								
	Permanent endowment ► 72.40	%									
С		5.80 %									
_	The percentages on lines 2a, 2b, and 2c sho				l &						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	na aaministered	i for the c	organization	[
	by							es No			
	(i) unrelated organizations						3a(i)	$\frac{x}{x}$			
	(ii) related organizations		1 0-1				3a(ii)	 -			
	If "Yes" on line 3a(ii), are the related organiza	•					_3b				
4 Do	t VI Land, Buildings, and Equipm		wment tunas								
rai	Complete if the organization answere		Dort IV Inc. 11.5	Sea Form 000 D	art Y lina	. 10					
							/d\ Dooles				
	Description of property	(a) Cost or o		or other (other)	(c) Accui		(d) Book v	raiue			
		basis (investr	none Dasis	(Olifor)	gehier						
	Land										
	Buildings	ļ	2 -	9,621.	30	6,249.	F 2	,372.			
	Leasehold improvements			4,968.		6,946.		$\frac{,3/2.}{,022.}$			
	Equipment	-		*,500.	0	0,340.		, , , , , , ,			
	Other Add lines 1a through 1e (Column (d) must e	aual Form 000 Port	Y column (R) line 1				<u>8</u> 1	,394.			
I DI A	. Aug mies la miloudii 18 (Columni (d) (1103) 8	auai i Oiiii 330, i ai l	A, 001011111 (D), 11110 1	~ ~ <i>,</i>	_						

if Security or category (including name of security) rivatives equity interests		/, line 11b See Form 990, F	ait A, iii le 12	
-	(b) Book value			of-year market value
equity interests				
				
				<u> </u>
st equal Form 990, Part X, col. (B) line 12.)				
estments - Program Related.				
nplete if the organization answered "Yes" or	n Form 990, Part i\	/, fine 11c See Form 990, P	art X, line 13	
) Description of investment	(b) Book value			of-year market value
				
				
				
			<u> </u>	
				
st equal Form 990, Part X, col. (B) line 13.)				•
ner Assets.				
nplete if the organization answered "Yes" or	n Form 990. Part IV	/, line 11d See Form 990, P	art X, line 15.	
	escription			(b) Book value
Surrender Value of Li	fe Insura	nce		553,008
ribution Receivable -				949,375
Restricted by Donors				810,202
				
o) must equal Form 990, Part X, col. (B) line	15.)		•	2,312,585
her Liabilities.	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
nplete if the organization answered "Yes" or	n Form 990 Part I\	/. line 11e or 11f See Form	990. Part X. line 25	
(a) Description of liability	1	(b) Book value		
ncome taxes				
cy Endowment Liabiliti	AC	15,282,280.		
- PHOCAMETIC PLANTILL				
			٠	
o) must equal Form 990, Part X, col. (B) line 2	25.)	15,282,280.		
y Enc	10Wment Liabiliti	lowment Liabilities	10Wment Liabilities 15,202,200.	10Wment Liabilities 13,202,200.

Schedule D (Form 990) 2018

Jewish Federation of Jacksonville, Inc. 59-0637864 Page 3

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 Jewish Federation of Jacks	sonville, Inc.	<u> 59-</u>	<u>0637864</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	<u> </u>			
1	Total revenue, gains, and other support per audited financial statements		1	4,656	<u>,417.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1 1	1	
а	Net unrealized gains (losses) on investments	2a 199,366	<u> </u>	1	
b	Donated services and use of facilities	2b	-l'	1	
C	Recoveries of prior year grants	2c 4.2 174	-	1	
ď	Other (Describe in Part XIII)	2d <42,174.	7	1	100
e	Add lines 2a through 2d		2e	4,499	<u>,192.</u>
3	Subtract line 2e from line 1		3	4,499	, 445.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 45 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a	┥╽		
b	Add lines 4a and 4b	40	ا ء ا		0
C E			4c	4,499	225
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 1 XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses ner			, 443.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•	Hetu	****	
1	Total expenses and losses per audited financial statements	 	1	3,950,	968
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		-		, , , , , , , , , , , , , , , , , , , ,
a	Donated services and use of facilities	2a	1 1		
b	Prior year adjustments	2b	1 1		
c	Other losses	20	┪		
d	Other (Describe in Part XIII)	2d	1		
_	Add lines 2a through 2d	20	2e		Λ
e	<u> </u>		3	3,950,	968
3	Subtract line 2e from line 1		3	2,930,	, 300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 45 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 115,036	-l		
b	Other (Describe in Part XIII)	4b 115,036.	7 I	115	026
c	Add lines 4a and 4b		4c	115,	036.
<u>5</u>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) T XIII Supplemental Information.		5	4,066,	,004.
		A IV June 1h and 2h Dort V June	4. Dort	V line 0. Dest 1	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Par		4, Pari	X, line 2, Part /	ΝΙ,
mes	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional information			
					
		 			
Par	ct XI, Line 2d - Other Adjustments:				
<u>. u.</u>	e Al, Blite 2d General Trajustations.				
Uni	realized Gain From Charitable Remainder Tr	rusts		72.	862.
<u> </u>	Callaca Call II om Charloanto homelias II				7 5 5 7
Inv	vestment Expenses			-115.	036.
Tot	tal to Schedule D, Part XI, Line 2d			-42	174.
	,				
Par	rt XII, Line 4b - Other Adjustments:				
Inv	restment Expenses	_	_	115,	036.
				_	

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Schedule D (Form 990) 2018

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2018	Open to Public Inspection

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

å Employer identification number 59-0637864 Allocation for Jewish Allocation for Jewish Allocation for Jewish Allocation for Jewish Allocation for Jewish Allocation for Jewish (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any welfare welfare welfare welfare welfare welfare 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö Ö 0 0 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed Inc. (d) Amount of cash grant 272,000 177,700 189,250 112,000 684,130 9,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table of Jacksonville, (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table Jewish Federation 59-2620208 59-0637868 59-0624438 13-1624240 General Information on Grants and Assistance 59-0624411 (b) EIN criteria used to award the grants or assistance? Jewish Family & Community Services 1 (a) Name and address of organization America - 25 Broadway, Ste. 1700 6261 Dupont Station Court East Martin J. Gottlieb Day School 11401 Old St. Augustine Road Jewish Federations of North Jewish Community Alliance River Garden Hebrew Home or government 8505 San Jose Boulevard 25 Broadway, Ste. 1700 Jacksonville, FL 32225 Jacksonville, FL 32217 Jacksonville, FL 32217 Jacksonville, FL 32257 3662 Crown Point Road Name of the organization New York, NY 10004 New York, NY 10004 Birthright Israel Part 1 Part II N

832101 11-02-18

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Schedule I (Form 990) (2018)

Page 1	· .	પૃ	}						,		rm 990)
59-0637864	(h) Purpose of grant or assistance	 Allocation for Jewish Welfare		-	<u>-</u>	-		-		con	Schedule I (Form 990)
	(g) Description of non-cash assistance										
edule I (Form 990). Pa	(f) Method of valuation (book, FMV, appraisal, other)										
• nited States (Sch	(e) Amount of non-cash assistance	0									
ille, Inc.	(d) Amount of cash grant	.000 94					,				
Jewish Federation of Jacksonville,	(c) IRC section if applicable										
deration Assistance to Go	(b) EiN	26-0067800									
Schedule (Form 990) Jewish Federation of Jacksonville, Inc. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II)	(a) Name and address of organization or government	Torah Academy of Jacksonville 10167 San Jose Boulevard Jacksonville FL 32257									

Schedule I (Form 990) (2018) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Assistance given to other organizations is based on funding for a specific These reports are reviewed by the allocation committee to ensure the funds Organization receives reports on the use of the funds from these entities Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Local organizations are given assistance to help with general overhead expenses. Currently, there is no monitoring of the use of these funds. project that has been approved by the allocation committee. The (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance are used as directed. Part I, Line 2: 832102 11-02-18

à

Page 2

59-0637864

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

Jewish Federation of Jacksonville,

Schedule I (Form 990) (2018)

Part III

Inc.

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Jewish Federation of Jacksonville, Inc.
-Questions Regarding Compensation

59-0637864

Employer identification number

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		,	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		ŀ	
	First-class or charter travel Housing allowance or residence for personal use		,	
	Travel for companions Payments for business use of personal residence	ĺ	Ì	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	}	,	'
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		. 1	ĺ	
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	1b		
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 on 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	}	1	
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract	ľ '	İ I	!
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee		ľ. l	
		1		-
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			ĺ
	organization or a related organization	i -		1
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b_		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			}
		· .		1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.]		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		[ĺ
	contingent on the revenues of			
а	The organization?	_5a		X
b	Any related organization?	5b		X_
	If "Yes" on line 5a or 5b, describe in Part III	7	. '	1
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of		}	
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	(- !	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	 	X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		•	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_	ļ	<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			- "
	Regulations section 53 4958-6(c)?	9	1 .	1

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

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

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) Alan Margolies	E	215,004.	0	0	10,000.	0.	225,004.	0
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Schedule J (Form 990) 2018

SCHEDULE Ó

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

Inspection

Jewish Federation of Jacksonville,

Employer identification number 59-0637864

Schedule O (Form 990 or 990-EZ) (2018)

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. The Federation
also encourages individuals and families to participate in the legacy
of the community by creating endowment funds, donor advised
funds, establish planned gifts and more.
Form 990, Part VI, Section B, line 11b:
The Form 990 is reviewed by the executive director & the controller. Then
the Form 990 is reviewed by the BOD treasurer.
Form 990, Part VI, Section B, Line 12c:
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:
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:
Guidestar.org posts the Form 990. All other documents are available upon

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832211 10-10-18

Schedule O (Point 990 of 990-E2) (2018)	Page 2
Name of the organization Jewish Federation of Jacksonville, Inc.	Employer identification number 59-0637864
request.	
Form 990, Part XI, line 9, Changes in Net Assets:	·
Unrealized Gain From Charitable Remainder Trusts	72,862.
Unrealized Gains on Investments	199,366.
Total to Form 990, Part XI, Line 9	272,228.
Form 990, Part XII, line 2c	
The finance committee assumes responsibility for audit or	versight of the
organization's financial statements and the selection of	an independent
accountant.	