		90	Under section 5	i01(c), 527,	or 4947(a)(1) o	on Exemp f the Internal Rev umbers on this fo	enue Code	e (except	private founda	tions)	OMB No. 1545-0047 2016 Open to Public
		of the Treasury enue Service	Infor	rmation ab	out Form 990 a	nd its instructions	s is at <i>www</i>	.irs.gov/	orm990.		Inspection
AF	or th		ndar year, or tax ye			10/01, 201	6, and end	ling		09/	30, 20 17
B c	heck if a	a alla a blas	ne of organization JEWI EREN KAYEMETH						D Employer id	entificat	tion number
	Addr		ig Business As		-				13-1659	9627	
			nber and street (or P.O. be	ox if mail is n	ot delivered to stree	et address)	Room/suit	е	E Telephone n	umber	
	Initia		EAST 69TH STF						(212) 87	9–93	00
	-		or town, state or province		d ZIP or foreign po	stal code					
	Amer retur	n	W YORK, NY 100						G Gross receip		219,727,150.
	pend	ing	ne and address of principa		RUSSELL				H(a) Is this a group subordinates	?	
	_		EAST 69TH STF		•				H(b) Are all subord		
<u> </u>		empt status: ite: ► WWW.		501(c) () (insert no	b.) 4947(a)(1)	or	527	-		see instructions)
		of organization:		Trust A	ssociation	Other ►	I Voa	r of forma	H(c) Group exem tion: 1926 M		
	artl	Summar					Lica				
	1		ibe the organization's	mission or	most significant :	activities JEWIS	H NATIC	DNAL F	UND GIVES	ALL	
ė	·		IONS OF JEWS A								
Activities & Governance		FUTURE	FOR THE LAND O	OF ISRAI	EL AND ITS	PEOPLE.					
/ern	2	Check this b	ox ▶ if the orga	nization dis	continued its or	perations or dispos	ed of more	 than 25%	of its net asset	 S.	
ğ	3		oting members of the							3	41.
8	4		ndependent voting mer							4	41.
ities	5		r of individuals employ							5	256.
Stiv	6		r of volunteers (estimat			6	43.				
Ă	7a	Total unrelat	ed business revenue fr			7a	1,334.				
			d business taxable inco							7b	0.
									Prior Year		Current Year
ē	8		s and grants (Part VIII, I				PY FOR	ר	66,396,31		79,753,909.
enu	9		vice revenue (Part VIII,				INSPECTIO		443,86		357,319.
Revenue	10		ncome (Part VIII, colun		-			┛┝───	15,474,99		17,064,617.
_	11		ue (Part VIII, column (A						-1,202,31		-1,511,532.
	12		e - add lines 8 through		•				81,112,86		95,664,313.
	13		similar amounts paid (P					-	26,522,27	8.	32,454,881.
	14		d to or for members (Pa					•	18,748,69	-	0. 20,012,527.
ses	15	Salaries, oth	er compensation, emp fundraising fees (Part I ising expenses (Part IX,	loyee benef	its (Part IX, colui	mn (A), lines 5-10)		•	10,740,05	0.	20,012,527.
Expenses	108	Total fundra	Tundraising tees (Part I	IX, column (7 958 929)	-		0.	•
Ĕ	17		ses (Part IX, column (A), III e 25) ▶			-	20,869,29	5.	21,349,716.
	18		ses. Add lines 13-17 (m						66,140,26		73,817,124.
	19		s expenses. Subtract li					-	14,972,59		21,847,189.
ro și									ning of Current		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)						385,120,94	0.	417,551,247.
d Ba	21	Total liabiliti	es (Part X, line 26)						58,468,57	4.	56,332,291.
Fund	22		r fund balances. Subtr						326,652,36	6.	361,218,956.
Pa	irt II	Signatu	re Block								
Un true	der pe e, corre	nalties of perju- ect, and comple	ry, I declare that I have ex te. Declaration of preparer	xamined this (other than o	return, including officer) is based on	accompanying scheo all information of wh	dules and sta	tements, has any k	and to the best of nowledge.	f my kno	owledge and belief, it is
Sig		Signati	ure of officer						Date		
Не	re										
_		Туре о	r print name and title								
		Print/Type pr	eparer's name		Preparer's signatu	et + 0 II	Date		Check	if PT	IN
Paic		KRISTIN	RUFFINI			Kustin Ruffer	<u>₩ 05/2</u>	29/201			00741491
	parer Only	Firm's name	▶ BDO USA, L								381590
	-	Firm's addres	s ▶ 100 PARK A								885-8000
			nis return with the prep			ructions)			<u></u>		X Yes No
For	Pape	rwork Reduc	tion Act Notice, see th	ne separate	instructions.						Form 990 (2016)

JEWISH	NATIONAL	FUND

	n 990 (2016) Page 2
Pa	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III X Briefly describe the organization's mission:
•	JEWISH NATIONAL FUND GIVES ALL GENERATIONS OF JEWS A UNIQUE VOICE IN
	BUILDING A PROSPEROUS FUTURE FOR THE LAND OF ISRAEL AND ITS PEOPLE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 58,033,290. including grants of \$ 32,454,881.) (Revenue \$ 357,319.)
	ATTACHMENT 1
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	()()()(
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	()()()(
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 58,033,290.
JSA 6E1	D20 1.000 Form 990 (2016)
	1997MY 702V 5/30/2018 8:25:36 AM V 16-7.17 0176693-00006 PAGE

Part W Checklist of Required Schedules Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation? If "Yes," complete Schedule A, Schedule of Contributors (see instructors)?. 1 1 2 Is 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 II. 3 X 3 Section 501(c)(3) organization engage in clothying activities, or have a section 501(n), for 501(c)(5), or 501(c)(6) organization that receives membership dues, basessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II. 4 X 5 Did the organization required activice to the distribution or investment of anounts in such funds or accounts for which donors have the fight to provide advice on the distribution or investment of anounts in such funds or accounts in such funds or any similar funds or accounts for which donors have the fight to provide advice on the distribution or investment of anounts in such funds or accounts in such funds or accounts in such funds or anount such areas or this schedule D, Part I. 7 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liabity, serve as a custodian for amounts for idse in Part X, line 21, for escrew or custodial account liabity, serve as a custodian for amounts for or provide credit or part organization report an amount for investment brogenis Yes omplete Schedule D, Part V. 9	Form 9	90 (2016)		F	age 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule <i>P</i> , Schedule of Contributors (see instructions)?	Part	IV Checklist of Required Schedules			
complete Schedule A. 1 X 2 1s the organization required to complete Schedule D, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public officer II "Sec" complete Schedule D, C Part I. 4 X 5 Section 501(c)(4) or 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part II. 4 X 6 Did the organization avaitation maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II. 6 X 7 Did the organization reserve or hold a conservation easement, including easements to preserve open space. The environment, historic land areas, or historic attreaures, or outsodial account liability, serve as a splication service? II "Yes," complete Schedule D, Part II. 7 X 10 Did the organization anisotice? II "Park," complete Schedule D, Part II. 7 X 10 Did the organization anisotice? II "Park," complete Schedule D, Part II. 7 X 10 Did the organization anisotice? II "Park," complete Schedule D, Part II. 7 X <				Yes	No
2 is the organization required to complete Schedule <i>B</i> . Schedule <i>C</i> Contributors (see instructions)?. 2 X 3 Did the organization engage in direct political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule <i>C</i> , Parl I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If 'Yes,' complete Schedule <i>C</i> , Parl II. 4 X 5 Is the organization asoction 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or initiar any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule <i>D</i> , Part I. 5 X 7 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If 'Yes,'' 8 X 9 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If 'Yes,'' 8 X 9 Did the organization maintain collections of works of art, historical trassures, or other similar assets? If 'Yes,'' 8 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-endowments? If 'Yes,'' complete Schedule D, Part V. 10 X 10 Did the organization report an am	1				
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candidates for public office? // "Yes" complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization apage in lobbying activities. or have a section 501(c)(1), etc. (2), or 501(c)(6) organization that receives membership dues, assessments. or similar anounts as defined in Revence Procedure 99-197 If "Yes," complete Schedule C, Part II. 4 x 5 bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6 x 7 bit the organization receive or hold a conservation easement, including easements to preserve opes pace, the environment, historica tructures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X. Ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X. or provide credit counseling, det/ management, credit repair, or de/ tec. 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107. If "yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 107. If "yes," complete Schedule D	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n), election in effect during the tax year? If Yeas, "complete Schedule C, Part II	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or ganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. 5 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic atructures? If "Yes," complete Schedule D, Part II. 7 X 8 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 negonization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 X 11 It can assest reported in Part X, line 16? If "Yes," complete Schedule D, Part V. 11 X 11 X Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its			3		X
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6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6 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. 6 X 8 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on granization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V, 9 X 10 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VII, VII, VII, VII, X, or X as applicable. 10 X 11a X 11 X 11 X 11a X 11a X 12 Did the organization report an amount for investments-program related in Part X, line 15? If "Yes," complete					
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negrainzation, directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasi-endowments? II "Yes," complete Schedule D, Part V. 10 X 11 If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII. 11 X b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part VII. 11 X c Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part X 11 X 10 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets 11 X 111 X Did the organization separate, independent audi	7				
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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 negatization, directly or through a related 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. 9 X 10 Did the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 11 X 10 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 VI. 11 X 11 Did the organization report an amount for other assets 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 VI. 11 X 11 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 X 11 X 11 E Did the organization schedule I and IX Intel State Schedule D, Part X 11 X 11 E Did the organi	8				
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Form **990** (2016)

Form 990 (2016)

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
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	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
~	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?	0.51		х
	If "Yes," complete Schedule L, Part I	25b		Λ
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			Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Λ
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	07		Х
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	208		Λ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		Х
_	Schedule L, Part IV.	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Х
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	200		X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	50		
51	Part I.	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1.	34	Х	
35a	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	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2016)

PERLY Statements Regarding Other IRS Fillings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V Image: Check If Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box3 of Form 1006. Enter O-I find applicable,	Form	990 (2016)		P	age 5
Yes No a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 110 10 b Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable payments to vendors and reportable gaming (gambing) within long to prize winners? 10 10 x 2 Enter the number of enginezation complexes reported on Form V-3. Transmittel of Vendors and Tax 2a 2b X 2 Enter the number of enginezation on the capanization file all required for detrait employment tax returns? 2a 2b X 3a Dit the organization on baye unrelated business gross income of \$1.000 or more during the year? 3a X 3a X 3a Dit the organization have unrelated business gross income of \$1.000 or more during the year? 3a X 3a X 3a W at the organization have unrelated business gross income of \$1.000 or more during the year? 5a X 3b X 3a Was the organization have unrelated business gross income of \$1.000 or more during the year? 5a X 5a X 5a Was the organization have an the foreign nourbry. IERAEL Se instructions solid any contributions that was or is a party to a prohibited tax shelter transaction \$2b X 5a X 5a Was the organization solid any contributions that was receiptis that are normaly great	Par				
1= Enter the number reported in Box3 of Form 1086. Enter -0: if not applicable. 11 11 110 b Enter the number of Forms V-2G included in line 1a. Enter -0: if not applicable. 11 11 11 b Enter the number of enginization complexity with bolding uses for reportable payments to vendors and reportable gaming (gambing) within gas to prize winners? 11 12 12 2 Enter the number of enginization complex number of enginization have number of the organization have an interest in or a signature or other authority over, a financial accountif ? 30 X b If "Yes," enter the name of the foreign country to 15RALL 58 X 50 X Se was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization have annual gross receipts that are normally greater than such contributions or gifts were not tax deductible? 58 X So Did en organization nave annual gross receipts that are normally greater than such anothare and the organization and engines and service extre		Check if Schedule O contains a response or note to any line in this Part V			
In the number of Forms W-2G included in line ta Enter-of hot applicable. Ib I				Yes	No
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required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
If "Yes," indicate the number of Forms 8282 filed during the year	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7d 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 8 a Gross income from members or shareholders 11a 11b 12a 12a 12a 12 Section 501(c)(2) qualitation line received for accrued during the year 12a 12a 12a 12a 13 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 11b 12a 12a 14 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state?			7c		X
i Did the organization fuele of a minibility of the organization fuel year, pay premiums, directly or indirectly, or pay sonal benefit contract? 7i g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7i h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 10 a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a x 9 bid the sponsoring organization make any taxable distributions under section 4966? 9a X 9 bid the sponsoring organizations. Enter: 10a 10b 9b X 9 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 10b 12a 12 Section 501(c)(2) organizations. Enter: 11a 11b 12a 12a 13 Section 501(c)(12) organizations. Enter: 11b 11a 12a 12a 14 section 501(c)(2) organizations. Enter: 11b 11b 12a 12a <t< td=""><td></td><td></td><td>_</td><td></td><td>v</td></t<>			_		v
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 X 9 Sponsoring organizations maintaining donor advised funds. 9 9 X 9 Sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a X 9 Did the sponsoring organizations. Enter: 10a 10a 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 10b 10b 12 Section 501(c)(12) organizations. Enter: 11b 12a 12a 12a 12 Gross income from members or shareholders. 11b 12a 13a	-				
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a Did the sponsoring organization make any taxable distributions under section 4966?	•		0		
a Did the sponsoring organization make all y taxable distributions under section 4960?			9 a		х
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders. 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13a 13b 13c 14a X					
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
14a Image: A state of the organization receive any payments for indoor tanning services during the tax year? 14a X					
					v
\mathbf{r}_{i} is a second production of the construction of the construction of the second seco					Λ
JSA SE 1000 1 000 Form 990 (2016	b JSA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-	000	(2040

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Form 9	90 (2016) JEWISH NATIONAL FUND 13-165	1627	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 42	.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		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		X
6	Did the organization have members or stockholders?	6	Х	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	oa 8b	X	<u> </u>
a o	Each committee with authority to act on behalf of the governing body?	00		
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ə.)	<u> </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	<u>X</u>	<u> </u>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b	Δ	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable active during the vertain	16a		x
h	with a taxable entity during the year?	154		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	c)(3)s	only)
	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-··· ,)
	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 int	erest	policv	y, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record MITCHEL ROSENZWEIG 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 516-678-6805	s: 🕨		
	MIICHEL KUSENZWEIG /8 KANDALL AVENUE KUCKVILLE CENTKE, NY 115/U 516-6/8-6805		000	
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Part VII	Compensation of Officers, Dire	ctors, Trustees	, Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							
	Check if Schedule O contains a re	sponse or note to	o any lii	ne in this Part	VII			X

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

		(C)								
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average	u						Reportable	Reportable	Estimated
	hours per	box, unless person is both an y officer and a director/trustee)						compensation from	compensation from related	amount of other
	week (list any hours for					1		the	organizations	compensation
	related	ndiv or di	nsti	Officer	(ey	High	Former	organization	(W-2/1099-MISC)	from the
	organizations	Individual trustee or director	Institutional	Ÿ,	Key employee	est o	ler	(W-2/1099-MISC)		organization
	below dotted line)	r f	nalt		loye	^e ^D				and related organizations
		stee	trustee		e	Dens				organizations
			ee			Highest compensated employee				
(1)RONALD S. LAUDER	3.00									
CHAIRMAN OF THE BOARD	1.00	Х		Х				0.	0.	0.
(2)JEFFREY E. LEVINE	3.00									
PRESIDENT	0.	X		Х				0.	0.	0.
(3)THEODORE L. BANKS	3.00									
TREASURER	0.	Х		Х				0.	0.	0.
(4)ANDREW P. KLEIN	3.00									
ASSISTANT TREASURER	0.	Х		Х				0.	0.	0.
(5)GERALDINE SHATZ	3.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6) ALAN ABRAMSON (THRU 9/17)	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)IRA BARTFIELD	3.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8) ISAAC BLACHOR	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)EDWARD BLANK	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)MICHAEL BLANK	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)STEVEN CRYSTAL	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) ^{ALAN} DABROW	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)ROBERT DUBIN	3.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)JEFFREY S. DAVIS	3.00									
BOARD MEMBER	5.00	Х						0.	0.	0.

JSA 6E1041 1.000 Form 990 (2016)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued										
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss pei d a d	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted 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
15) CHARLES S. FAX	3.00									
BOARD MEMBER	0.	х						0.	0.	0
16) BARUCH FELLNER, ESQ.	3.00									
BOARD MEMBER	0.	x						0.	0.	0
17) DR. ALAN FISHER	3.00									
BOARD MEMBER	0.	x						0.	0.	0
18) MYRA CHACK FLEISCHER	3.00									
BOARD MEMBER	0.	x						0.	0.	0
19) DAVID FRANK	3.00									
BOARD MEMBER	.50	х						0.	0.	0
20) SCOTT H. GENDELL	3.00									
BOARD MEMBER	0.	x						0.	0.	0
21) BRUCE K. GOULD	3.00									
BOARD MEMBER	2.00	x						0.	0.	0
22) DAVID GREENBAUM (AS OF 9/17)	3.00									
BOARD MEMBER	0.	x						0.	0.	0
23) JOSEPH HESS	3.00									
BOARD MEMBER	0.	x						0.	0.	0
24) KENNETH J. KRUPSKY	3.00									
BOARD MEMBER	0.	x						0.	0.	0
25) HAROLD L. KAPLAN	3.00									-
BOARD MEMBER	0.	x						0.	0.	0
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII, S	ootion A				• •		5	2,955,292.	0.	361,548
d Total (add lines 1b and 1c)			• •	• • •				2,955,292.	0.	361,548
2 Total number of individuals (including but not			licto	d at					-	0017010
reportable compensation from the organization		37		ua	5000	<i>s)</i> with	10		φ100,000 0i	
										Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3
4 For any individual listed on line 1a, is the sorganization and related organizations greated organizations g	sum of rep eater than	ortab \$15	ole c 50,0	om 00?	pen If	satior <i>"Yes</i>	n ar ;," (nd other compens complete Schedu	sation from the	
individual			• •							4 X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X										

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		
2 Total number of independent contractors (including but not limited to the more than \$100,000 in compensation from the organization ▶ 16		
421		= 000 (00)

- -	n 990 (2016)												Pag	e 8
Pa	art VII Section A. Officers, Directors, Tru	1	y En	nplo			and I	lig		ed Employe	ees (c	ontinued	1)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than c is both cor/trust	an	(D) Reportable compensation from	(E) Reportab compensatior related	n from	Esti amo o	(F) mated ount of ther ensation	
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	- the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		froi orgai and	n the nization related izations	
26) TERRY L. KATZ	3.00												
0.7	BOARD MEMBER	0.	X						0.		0.			0.
27) MARC KELMAN BOARD MEMBER	3.00	x						0.		ο.			ο.
28) JOSEPH KORN	3.00	^						0.		0.			0.
20	BOARD MEMBER 0. X								0.		0.			ο.
2.9	29) ROBERT B. LEVINE 3.00													<u>.</u>
	BOARD MEMBER	2.50	x						0.		ο.			0.
30) DR. SOL LIZERBRAM	3.00												
	BOARD MEMBER	0.	x						0.		0.			0.
31) BILL MILLER (THRU 9/17)	3.00												
	BOARD MEMBER	0.	x						0.		0.			0.
32) NINA PAUL	3.00												
	BOARD MEMBER	0.	x						0.		0.			0.
33) EDWARD PAUL	3.00												
	BOARD MEMBER	0.	X						0.		0.			0.
34) ELLEN ROSENBERG, ESQ	3.00												
	BOARD MEMBER	0.	Х						0.		0.			0.
35) KENNETH SEGEL	3.00												
	BOARD MEMBER	0.	Х						0.		0.			0.
36) SCOTT N. SCHREIBER, ESQ.	3.00	-											
	BOARD MEMBER	0.	Х						0.		0.			0.
	Sub-total													
	Total from continuation sheets to Part VII, S			• •	• •									
	Total (add lines 1b and 1c)					••	• • •		· · · ·		-			
2	Total number of individuals (including but not reportable compensation from the organization		nose 37		d al	bove	e) who	o re	eceived more than	\$100,000 of	Ī			
			5.										Yes	lo
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4	For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	50,0	00?	' If	"Yes	5,"	complete Schedu	le J for su	uch	4	X	
5	<i>individual</i> Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on t	fron	n any	un	related organization	on or individ	ual	5		X
Se	ection B. Independent Contractors													
1	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) compensa	ation	
								_						
								_						
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 6E1055 2.000

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(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box, office	not che unless r and	Positic eck mo perso a dire	ore than o in is both ctor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated ount o other pensat	of
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatio I relate nizatio	on ed
7) DR. BARBARA SOMMER BOARD MEMBER	3.00	х					0.	0.			
8) MYRON D. STAYMAN BOARD MEMBER	3.00	x					0.	0.			
9) MICHAEL J. WECHSLER BOARD MEMBER	3.00	х					0.	0.			
0) ROBERT M. WIGODA, ESQ. BOARD MEMBER	3.00	x					0.	0.			
1) RON WERNER BOARD MEMBER	3.00	x					0.	0.			
42) DR. MELINDA WOLF 3.00 0.<											
3) JOSEPH WOLFSON 3.00 BOARD MEMBER 5.00 X 0. 0.											
4) RUSSELL ROBINSON CEO	SON 40.00 x 499,536. 0.									36,	84
45) HAROLD COHEN 40.00 X 271,341. 0.										34 ,	71
6) MITCHEL ROSENZWEIG CFO	40.00			x			306,854.	0.		32,	36
7) RICHARD KROSNICK CHIEF DEVELOPMENT OFFICER	40.00			x			254,848.	0.		31,	67
1b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c)					· · · ·						
2 Total number of individuals (including but not l reportable compensation from the organization		nose I 37		abo	ve) wh	o re	eceived more than	\$100,000 of			Τ.
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch ind	ividua	al .		• •			3	Yes	
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual.	eater than	\$15	0,00	0?	lf "Yes	5," (nd other compens complete Schedu	sation from the <i>le J for such</i>	4	х	
 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue col	mpen	satio	n fro	m any	uni			5		
Section B. Independent Contractors											
 Complete this table for your five highest com compensation from the organization. Report c year. 											
(A) (B) Name and business address Description of services Comp										ation	

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

Form 990 (2016) Part VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plo	yee	es, a	and H	ligl	nest Compensat	ed Employ	ees (co	ontinue	P d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	s per	tion more rson	e than of is both or/truste	an	(D) Reportable compensation from	(E) Reportab compensation related	n from	am	(F) timated ount of other censatio	f
	related organizations below dotted line)	Individual trustee or director			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-M		fro orga and	om the anization I related nization	on d
8) MATTHEW BERNSTEIN CHIEF PLANNED GIVING OFFICER	40.00	-		x				294,884.		0.		32,1	164
9) STEPHEN BACH CHIEF ADMINISTRATIVE OFFICER	40.00			x				226,320.		0.		31,5	
0) YAEL KANE	40.00	-											
CHIEF ISRAEL ADVOCACY AND LEAD	0.40.00			X				193,646.		0.		29,7	
EXECUTIVE VP 52) MICHAEL FEINMAN	0.40.00			_		X		167,917.		0.		24,9)9
EXECUTIVE DIRECTOR	0.40.00					X		175,457.		0.		28 , 7	18
NATIONAL CAMPAIGN DIRECTOR 54) DIANE SCAR	0.					X		205,023.		0.		25 , 5	53
NATIONAL CAMPAIGN DIRECTOR	0.					х		207,144.		0.		30,4	17
5) GLEN SCHWARTZ EXECUTIVE DIRECTOR	40.00					х		152,322.		0.		22,7	14
		-											
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization) 	ection A limited to t		isteo				re	ceived more than	\$100,000 of	f			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3	Yes	
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00)0?	lf	"Yes	," (complete Schedu	le J for s	uch	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satic	on f	rom	n any	uni	related organization	on or individ	ual	5		
 Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year. 													
(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	ation	
													_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► JSA 6E1055 2.000

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	Check if Schedule O co			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under sectior 512-514
1a	Federated campaigns	1a					
b	Membership dues	1b					
c	Fundraising events	<u>1</u> c	7,426,198.				
d	Related organizations	1d					
e	Government grants (contribu	,					
f	All other contributions, gifts,		70 007 711				
	and similar amounts not included		72,327,711.				
g h	Noncash contributions included in Total. Add lines 1a-1f			79,753,909.			
<u> </u>			Business Code	+31+3013031			
2a	MISSION INCOME (TOURS)		900099	357,319.	357,319.		
b							
c							
d							
e							
f	All other program service rev						
g	Total. Add lines 2a-2f	<u></u>	. •	357,319.			1
3	Investment income (inc	luding divider	nds, interest,				
	and other similar amounts).		▶	8,430,670.		1,334.	8,429,
4	Income from investment of	•		0.			
5	Royalties			0.			
		(i) Real	(ii) Personal				
6a	Gross rents	383,635.					
b	Less: rental expenses	383,635.					
c d	Rental income or (loss)			383,635.			383,
7a	Gross amount from sales of	(i) Securities	(ii) Other	505,055.			505,
10	assets other than inventory	121,629,946.					
ь		,,.					
	and sales expenses	114,158,076.	6,596,199.				
c	Gain or (loss)	7,471,870.	1,162,077.				
d	Net gain or (loss)			8,633,947.			8,633,
8a	Gross income from fundra						
	events (not including \$7						
	of contributions reported on						
	See Part IV, line 18	a	1,403,524.				
b	Less: direct expenses	b	3,308,562.				
c	Net income or (loss) from fu	ndraising events	▶	-1,905,038.			-1,905,
9a	Gross income from gaming						
	See Part IV, line 19						
b	Less: direct expenses			0.			
с 10а	Net income or (loss) from ga Gross sales of invento	ory, less		0.			
b	returns and allowances Less: cost of goods sold	b	0.				
c	Net income or (loss) from sal Miscellaneous Revenue		Business Code	0.			
	MISCELLANEOUS INCOME	<u> </u>	900099	0 071			9,
11a			300033	9,871.			у, У,
b			+				
C d							
d	All other revenue Total. Add lines 11a-11d			9,871.			
e	I OTAL AUD IMES 118-110		· · · · · · · F	95,664,313.			15,551,

Form 990 (2016)

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Page **9**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations mus		s. All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a respo				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	4,275,164.	4,275,164.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	126,000.	126,000.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	20 052 717	20 052 717		
individuals. See Part IV, lines 15 and 16	28,053,717.	28,053,717.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,473,615.	1,460,573.	452,046.	560 , 996
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	_			
persons described in section 4958(c)(3)(B)	0.	F 000 100	0.451.000	
7 Other salaries and wages	13,399,439.	7,920,198.	2,451,389.	3,027,852
8 Pension plan accruals and contributions (include	1 010 100	E00.024	102 022	
section 401(k) and 403(b) employer contributions)	1,010,129.	590,934. 1,204,066.	182,832. 372,532.	236,363
9 Other employee benefits	1,071,143.	626,628.	193,875.	250,640
0 Payroll taxes	1,0/1,143.	020,020.	195,075.	250,040
1 Fees for services (non-employees):	0.			
a Management	165,148.			165,148
b Legal	156,084.			156,084
c Accounting	0.			
d Lobbying e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	2,086,592.		2,086,592.	
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	3,136,700.	2,530,128.	446,144.	160,428
2 Advertising and promotion	1,302,791.	919,674.	157,657.	225,460
3 Office expenses	4,687,770.	2,869,990.	429,380.	1,388,400
4 Information technology	0.			
5 Royalties	0.			
6 Occupancy	2,282,325.	1,567,999.	289,418.	424,908
7 Travel	1,260,578.	836,642.	184,636.	239,300
8 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	653,216.	490,321.	76,553.	86,342
0 Interest	0.			
1 Payments to affiliates	0.	(22.25)	00.100	100 202
2 Depreciation, depletion, and amortization	901,820.	622,256.	90,182.	189,382
3 Insurance	302,191.	263,309.	33,172.	5,710
4 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
aMISSIONS	2,161,372.	2,031,795.	126,550.	3,027
bSPEAK/HONORARIUM FEES & PROM	794,631.	508,646.	108,597.	177,388
TAXES & LICENSES	659,449.	518,434.	57,686.	83,329
dEQUIPMENT LEASES	424,543.	279,642.	65,890.	79,011
e All other expenses	374,506.	337,174.	19,774.	17,558
5 Total functional expenses. Add lines 1 through 24e	73,817,124.	58,033,290.	7,824,905.	7,958,929
6 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)	0.			
1010WING OCI 30-2 (AGC 300-720)	U.			

0.

JSA 6E1052 1.000

following SOP 98-2 (ASC 958-720)

Form 990 (2016)

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Dout V	Palanaa	Ch
Form 990 ((2016)	

-	990 (.	Balance Sheet					Page II
Pa	rt X	Check if Schedule O contains a response of	or note to	any line in this D	art X		
						••	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			331,793.	1	353,269.
	2	Savings and temporary cash investments			1,839,005.	2	5,149,239.
	3	Pledges and grants receivable, net			30,846,001.	3	31,590,065.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	former of	ficers, directors,			
		trustees, key employees, and highest co	ompensat	ed employees.			
		Complete Part II of Schedule L			641,000.	5	0.
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
s		organizations (see instructions). Complete Part II of Sche	edule L		0.	6	0.
Assets	7	Notes and loans receivable, net			184,493.	7	184,493.
As	8	Inventories for sale or use			0.	8	0.
	9	Prepaid expenses and deferred charges			802,783.	9	1,456,651.
	10 a	Land, buildings, and equipment: cost or					
		· · · · · · · · · · · · · · · · · · ·	10a	32,938,561.			
		Less: accumulated depreciation	10b	10,456,590.	29,228,380.		22,481,971.
	11					11	258,632,729.
	12	Investments - other securities. See Part IV, line 11				12	4,031,967.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	93,670,863.
	15	Other assets. See Part IV, line 11				15 16	417,551,247.
_	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equal				10	3,016,313.
	17	Accounts payable and accrued expenses				17	13,296,462.
	19	Grants payable			19	0.	
	20	Deferred revenue Tax-exempt bond liabilities				20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV of So	chedule D	-	21	0.
	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
lide		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ľ	23	Secured mortgages and notes payable to unrelate				23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	s 17-24). (Complete Part X			
		of Schedule D				25	40,019,516.
	26	Total liabilities. Add lines 17 through 25			58,468,574.	26	56,332,291.
s		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		re 🕨 🕺 and			
nce	27				269,203,493.	27	299,818,568.
ala	28	Unrestricted net assets Temporarily restricted net assets				28	50,672,800.
d B	29	Permanently restricted net assets				29	10,727,588.
'n		Organizations that do not follow SFAS 117 (ASC 958)				25	
or F		complete lines 30 through 34.	,, опоск по				
ts (30	Capital stock or trust principal, or current funds			30		
sse	31	Paid-in or capital surplus, or land, building, or equ	uipment fui	nd		31	
t As	32	Retained earnings, endowment, accumulated inco	ome, or of	ther funds		32	
Net Assets or Fund Balances		Retained earnings, endowment, accumulated inco Total net assets or fund balances Total liabilities and net assets/fund balances	ome, or of			32 33	361,218,956. 417,551,247.

Form 990 (2016)

JEWISH NATIONAL FUNC	JEWISH	NATIONAL	FUND
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Form 99	00 (2016)				Pa	ge 12
Part						
	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		-	64,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			17,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			47,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			52,3	
5	Net unrealized gains (losses) on investments	5		14,2	19,7	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8		1 5	00 0	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	•	-1,5	00,3	511.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		2	- 1 - 2	10 0	
	33, column (B))	10	3	51 , 2	18,9	50.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
	Accounting method used to prepare the Form 990: Cash X Accrual Other		1		Yes	No
1		valaia				
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xpiain	IU			
•				2a		х
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			Za		
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	iplied	01			
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	х	
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audi			20		
	separate basis, consolidated basis, or both:	leu oi	ı a			
	Separate basis X Consolidated basis Both consolidated and separate basis					
~	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	ovorci	aht			
C	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	Apiali				
30	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
Ja	the Single Audit Act and OMB Circular A-133?	ronti		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b		

Form **990** (2016)

SCHEDULE A

(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. Department of the Treasury

OMB No. 1545-0047 Open to Public

nterr	ternal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ame of the organization JEWISH NATIONAL FUND Employer identification number												
		e organization						Employer identifi					
Pa				/	proanizations must o	omplet	e this pa	art.) See instructions					
				• •	is: (For lines 1 through			,	·				
1	<u> </u>		•		tion of churches desc			,					
2		-			. (Attach Schedule E								
3					rganization described	-							
4		-	-	-	-			section 170(b)(1)(A)	(iii) Entor the				
4			-	•		spital ue	scribeu ii						
F		hospital's nam	-				d or one	rated by a governme	ntal unit described in				
5		•	•	Complete Part II.)	a college of universit	y owned	u or ope	aled by a governme					
6		•		• •	rnmental unit describe	d in cact	ion 170/	b)(1)(A)(y)					
7			-				-		om the general public				
1		-		-	-		Jili a yu		fin the general public				
•)(1)(A)(vi). (Compl									
8		-			b)(1)(A)(vi). (Complete		oporatod	Lin conjunction with a	land grant callege				
9		-		-			-	l in conjunction with a					
		-		grant college of ag		10115). EI		name, city, and state of	the college of				
10	university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross												
10	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes												
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
				-				-	-				
а				•	•	•		orted organization(s),					
			•	., .	• • • • •		ajority of	the directors or truste	es of the				
		- ··	•	•	e Part IV, Sections A								
b				•				supported organization					
			-		-	the sam	e persor	is that control or man	age the supported				
		7 7	. ,	-	, Sections A and C.								
С								n with, and functional	ly integrated with,				
	_		-		ns). You must comple								
d			-	•		•		ection with its suppor	•				
				•	• •	•		oution requirement and	an attentiveness				
	_	- ·		,	omplete Part IV, Sect		-						
е			-					nat it is a Type I, Type I	I, Type III				
_					ionally integrated sup		organizat	ion.					
f				-					••••				
g					orted organization(s).	1							
	(i) Na	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
					above (see instructions))		ment?	instructions)	instructions)				
						Yes	No						
(A)													
. ,													
(B)													
(C)													
(D)													
·													
(E)													
Tota													
1018	11												

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 6E1210 1.000

Schedule A (Form 990 or 990-EZ) 2016

13-1659627

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	101,297,714.	71,945,821.	195,491,408.	66,396,313.	79,753,909.	514,885,165.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	101,297,714.	71,945,821.	195,491,408.	66,396,313.	79,753,909.	514,885,165.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)						182,345,651.
6	Public support. Subtract line 5 from line 4.						332,539,514.
	tion B. Total Support	(-) 2012	(b) 2012	(-) 2014	(-1) 2015	(2) 2016	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015 66,396,313.	(e) 2016	(f) Total
7	Amounts from line 4	101,297,714.	71,945,821.	195,491,408.	66,396,313.	79,753,909.	514,885,165.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,244,828.	1,399,674.	6,475,077.	8,710,580.	8,814,305.	26,644,464.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH. 1</u>	28,277.	19,529.	1,087,424.	1,238,554.	1,413,395.	3,787,179.
11	Total support. Add lines 7 through 10						545,316,808.
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,544,921.
13	First five years. If the Form 990 is for organization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li	ne 6, column (f)) divided by line	11, column (f))		14	60.98%
15	Public support percentage from 2015					15	60.82%
	331/3% support test - 2016. If the o this box and stop here. The organization	on qualifies as a	publicly suppor	ted organizatio	n		► X
b	331/3% support test - 2015. If the c	-					
	check this box and stop here. The orga			• • •			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					•	•
	Part VI how the organization meets t			•			upported
	organization						▶⊔
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organizati						publicly
	supported organization						►
18	Private foundation. If the organization						
	instructions	<u></u>	<u></u>				<u> ► </u>

Schedule A (Form 990 or 990-EZ) 2016

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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						
	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.)						
Sec	tion B. Total Support						l
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	carried on Other income. Do not include gain or						
12	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 f	for the organiza	tion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here	-					
Sec	tion C. Computation of Public Sup	port Percenta	age				
15	Public support percentage for 2016 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2015 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2016 (li	ne 10c, column (f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2015	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2016. If the or					e than 331/3%,	and line
	17 is not more than 331/3%, check th						
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	• •	. ,		
JSA	1 1.000					Schedule A (Form 9	
02122	1997MY 702V 5/30/2018 8	:25:36 AM	V 16-7.17	0	176693-000	06	PAGE 1

Page 3

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If Yes*, *provide detail in Part VI*.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).*
- 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).*
- **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.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** 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.*
- **10 a** 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.*
 - **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.)

Schedu	le A (Form 990 or 990-EZ) 2016		F	Page 5
Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			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 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			
	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			
	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			
	supported organizations played in this regard.	3		
Secti	on 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 year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	ə instru	ctions).	
-			Yes	
2	Activities Test. Answer (a) and (b) below.			
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			

	<i>those supported organizations and explain</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined					
	that these activities constituted substantially all of its activities.	2a				
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b				
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or					
4	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	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 Schedule A (Form 990 or 990-EZ) 2016

13-1659627

3

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	nizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organi			
Section 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 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
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		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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		

 emergency temporary reduction (see instructions).
 6

 7
 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.	0		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Page 8

Schedule A (Form 990 or 990-EZ) 2016

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL	
MISCELLANEOUS	28,277.	19,529.	9,941.	79,033.	9,871.	146,651.	
SPECIAL EVENT ACTIVITIES			1,077,483.	1,159,521.	1,403,524.	3,640,528.	
TOTALS	28,277.	19,529.	1,087,424.	1,238,554.	1,413,395.	3,787,179.	

Schedule B	Schedule of Contributors			OMB No. 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	990-PF) Attach to Form 990, Form 990-EZ, or Form 990-PF.				
Name of the organizatio	n		Employe	r identification number	
JEWISH NATIONAI	J FUND				
(KEREN KAYEMETH	I LEISRAEL)	INC.	13-1	659627	
Organization type (ch	eck one):				
Filers of:	Sect	tion:			
Form 990 or 990-EZ	X	501(c)(³) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation		
		527 political organization			
Form 990-PF		501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundat	ion		
		501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990), 990-EZ,	or 990-PF)	(2016)
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Name of organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC. Page 2 Employer identification number 13–1659627

(a)	(b)	(c)	(d)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$7,140,102.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,164,974.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1,774,804.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,758,512.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	(KEREN KAYEMETH LEISRAEL) INC.	13-1659627			
Part II	Noncash Property (See instructions). Use duplicate copies	of Part II if additional space is ne	eded.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization JEWISH NATIONAL FUND

Page 3

Employer identification number

	(Form 990, 990-EZ, or 990-PF) (2016) rganization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRA	EI) INC		Page 4 Employer identification number 13–1659627				
Part III	Exclusively religious, charitable, etc., contributions to organizations desc (10) that total more than \$1,000 for the year from any one contributor. (the following line entry. For organizations completing Part III, enter the total contributions of \$1,000 or less for the year. (Enter this information once. S Use duplicate copies of Part III if additional space is needed.			scribed in section 501(c)(7), (8), or . Complete columns (a) through (e) and al of <i>exclusively</i> religious, charitable, etc.,				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4		Relat	ionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	Transferee's name, address, an	(e) Transf nd ZIP + 4		ionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held				
	(e) Transfer Transferee's name, address, and ZIP + 4			ionship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer o Transferee's name, address, and ZIP + 4			ionship of transferor to transferee				
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2016)				

SCHEE	DULE	D
(Form	990)	

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.

Open to Public Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization JEWISH NATIONAL FUND Employer identification number (KEREN KAYEMETH LEISRAEL) INC. 13-1659627 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 15. Total number at end of year 1 1,089,563. 2 Aggregate value of contributions to (during year) 715,179. 3 Aggregate value of grants from (during year) 7,768,482. 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 X Yes funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose X Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a а 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 8/17/06, and not on a d 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located **b** 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and q balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet b works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1.... ▶ \$ _ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 а ▶ \$ b ► \$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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OMB No. 1545-0047

13-	1659627	

Sche	dule D (Form 990) 2016						Page 2	
Par	t III Organizations Maintainii	ng Collections of	Art, Historical T	reasures,	or Other Sim	ilar Asset	ts (continued)	
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):							
•	collection items (check all that apply): Public exhibition d Loan or exchange programs							
a h	Public exhibition			-	e programs			
b	Scholarly research	rationa	e Other					
c	Preservation for future gene				the evention the		numero in Dont	
4	Provide a description of the organ XIII.	nization's collections	and explain now	they furthe	the organizatio	n's exempt	purpose in Part	
5	During the year, did the organization	on solicit or receive o	Ionations of art, hist	orical treas	ures, or other sim	nilar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organizatior	n's collection?	Г	Yes No	
Par	t IV Escrow and Custodial Ar	rangements.	· · · · ·	-				
	Complete if the organizat 990, Part X, line 21.	ion answered "Yes	s" on Form 990, P	art IV, line	9, or reported a	an amount	on Form	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for o	ontributions	s or other assets i	not		
	included on Form 990, Part X?					[Yes No	
b	If "Yes," explain the arrangement i							
						Amount		
С	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a					ustodial account	liability?	Yes No	
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanatior	i has been p	rovided on Part X	JH		
Par	t V Endowment Funds.							
	Complete if the organizat	ion answered "Yes	s" on Form 990, P	art IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d) Three	e years back	(e) Four years back	
1a	Beginning of year balance	5,803,074.	4,831,682.	4,188	,765. 3,3	87,374.	2,986,274	
b	Contributions	400,000.	900,000.	716	,804. 8	01,391.	401,100.	
	Net investment earnings, gains,							
Ū	and losses	441,157.	359,066.	-73	,887.	43,300.	22,954.	
Ь	Grants or scholarships							
e	Other expenditures for facilities							
Ũ	and programs	274,009.	287,674.					
f	Administrative expenses					43,300.	22,954.	
g	End of year balance	6,370,222.	5,803,074.	4,831	,682. 4,1	88,765.	3,387,374.	
2	Provide the estimated percentage	of the current year	end halance (line 1g	column (a)	held as:			
a	Board designated or quasi-endown	nent ►	_%					
b	Permanent endowment 100.0							
С	Temporarily restricted endowment	►%						
	The percentages on lines 2a, 2b, a	•						
3a	Are there endowment funds not in	the possession of the	ne organization that	are held ar	id administered for	or the		
	organization by:						Yes No	
	(i) unrelated organizations						3a(i) X	
	(ii) related organizations						3a(ii) X	
b	If "Yes" on line 3a(ii), are the relate	•	•				3b	
4								
Par	t VI Land, Buildings, and Equ Complete if the organiza	ipment. fion answered "Ye	s" on Form 990 F	Part IV line	11a See Forn	n 000 Par	t X line 10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumulated) Book value	
1a	Land	(inves		ther) 127,500.	depreciation		4,427,500.	
b				990,811.	2,701,330		17,289,481.	
c	Buildings Leasehold improvements				2,,01,550		1,1207,101.	
d	Equipment		1 1	242,392.	3,722,646		519,746.	
e e				277,858.			245,244.	
	Other I. Add lines 1a through 1e. (Column	(d) must equal Form					22,481,971.	
1018		i (u) musi eyuai rom	п 530, г ан л, сонинн	וו שווו , שווי			ule D (Form 990) 2016	
						Schedt	are D (Form 990) 2010	

Schedule D (Form 990) 2016			Page 3		
Part VII Investments - Other Securities.					
Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark			
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(F) (G)					
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►					
Part VIII Investments - Program Related.					
Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.	l "Voo" on Form 000	Dert IV line 11d See Form 000	Dort V line 15		
Complete if the organization answered		, Part IV, line 110. See Form 990,			
(a) De (1) BENEFICIAL INTEREST IN TRUSTS	scription		(b) Book value 837, 304.		
(1) DENDIFICIAL INTERED IN INODIC			5,390,968.		
(3) OTHER ASSETS			655,534.		
(d) INV. HELD UNDER SPLIT			,		
(5) INTEREST AGREEMENTS					
(6) INVESTMENT IN REAL ESTATE			85,387,057.		
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		93,670,863		
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,		
1. (a) Description of liability	(b) Book valu	e			
(1) Federal income taxes					
(2) SPLIT INTEREST AGREEMENTS	40,019,5	516.			
(3)					
(4)					
(5)					
(6)					
(7)					

(9) 40,019,516. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

(8)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2016

JEWISH NAT	IONAL	FUND
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Schedu	e D (Form 990) 2016		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	1	
a b c	Donated services and use of facilities 2b Recoveries of prior year grants 2c	-	
d e	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2e	
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	3	
b c	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b	4c	
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	5 Jrn.	
1 2 a	Total expenses and losses per audited financial statements	1	
b c d	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d	-	
е 3	Add lines 2a through 2d	2e 3	
4 a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	-	
5	Add lines 4a and 4b	4c 5	
Provid 2; Par	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		rt X, line

Schedule D (Form 990) 2016

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE PRIMARY OBJECTIVE OF THE ENDOWMENT IN THE NEAR TERM IS TO PRESERVE THE NORMAL MARKET VALUE OF ITS ASSETS IN ORDER TO LIMIT REALIZED AND UNREALIZED INVESTMENT LOSSES. THE SECONDARY OBJECTIVE OF THE ENDOWMENT IS TO GROW THE VALUE OF ITS ASSETS AT A MODEST RATE TO ALLOW FOR CONTINUED SUPPORT OF JNF'S OPERATIONS.

SCHEDULE D, PART X, LINE 2

JNF ADOPTED THE PROVISIONS OF ASC 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES." UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON JNF'S CONSOLIDATED FINANCIAL STATEMENTS. JNF DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. JNF HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, JNF HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED SEPTEMBER 30, 2017, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENT OF ACTIVITIES. JNF IS SUBJECT TO ROUTINE AUDITS BY TAXING AUTHORITIES.

SCHEDULE F		Staten	nent of A	ctivities	Outside the Unit	ted States	OMB No. 1545-0047	
(For	m 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.					2016	
► Attach to Form 990. Department of the Treasury ► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.						Open to Public		
Internal Revenue Service						Inspection entification number		
	•					59627		
Part	I General Info Form 990, Pa			Outside the U	nited States. Complete i	if the organization ar	nswered "Yes" on	
	-	-			substantiate the amount of	-		
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?							
ļ	grants or assistance	<i>?</i>					X Yes No	
	For grantmakers. I assistance outside the			ganization's p	rocedures for monitoring	the use of its gra	ints and other	
3		n. (The follow			e duplicated if additional sp			
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (a program service, describe specific type service(s) in the regio	expenditures for and investments	
(1)	MIDDLE EAST AND NOR	TH AFRICA	1.	7.	GRANTMAKING		28,053,717.	
(2)	CENTRAL AMERICA/CAR	RIBBEAN			INVESTMENTS		5,743,887.	
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
<u>(15)</u>								
<u>(16)</u>								
<u>(17)</u>	Out total							
3a b	Sub-total Total from co sheets to Part I	ontinuation	1.	7.			33,797,604.	
с	Totals (add lines 3		1.	7.			33,797,604.	
	aperwork Reduction A		e the Instruction	s for Form 990.		Scl	nedule F (Form 990) 2016	

Schedule F (Form 990) 2016

(16) (14) (13) (15) (12) (11)(10) 9 8 Ξ 6 ω N by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Enter total number of other organizations or entities MIDDLE EAST MIDDLE EAST MIDDLE EAST MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE MIDDLE EAST EAST EAST EAST EAST EAST EAST EAST GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP SUPP 579,130. 670,000 916,980. 975,000. 533,526. 656,558. 820,000 820,000. 825,000 950,000. 967,500. WIRE WIRE WIRE WIRE TRANSFE WIRE TRANSFE WIRE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE TRANSFE TRANSFE TRANSFE TRANSFE v

JEWISH NATIONAL FUND

Schedule F (Form 990) 2016

Part II

(a) Name of organization

(b) IRS code section and EIN (if applicable)

(c) Region

(d) Purpose of grant

(e) Amount of cash grant

(f) Manner of cash disbursement

(g) Amount of noncash assistance

(h) Description of noncash assistance

(i) Method of valuation (book, FMV, appraisal, other)

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Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Page 2 ω

Enter total number of other organizations or entities

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2016

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Part II (16) (14) (13) (15) (12) (11)(10) 9 8 Ξ 6 5 4 ω 2 Ξ N Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, organization (a) Name of (b) IRS code section and EIN (if applicable) MIDDLE EAST MIDDLE EAST MIDDLE EAST MIDDLE EAST MIDDLE **MIDDLE** EAST (c) Region **(d)** Purpose of grant GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL GENERAL SUPP GENERAL SUPP GENERAL SUPP SUPP SUPP (e) Amount of cash grant 217,142. 500,000. 212,000. 225,000 250,000 324,790 338,989. 340,000 350,000. 355,920. 363,500. 368,878. 369,060. 378,000 400,000. 525,000. (f) Manner of cash disbursement WIRE WIRE WIRE WIRE WIRE WIRE WIRE WIRE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE WIRE TRANSFE WIRE TRANSFE (g) Amount of noncash assistance (h) Description of noncash assistance (i) Method of valuation (book, FMV, appraisal, other)

JEWISH NATIONAL FUND

Schedule F (Form 990) 2016

13-1659627 Page **2** ω

Enter total number of other organizations or entities

Schedule F (Form 990) 2016

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(16) (14) (13) (15) (12) (11)(10) 9 8 Ξ 6 5 4 ω 2 Ξ N by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. organization (a) Name of (b) IRS code section and EIN (if applicable) MIDDLE EAST MIDDLE EAST MIDDLE EAST MIDDLE EAST MIDDLE MIDDLE **MIDDLE** EAST (c) Region **(d)** Purpose of grant GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL SUPP GENERAL GENERAL SUPP GENERAL SUPP GENERAL SUPP SUPP SUPP (e) Amount of cash grant 146,796. 123,000 125 160,000. 50 89 95 50,000. 50,000. 50,000. 60,000. 62,500. 65,000. 83,000. 45,000. 78,000. ,000. ,922. ,500. ,000. **(f)** Manner of cash disbursement WIRE WIRE WIRE WIRE WIRE WIRE WIRE WIRE TRANSFE WIRE WIRE TRANSFE WIRE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE WIRE TRANSFE (g) Amount of noncash assistance (h) Description of noncash assistance (i) Method of valuation (book, FMV, appraisal, other)

JEWISH NATIONAL FUND

Schedule F (Form 990) 2016

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

13-1659627

Page 2

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Enter total number of other organizations or entities

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Schedule F (Form 990) 2016

	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space	cipient who receiv	ved more than \$5,000.	Part II can be	duplicated if addit	ional space is	ted if additional space is needed.		
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST	GENERAL SUPP	40,000.	WIRE TRANSFE			
(2)			MIDDLE EAST	GENERAL SUPP	38,000.	WIRE TRANSFE			
(3)			MIDDLE EAST	GENERAL SUPP	30,000.	WIRE TRANSFE			
(4)			MIDDLE EAST	GENERAL SUPP	25,000.	WIRE TRANSFE			
(5)			MIDDLE EAST	GENERAL SUPP	23,500.	WIRE TRANSFE			
(6)			MIDDLE EAST	GENERAL SUPP	21,090.	WIRE TRANSFE			
(7)			MIDDLE EAST	GENERAL SUPP	15,000.	WIRE TRANSFE			
(8)			MIDDLE EAST	GENERAL SUPP	15,000.	WIRE TRANSFE			
(9)			MIDDLE EAST	GENERAL SUPP	15,000.	WIRE TRANSFE			
(10)			MIDDLE EAST	GENERAL SUPP	10,000.	WIRE TRANSFE			
(11)			MIDDLE EAST	GENERAL SUPP	10,000.	WIRE TRANSFE			
(12)			MIDDLE EAST	GENERAL SUPP	10,000.	WIRE TRANSFE			
(13)			MIDDLE EAST	GENERAL SUPP	9,500.	WIRE TRANSFE			
(14)			MIDDLE EAST	GENERAL SUPP	6,000.	WIRE TRANSFE			
(15)									
(16)									

JEWISH NATIONAL FUND

13-1659627

Page 2

Schedule F (Form 990) 2016

JSA 6E1276 1.000

	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(1)		Schedule F Part III
																			(a) Type of grant or assistance	Page Page Page Page Page Page Page Page
																			(b) Region	to Individuals Outside
																			(c) Number of recipients	the United S
																			(d) Amount of cash grant	states. Complete
																			(e) Manner of cash disbursement	if the organiza
																			(f) Amount of noncash assistance	ation answered "Yes
Sc																			(g) Description of noncash assistance	" on Form 990
Schedule F (Form 990) 2016																			(h) Method of valuation (book, FMV, appraisal, other)	Page 3), Part IV, line 16.

JEWISH NATIONAL FUND

Sched	ule F (Form 990) 2016		Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Y	es 🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Y	es X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Y	es No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Y	es X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Y	es X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Y	es X No

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Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

THE JEWISH NATIONAL FUND IS DEVOTED TO PROMOTING AND FURTHERING THE CULTURAL, PHYSICAL, SOCIAL, MEDICAL, AGRICULTURAL AND GENERAL WELFARE OF THE PEOPLE OF ISRAEL. ONE OF THE PRINCIPAL WAYS JNF ACCOMPLISHES THIS MISSION IS BY GRANTING FUNDS TO SUPPORT PROJECTS AND ORGANIZATIONS IN ISRAEL. ALL FUNDS GRANTED (AND REPORTED ON SCHEDULE F) ARE MADE TO ORGANIZATIONS LOCATED IN ISRAEL FOR THE PURPOSES OF BETTERING THE ISRAELI SOCIETY. JNF TAKES ITS RESPONSIBILITY OF MONITORING THESE PROJECTS VERY SERIOUSLY AND UNDERTAKES RIGOROUS PROCESSES TO ENSURE THAT THE FUNDS GRANTED ARE USED FOR THE PURPOSES INTENDED.

JNF ESTABLISHED THE ISRAEL RELATIONS COMMITTEE WHICH TRAVELS ANNUALLY TO ISRAEL TO STUDY IN-DEPTH THE NEEDS, REVIEW ONGOING PROJECTS, AND EVALUATE FUTURE PLANS. ISRAEL PROJECTS ARE CARRIED OUT BY JNF BOARD- APPROVED SELECT ISRAEL NOT-FOR-PROFIT ORGANIZATIONS. JNF STAFF IN ISRAEL MONITOR THE PROGRESS OF PROJECTS TO ENSURE THAT THEY ARE BEING IMPLEMENTED PROPERLY. REPRESENTATIVES IN ISRAEL SEND MONTHLY REPORTS BACK TO JNF ON THE STATUS OF ALL FUNDED PROJECTS IN ISRAEL.

SCHEDULE F, PART II JEWISH NATIONAL FUND MADE GRANTS TO THE FOLLOWING ORGANIZATIONS:

FIRE RELIEF & RESCUE \$3,317,500 JEWISH NATIONAL FUND MEETS THE CHALLENGE OF OUTFITTING ISRAEL'S FIREFIGHTERS WITH THE STATE-OF-THE-ART EQUIPMENT, VEHICLES, AND

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FACILITIES THEY NEED TO CONTINUE PERFORMING THEIR JOB OF PROTECTING

ISRAEL'S CITIZEN IN PARTNERSHIP WITH THE ISRAELI FIRE COMMISSIONERS

OFFICE.

BEYACHAD FUND \$2,918,903

SUPPORT AND DEVELOP AREAS IN NEGEV AND GALILEE.

ALEH NEGEV \$2,609,500

A STATE-OF-THE-ART REHABILITATIVE VILLAGE IN THE NEGEV, ALEH NEGEV OFFERS UNPARALLELED CARE FOR PEOPLE WITH SEVERE DISABILITIES, EMPOWERING RESIDENTS AND OUTPATIENTS TO HELP THEM REACH THEIR POTENTIAL FOR COMMUNICATION AND DEVELOPMENT.

NEW GUARD ASSOCIATION \$2,157,920

ESTABLISHED IN 2007, HASHOMER HACHADASH, OR "THE NEW GUARDIANS," IS A VOLUNTEER ORGANIZATION DEDICATED TO SAFEGUARDING THE LAND IN THE NEGEV AND GALILEE AND UPHOLDING THE ZIONIST IDEALS ON WHICH THE STATE OF ISRAEL WAS FOUNDED. AS PART OF BLUEPRINT NEGEV AND GO NORTH, JNF HAS PARTNERED WITH HASHOMER HACHADASH TO TRAIN YOUNG JEWISH ZIONIST LEADERS ABOUT THE LAND OF ISRAEL AND THEIR CONNECTION TO ISRAEL, TO SUPPORT ITS VARIOUS PROGRAMMING AND OPPORTUNITIES FOR GLOBAL JEWRY TO STRENGTHEN THEIR BOND WITH THE LAND OF ISRAEL.

AMMUNITION HILL \$1,205,619

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AMMUNITION HILL VIVIDLY PORTRAYS THE SIEGE OF JERUSALEM IN THE '67 WAR AND SERVES AS AN EDUCATIONAL CENTER OF THE CRUCIAL BATTLE WAGED THERE FOR THE REUNIFICATION OF JERUSALEM.

YAD LAYELED HAMEYUCH \$975,000

information (see instructions)

INTEGRATES YOUTH WITH DISABILITIES INTO THE ISRAEL DEFENSE FORCES (IDF)

AND LATER ON INTO ISRAEL SOCIETY.

BEERSHEVA LAKE \$967,500

WORK IS ALSO UNDERWAY ON THE BE'ER SHEVA RIVER PARK. KNOWN AS NEVE MIDBAR, OR "DESERT OASIS" IN HEBREW, THE 23-ACRE LAKE WILL BE ISRAEL'S LARGEST MAN-MADE LAKE. MORE IMPORTANTLY, THE LAKE WILL DOUBLE AS A RESERVOIR TO IRRIGATE AND CARE FOR THE PARK'S NEEDS. WATER FOR THE RESERVOIR WILL BE SUPPLIED BY TREATED AND RECYCLED SEWAGE AND WASTE WATER FROM THE CITY.

CHALUTZA BNEY NETZARIM MEDICAL CENTER \$950,000 THE JEWISH NATIONAL FUND HAS CONSTRUCTED A BRAND-NEW MEDICAL FACILITY IN HALUTZA, ISRAEL. THE 24-HOUR MEDICAL CENTER OFFERS FAMILY MEDICINE AND EMERGENCY SERVICES, AND CONTRIBUTES TO ATTRACTING AND RETAINING RESIDENTS IN THE AREA.

HUGAY SAYARUT \$916,980

JSA

GREEN HORIZONS, KNOWN IN ISRAEL AS HUGEY SAYARUT, OFFERS OUTDOOR

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EDUCATIONAL ACTIVITIES TO ISRAELI YOUTH IN GRADES 5-12. THE TRANSFORMATIVE PROGRAM TAKES PARTICIPANTS ON HIKING AND CAMPING TRIPS THROUGHOUT THE COUNTRY TO BUILD INTERPERSONAL AND LEADERSHIP SKILLS AND FOSTER A STRONG CONNECTION TO THE LAND OF ISRAEL.

SUSTAINABILITY LABORATORY \$825,000

PROJECT WADI ATTIR IS A GROUNDBREAKING INITIATIVE OF THE BEDOUIN COMMUNITY IN THE NEGEV TO ESTABLISH A MODEL, AND REPLICABLE, SUSTAINABLE AGRICULTURAL OPERATION FOR ARID ENVIRONMENTS.

ASSOCIATION FOR EMPLOYEMENT DEVELOPMENT FOR THE NEGEV \$820,000 THE LAUDER EMPLOYMENT CENTER OFFERS COMPREHENSIVE CAREER SERVICES AND PROVIDES GUIDANCE AND RESOURCES TO STUDENTS AND ALUMNI FOCUSED ON STAYING IN THE NEGEV WORKING WITH BEN GURION UNIVERSITY.

NEFESH B'NEFESH \$820,000

JSA

NEFESH B'NEFESH IS DEDICATED TO REVITALIZING ALIYAH BY REMOVING OR MINIMIZING THE FINANCIAL, PROFESSIONAL, LOGISTICAL AND SOCIAL OBSTACLES OF THE MOVE TO ISRAEL.

ASSOCIATION FOR THE WELFARE OF AGED-BE'ER SHEVA \$670,000 RENOVATION AND EXPANSION OF SENIOR ADULT HOUSING IN BEERSHEVA FOR RESIDENTS OF THE NEGEV

Part V Supplemental Information

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ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES \$656,558 THE ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES IS A WORLD-CLASS TEACHING AND RESEARCH CENTER IN SOUTHERN ISRAEL THAT PREPARES MUSLIM, CHRISTIAN, AND JEWISH STUDENTS TO COOPERATIVELY ADDRESS THE SHARED ENVIRONMENTAL CHALLENGES OF THE MIDDLE EAST.

LOTEM INTEGRATED NATURE STUDIES \$579,130

LOTEM BRINGS PEOPLE WITH SPECIAL NEEDS CLOSER TO NATURE THROUGH FIELD TRIPS, ACCESSIBLE HIKES IN JNF'S FIRST INCLUSIVE PARK, AND CREATIVE WORKSHOPS IN NATURE, ADAPTED TO THE NEEDS OF PARTICIPANTS AND FOR PEOPLE OF ALL AGES.

ARAVA REGIONAL COUNCIL- RESEARCH & DEVELOPMENT \$533,526 AS PART OF ITS BLUEPRINT NEGEV CAMPAIGN TO MAKE THE NEGEV HABITABLE TO THE NEXT GENERATION OF ISRAEL'S RESIDENTS, JNF IS INVESTING IN THE ARAVA IN AN EFFORT TO DOUBLE THE POPULATION OF THE REGION OVER THE NEXT DECADE.

SOCIETY OF FRIENDS FOR THE PRESERVATION OF HISTORICAL SITES IN ISRAEL

(SPIHS) \$525,000

SOCIETY FOR PRESERVATION OF ISRAEL HERITAGE SITES WORKS TO LOCATE, RESTORE, AND PRESERVE HERITAGE SITES ACROSS ISRAEL, MANY OF WHICH DATE AS FAR BACK AS THE 18TH CENTURY. Page 5

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THE SCHOEN FOUNDATION \$500,000

ASSOCIATION THAT IS ENGAGED IN THE SUPPORT OF VARIOUS ENTITIES AND

COMMUNITIES IN ISRAEL SPECIFICALLY JNF MAKOM COMMUNITIES.

YIVO INSTITUTE FOR JEWISH RESEARCH \$400,000

YIVO IS THE WORLD'S PREMIER INSTITUTION FOR THE STUDY OF EASTERN EUROPEAN JEWRY AND OF THOSE JEWISH COMMUNITIES SUCH AS THAT IN THE UNITED STATES THAT PRIMARILY DERIVE FROM THE MIGRATION OF EASTERN EUROPEAN JEWS.

FUND FOR DEVELOPING SDEROT \$378,000

SDEROT INDOOR RECREATION CENTER - A 21,000 SQUARE FOOT SECURE INDOOR PLAYGROUND AND COMMUNITY CENTER. THIS INDOOR PLAYGROUND ATTRACTION INCLUDES A SOCCER FIELD AND VOLLEYBALL COURT, CLIMBING WALL, COMPUTER CENTER AND MUSIC PROGRAMS.

TOR HAMIDBAR \$369,060

TOR HAMIDBAR AIMS TO IMPROVE THE COMMUNAL FABRIC OF THE NEGEV THROUGH BUILDING NEW COMMUNITIES AND STRENGTHENING EXISTING ONES, PROMOTING A SUSTAINABLE LOCAL ECONOMY AND DEVELOPING CRUCIAL INFRASTRUCTURE AND SERVICES WHICH ARE LACKING IN ISRAEL'S PERIPHERY.

KKL-AFFORESTATION \$368,878

JSA

AS AN INNOVATOR IN GREEN INNOVATIONS AND A PIONEER IN FOREST CREATION, JNF HAS PLANTED MORE THAN 240 MILLION TREES IN ISRAEL, PROVIDING LUSCIOUS

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

BELTS OF GREEN COVERING MORE THAN 250,000 ACRES, AND INVESTS IN AGRICULTURAL INFRASTRUCTURE DEVELOPMENT, RESEARCH, SOIL CONSERVATION, AND FIREFIGHTING.

SHLOMIT – AQUATICS PARK, DAY CARE CENTER & KINDERGARTEN \$363,500 SHLOMIT IS ONE OF THREE COMMUNITIES IN HALUTZA WHICH IS LOCATED IN THE NORTHWEST NEGEV ON ISRAEL'S BORDERS WITH EGYPT AND GAZA. HALUTZA WAS FOUNDED IN 2005 BY A GROUP OF FAMILIES EVACUATED FROM THE GUSH KATIF COMMUNITIES OF ATZMONA AND NETZARIM DURING ISRAEL'S DISENGAGEMENT FROM GAZA.

KKL- GENERAL DONATIONS \$355,920

KKL, BORN IN 1901, IS ISRAEL'S LARGEST GREEN ORGANIZATION AND THE OLDEST GREEN ORGANIZATION IN THE WORLD. KKL-JNF ADVANCES WATER ECONOMY, FORESTRY, EDUCATION, COMMUNITY DEVELOPMENT, TOURISM, AND RESEARCH AND DEVELOPMENT IN ISRAEL.

MAKOM LEKULAM KIDUM/NATIONAL COUNCIL ACTIVIST COMMUNITIES \$350,000 PROVIDING SOCIAL SERVICES TO BOTH NEW AND STRUGGLING COMMUNITIES TO INCREASE THE QUALITY OF LIFE AND ATTRACT NEW RESIDENTS.

RED MOUNTAIN THERAPEUTIC RIDING CENTER (GROFIT) \$340,000 RED MOUNTAIN THERAPEUTIC RIDING CENTER PROVIDES WEEKLY HORSEBACK RIDING THERAPY TO NEARLY 200 CHILDREN AND ADULTS WITH PHYSICAL AND MENTAL

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DISABILITIES AS WELL AS EMOTIONAL AND BEHAVIORAL ISSUES IN ISRAEL'S

REMOTE ARAVA REGION.

SAPIR POOL & RECREATION CENTER \$338,989

ARAVA SPORTS AND RECREATION CENTER BEING CONSTRUCTED AT SAPIR

ASSOCIATION FOR ISRAEL BASEBALL \$324,790

PROJECT BASEBALL GIVES THE CHILDREN OF ISRAEL AN OPPORTUNITY TO LEARN

LIFE LESSONS WHILE BUILDING LASTING FRIENDSHIPS.

ECONOMIC COMPANY, SDEROT- SDEROT OUTDOOR CHILDRENS PARK \$250,000 SDEROT RECREATIONAL OUTDOOR PARK FOR CHILDREN

HALUTZIT \$225,000

HALUTZA IS COMPRISED OF THREE COMMUNITIES: NAVEH, BNEI BETZARIM, AND SHLOMIT. PROJECTS HAVE INCLUDED THE HALUTZA MEDICAL CENTER, THE HALUTZA STUDENT PROGRAM, THE NAVEH SYNAGOGUE PROJECT, AND THE YOUNG FARMER'S INCUBATOR PROJECT.

OR MOVEMENT (CARMIT DAY CARE CENTER & VISITOR CENTER) \$217,142 THE OR MOVEMENT WORKS TO DEVELOP AND BUILD UP THE NEGEV AND GALILEE, TO TURN THEM INTO INDEPENDENT AND THRIVING CENTERS OF LIFE; MAGNETS TO EVERY STREAM OF POPULATION; AND A NATIONAL ENGINE FOR GROWTH.

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Part V Supplemental Information

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WESTERN GALILEE NOW \$212,000

WGN IS A CONSORTIUM OF SMALL TOURISM OPERATORS AND ARTISANAL BUSINESSES WHICH PROMOTES AWARENESS AND APPRECIATION FOR THE REGION'S BOUTIQUE WINES, FOOD, ART AND PRODUCE, ALONG WITH ITS CULTURAL DIVERSITY, HISTORIC TRADITIONS, AND SCENIC ROUTES NESTLED BETWEEN THE MOUNTAINS AND THE MEDITERRANEAN SEA.

ARAVA INTERNATIONAL CENTER FOR AGRICULTURAL TRAINING \$160,000 ARAVA INTERNATIONAL CENTER FOR AGRICULTURAL TRAINING (AICAT) IS THE LEADING AUTHORITY IN SOPHISTICATED ARID LANDS AGRICULTURAL STUDIES AND TRAINING AND IS A CENTRAL PLATFORM FOR GLOBAL COLLABORATIONS IN THE AGRICULTURE ARENA. IT WAS FOUNDED TO TRAIN AGRICULTURAL STUDENTS FROM DEVELOPING COUNTRIES TO GIVE THEM THE TOOLS THEY NEED FOR MORE SOPHISTICATED AGRICULTURE AND FOOD PRODUCTION.

NETZARIM DEVELOPMENT (CHALUTZA MEDICAL CENTER) \$146,796 BENI NETZARIM IS ONE OF THREE COMMUNITIES IN HALUTZA WHICH IS LOCATED IN THE NORTHWEST NEGEV ON ISRAEL'S BORDERS WITH EGYPT AND GAZA. HALUTZA WAS FOUNDED IN 2005 BY A GROUP OF FAMILIES EVACUATED FROM THE GUSH KATIF COMMUNITIES OF ATZMONA AND NETZARIM DURING ISRAEL'S DISENGAGEMENT FROM GAZA.

SHVUATHA ADAMAH \$125,000 EARTH'S PROMISE WAS FOUNDED WITH THE GOAL OF PROMOTING URBAN AGRICULTURE

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THROUGH DEVELOPING NEGLECTED URBAN AREAS INTO GREEN SPACES THAT PRODUCE FRESH, HEALTHY, AND READILY AVAILABLE FOOD SOURCES FOR LOCAL COMMUNITIES.

ISRAEL AIRFORCE ASSOCIATION \$123,000

RECREATION PROJECTS DESIGNATED FOR THE ISRAEL AIR FORCE WITHIN THE RAMON

AIR FORCE BASE WHERE JNF PREVIOUSLY CONSTRUCTED AN OUTDOOR WETLANDS AND

AMPHITHEATER.

KKL-AMERICAN INDEPENDENCE PARK \$95,500

JNF-USA DONOR RECOGNITION CENTER IN ISRAEL AT AMERICAN INDEPENDENCE PARK

KEREN GUSH ETZION \$83,000

GUSH ETZION MUSEUM; A MEMORIAL TO THE HEROIC MEN AND WOMEN WHO GAVE THEIR LIVES TO PROTECT THE COMMUNITIES OF THE ETZION BLOC.

ISRAEL-ASIA CENTER \$78,000

ACTIVITIES DEDICATED TO BUILDING A SHARED FUTURE BETWEEN ISRAEL AND ASIA. WORKING IN JOINT COOPERATION WITH THE ISRAEL ASIA CENTER.

SDEROT PARK \$68,922

JNF IS CONTINUING TO IMPROVE THE QUALITY OF LIFE IN SDEROT BY TAKING BACK THE OUTDOORS WITH A NEW RECREATIONAL PARK. LOCATED IN THE HEART OF SDEROT THIS PARK IS EASILY ACCESSIBLE AND HAS ATTRACTIONS SUITABLE FOR ADULTS

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JSA 6E1502 2.000

Part V Supplemental Information

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AND CHILDREN OF ALL AGES.

BIKE TRAILS & LOOKOUTS \$65,000 TODAY'S ISRAEL IS A GREEN ISRAEL, WITH A WEALTH OF NATIONAL TREASURES LOVINGLY DEVELOPED BY KKL-JNF. KKL-JNF HAS DEVELOPED FORESTS, PARKS, WALKING TRAILS, BICYCLE TRACKS, WHEEL-ACCESSIBLE PATHS, PICNIC GROUNDS AND RECREATION SITES.

EREZ CENTER EDUCATION \$62,500

JNF IS COMMITTED TO DEVELOPING A SPECIAL TRAINING PROGRAM AT THE EREZ COLLEGE NATURAL GAS VOCATIONAL TRAINING CENTER IN SHLOMI, INCLUDING PRACTICAL ENGINEERING AND NATURAL GAS TRAINING FOR ISRAEL'S NEW INDUSTRY. EREZ COLLEGE SUCCESSFULLY PROVIDES TO THE UNEMPLOYED, AND UNDEREMPLOYED, THE STATE-OF-THE-ART KNOWLEDGE AND TOOLS NEEDED TO FIND AND MAINTAIN LONG-TERM EMPLOYMENT, ADVANCE IN THEIR CHOSEN FIELDS, RAISE THEIR FAMILY'S STANDARD OF LIVING, AND STRENGTHEN THE HUMAN INFRASTRUCTURE OF THE WESTERN GALILEE.

ACCO VISITOR CENTER \$60,000

THIS CENTER INSPIRES VISITORS TO PARTAKE IN THE WIDE VARIETY OF TOURIST ATTRACTIONS IN AND AROUND THE WESTERN GALILEE AND ENCOURAGE THEM TO STAY LONGER AS THERE IS SO MUCH TO DO, SEE, TASTE, AND ENJOY.

BET SHEMESH BASEBALL \$50,000

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 PROJECT BASEBALL GIVES THE CHILDREN OF ISRAEL AN OPPORTUNITY TO LEARN
 LIFE LESSONS WHILE BUILDING LASTING FRIENDSHIPS. JNF HAS EMABRKED ON THE
 DEVEOPMENT OF A BASEBALL FIELD IN THE CITY OF BEIT SHEMESH.
 ISRAEL ASSOCIATION OF OCEANOGRAPHY \$50,000

DEVELOPING RESEARCH AND DEVELOPMENT IN THE PROTECTION OF ISRAEL'S MARINE,

COASTAL AND FRESHWATER RESOURCES.

NIRIM FOUNDATION \$50,000

ISRAEL YOUTH PROGRAM FOR YOUTH AT HIGH RISK

TEL AVIV UNIVERSITY \$50,000

JOINT COOPERATION FOR STOCKHOLM JUNOR WATER PRIZE.

KKL-YAHEL HOUSING \$45,000

JSA

THE HOUSING DEVELOPMENT FUND FACILITATES THE MOVEMENT OF POPULATION TO THE NEGEV AND GALILEE, AN IMPERATIVE FOR ISRAEL'S SECURE AND LASTING FUTURE, BY PROVIDING TARGETED FUNDING FOR PHYSICAL INFRASTRUCTURE WHICH IS NEEDED TO COMMENCE THE HOME BUILDING PROCESS.

YAD SARAH (MAHSHAVA TOVA) \$40,000 PROVIDES A VITAL ARRAY OF COMPASSIONATE HEALTH AND HOME CARE SERVICES FOR PEOPLE OF ALL AGES IN ISRAEL.

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OTHER \$38,000

CHABAD OF DEAD SEA \$30,000

JOINT COLLABERATION FOR THE THE JEWISH NATIONAL FUND TORAH WRITING

PROJECT ON MASADA

TODAH LETZAHAL \$25,000

PROVIDING GUIDANCE, SUPPORT OR SOCIAL ACTIVITIES TO IDF LONE SOLDIERS.

ECONET ISRAEL \$23,500

ENVIRONMENTAL FOUNDATION WORKING IN COLLABERATION WITH PROFESSOR ALON TAL

BEER SHEVA MUNICIPAL \$21,090

MANY YEARS AGO, JNF RECOGNIZED THE DEVELOPMENT AND EXPANSION OF BE'ER SHEVA, AS THE KEY TO MAKING THE NEGEV AN ATTRACTIVE PLACE FOR A NEW GENERATION OF ISRAELIS TO CALL HOME. JNF'S EFFORTS IN BE'ER SHEVA, HAVE CHANGED THE FACE OF THE CITY, AND PRIVATE INVESTORS AND THE ISRAELI GOVERNMENT HAVE FOLLOWED SUIT, INVESTING TENS OF MILLIONS OF DOLLARS IN RESIDENTIAL AND COMMERCIAL AREAS.

HANNATON EDUCATIONAL CENTER \$15,000 THE HANNATON EDUCATIONAL CENTER IS A FORMAL LEARNING COMMUNITY AND LEADERSHIP INSTITUTE SITUATED ON KIBBUTZ HANNATON IN THE LOWER GALILEE.

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ISRAEL DANCE INSTITUTE \$15,000

ISRAEL DANCE FESTIVAL SPONSORED IN COLLABERATION WITH THE ISRAEL DANCE

INSTITUTE

LAPID-FOR JEWISH YOUTH \$15,000

INITIATIVE TO RAISE AWARENESS AND SIGNIFICANTLY RAISE PARTICIPATION IN

HIGH SCHOOL PROGRAMS TO ISRAEL.

BEIT DORSHY SYNAGOGUE \$10,000

SYNAGOGUE LOCATED IN KFAR SABA ISRAEL

ISRAEL SOFTBALL ASSOCIATION \$10,000

PROJECT BASEBALL GIVES THE CHILDREN OF ISRAEL AN OPPORTUNITY TO LEARN LIFE LESSONS WHILE BUILDING LASTING FRIENDSHIPS.

TIMNA PARK \$10,000

TIMNA NATIONAL PARK VISITOR CENTER PROJECT

9.11 MEMORIAL \$9,500

THE 9/11 LIVING MEMORIAL IS THE LARGEST MEMORIAL SITE COMMEMORATING THE 9/11 TERROR VICTIMS OUTSIDE OF THE UNITED STATES. CREATED BY ISRAELI ARTIST ELIEZER WEISHOFF AND KKL-JNF LANDSCAPE ARCHITECT YECHIEL COHEN, THE 30-FOOT-HIGH BRONZE SCULPTURE FEATURES AN AMERICAN FLAG FOLDED IN THE SHAPE OF A MEMORIAL FLAME AND A METAL SHARD FROM THE RUINS OF THE TWIN

Part V Supplemental Information

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TOWERS EMBEDDED IN THE BASE.

KIBBUTZ KETURA \$6,000

ENVIRONMENTAL PROGRAM COLLABERATION IN THE ARAVA

FORM 990, SCHEDULE F, PART IV

THE JEWISH NATIONAL FUND INVESTS IN VARIOUS ALTERNATIVE INVESTMENTS, BOTH DOMESTICALLY AND INTERNATIONALLY. WHILE THE FUND MAY OWN THESE INVESTMENT VEHICLES, ITS OWNERSHIP IN (OR TRANSFERS TO) THESE INVESTMENTS MAY NOT RISE TO THE THRESHOLDS REQUIRED FOR FILING FORMS 926 OR 5471. TO THE EXTENT THAT THE FUND IS REQUIRED TO FILE EITHER FORM, THEY ARE SUBMITTED ALONG WITH ITS FORM 990-T, BUSINESS INCOME TAX RETURN.

JSA

SCHEDULE G (Form 990 or 990-EZ)		tal Information R he organization answer organization entered r	ed "Yes" on	Form 990, F	Part IV, lines 17, 18, or		OMB No. 1545-0047
		•		or Form 990			Open to Public
Department of the Treasury Internal Revenue Service	Information ab	out Schedule G (Form §	990 or 990-E	Z) and its in	structions is at www.in	rs.gov/form990.	Inspection
Name of the organization	JEWISH NATION	AL FUND				Employer identification	on number
(KEREN KAYEMETH	LEISRAEL) INC	•				13-1659627	
Part I Fundraisi	ng Activities. Com	plete if the orga	nization a	answered	"Yes" on Form	990, Part IV, line	17.
Form 990)-EZ filers are not i	required to compl	lete this p	oart.			
a 📃 Mail solicitat	email solicitations	sed funds through a e f g	Solic	citation of	activities. Check a non-government g government grants ising events	irants	
d 🗌 In-person so	licitations	-	·		-		
b If "Yes," list the	tion have a written or s listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
3 List all states in registration or lic	which the organizat ensing.	tion is registered o	r licensec	to solicit	contributions or	has been notified	it is exempt from

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Page 2

Part II	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more
	than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with

		gross receipts greater than \$5,0	(a) Event #1	(b) Event #2	(c) Other events	
			CHICAGO TOL DIN	GNY TOL DINNER	422.	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
anc						
Revenue	1	Gross receipts	615,570.	533,725.	7,680,427.	8,829,722
æ		Less: Contributions	474,990.	422,845.	6,528,363.	7,426,198
	3	Gross income (line 1 minus	140 500	110.000	1 150 064	1 400 504
		line 2)	140,580.	110,880.	1,152,064.	1,403,524
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direo	8	Entertainment				
	9	Other direct expenses	12,194.	5,564.	3,290,804.	3,308,562
	10 11	Direct expense summary. Add lines 4 Net income summary. Subtract line 1	l through 9 in column (d 0 from line 3, column (d)		3,308,562
	rt I		anization answered "Y			orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses		Cash prizes				
Expenses	3	Noncash prizes				
ŭ						

Revenue				(a) Bingo	b	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue						
es		Cash prizes						
xpense	3							
Direct Expenses	4	Rent/facility costs						
Ō	5	Other direct expenses						
		Volunteer labor		Yes No	%	Yes%	Yes% No	
	7	Direct expense summary. Add lines 2	throu	ıgh 5 in column (d) _		 	
	8	Net gaming income summary. Subtra						
9		nter the state(s) in which the organizat						
a b		the organization licensed to conduct g	jaminę	g activities in eac	h of	these states?	 	Yes No

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2016

JEWISH NATIONAL FUN

Sched	lule G (Form 990 or 990-EZ) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
13	formed to administer charitable gaming?	Yes	No
13 a	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds	to	
a	retain the state gaming license?		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization	าร	
	or spent in the organization's own exempt activities during the tax year s		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info		
	(see instructions).	ination	
FOR	M 990, SCHEDULE G, PART II - EVENT ACTIVITIES		
THE	JEWISH NATIONAL FUND OPERATES THROUGHOUT THE UNITED STATES IN PURSUIT		
OF	ITS CHARITABLE MISSION. THE ORGANIZATION CONDUCTS HUNDREDS OF SPECIAL		
EVE	NT AND FUNDRAISING ACTIVITIES IN MULTIPLE JURISDICTIONS AND SO		
CAP	TURING THE PRECISE INFORMATION FOR THE SCHEDULE G IS QUITE DIFFICULT.		
THE	ORGANIZATION ATTRIBUTES APPROXIMATELY 15% OF ALL SPECIAL EVENT		
FUN	DRAISING INCOME AS BEING DERIVED FROM THE GOODS AND SERVICES COMPONENT		

JEWISH NATIONAL FUND

	JEWISH NATIONAL FOND	13-1059027	
Sched	ule G (Form 990 or 990-EZ) 2016		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entit		
	formed to administer charitable gaming?		s 🗌 No
10	Indicate the percentage of gaming activity conducted in:		
13		10.	0/
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book	is and	
	records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina	
	revenue?		s 🗌 No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$	and the	
D	amount of gaming revenue retained by the third party \blacktriangleright \$		
-			
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to	
	retain the state gaming license?		s No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga		
	or spent in the organization's own exempt activities during the tax year > \$		
Part		(iii) and (v) and	
T al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio		
	(see instructions).		
<u>0</u>	THE TICKET PRICE AND THUS THE COLUMN C BREAKOUT OF REVENUE (FOR THE		
OF .	THE TICKET TRICE AND THUS THE COLORN C BREAROOT OF REVENUE (FOR THE		
422			
4 Z Z	EVENTS) HAS BEEN CALCULATED USING THIS ALLOCATION METHODOLOGY.		
EXP	ENSES ATTRIBUTABLE TO THESE EVENTS HAVE NOT BEEN CLASSIFIED AS THE		
SHE	ER VOLUME OF EVENTS MAKES THIS VERY DIFFICULT TO CAPTURE ACCURATELY.		

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PAGE		
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(2016)

(12)

(10)

(1) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATI

1 (a) Name and address of organization or government

(b) EIN

(c) IRC section (if applicable)

(d) Amount of cash grant

(e) Amount of non-cash assistance

(f) Method of valuation (book, FMV, appraisal, other)

(g) Description of noncash assistance

(h) Purpose of grant or assistance

Schedule I (Form 990) (r Form 990.	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
•••••••••••••••••••••••••••••••••••••••		the line 1 table	3 Enter total number of other organizations listed in the line 1 table
•	d in the line 1 table	nment organizations liste	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
GENERAL SUPPORT	18,000.	22-2842237 501(C)(3)	19 MATHER AVE BROOMAN, PA 19008 22-2
			(12) CHABAD LUBAVITCH OF DELAWARE
GENERAL SUPPORT	25,000.	57-1134998 501(C)(3)	42 EAST 69TH STREET NEW YORK, NY 10021 57-1
			(11) MEDIA WATCH
GENERAL SUPPORT	48,000.	93-0928117 501(C)(3)	514 HAMILTON ROAD MERION, PA 19066 93-0
			(10) MARLO GROUP - AYALON DOCUMENTARY
GENERAL SUPPORT	50,000.	38-6006309 501(C)(3)	434 S STATE ST ANN ARBOR, MI 48109 38-6
			(9) KELSEY MUSEUM
GENERAL SUPPORT	67,500.	46-0664089 501(C)(3)	9 E. 40TH ST, SUITE 300, NEW YORK, NY 10016 46-0
			(8) AM YISRAEL FOUNDATION
GENERAL SUPPORT	75,000.	16-1616489 501(C)(3)	PO BOX 52390 BOSTON, MA 02205 16-1
			(7) DAVID PROJECT. THE
GENERAL SUPPORT	100,000.	13-3392711 501(C)(3)	1133 BROADWAY NEW YORK, NY 10010 13-3
			(6) ISRAELI DISABLED WAR VETERANS
GENERAL SUPPORT	112,100.	20-4966120 501(C)(3)	PO BOX 675 LAWRENCE, NY 11559 20-4
			(5) HAKSHIVA - GEERZ FOR LIFE
GENERAL SUPPORT	165,413.	27-2037965 501(C)(3)	96 LINWOOD PLAZA FORT LEE, NJ 07024 27-2
			(4) HEROES TO HEROES FOUNDATION
GENERAL SUPPORT	462,000.	26-1264680 501(C)(3)	11110 W OAKLAND PARK BLVD SUNRISE, FL 33351 26-1
			(3) JERUSALEM U (BORUCHIN)
GENERAL SUPPORT	625,000.	30-0664947 501(C)(3)	PO BOX 34640 WASHINGTON, DC 20043 30-0
			(2) ISRAEL CAMPUS COALITION
GENERAL SUPPORT	2,478,651.	59-0173782 501(C)(3)	114 W 26TH ST. 10TH FL NEW YORK, NY 10001 59-0

plete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	Š	Grants and Other Assistance to Organizations,
	201R	OMB No. 1545-0047

Attach to Form 990.	Complete if the organization answered "Yes" on Form 990, Part IV, line 2
Form	"Yes
1 990.	" on Form 990,
	Part IV,
	line 2

✓ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/torm990.	Intemal Revenue Service
	Department of the Treasury

Name of the organization (KEREN KAYEMETH LEISRAEL) INC. JEWISH NATIONAL FUND (Form 990) SCHEDULE I

Employer identification number

Part I General Information on Grants and Assistance

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

Open to Public Inspection

13-1659627

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Yes

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Department of the Treasury	,		¥ Att	► Attach to Form 990.		1		Open to Public
Name of the organization	JEWISH NATIONAL FUND	IND about S	chequie I (Foriii	IONAL FUND		w.irs.gov/iormssu.	Employer identification number	cation number
(KEREN KAYEMETH	—						13-1659627	27
Part General Ir		4 Assistanc	ĕ				-	
1 Does the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'	ıbstantiate th	ne amount of the	grants or assista	nce, the grantees	eligibility for the grants or assistance, and	or assistance, and	√
the selection crite 2 Describe in Part	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s or assistant ures for moi	ce? nitoring the use of grant	of grant funds in the United	e United States.			∧ res
Part II Grants an 990, Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Or ent that rec	ganizations ar ceived more that	id Domestic Gov an \$5,000. Part II	/ernments. Com l can be duplicat	plete if the organiza ed if additional spac	ition answered "Y e is needed.	'es" on Form
1 (a) Name and or (1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF DELAWARE	OF DELAWARE							
101 GARDEN OF EDEN RD WILMINGTON,	N RD WILMINGTON, DE 19803	51-0064315	501(C)(3)	15,000.				GENERAL SUPPORT
(2) INSTITUTE FOR LAW AND ECONOMICS	JEAN CANCOM OF DETENDED TA 10104	200 10F060F	501/01/31	1000				
(3) INTERDISCIPLINARY CENTER HERZLIYA	CENTER HERZLIYA							
1955 EAST 6TH STR	1955 EAST 6TH STREET TUCSON, AZ 85719	86-0690528	501(C)(3)	10,000.				GENERAL SUPPORT
(4) YEMIN ORDE		1						
4501 CONNECTICUT AVENUE,	AVENUE, NW STE. 813	22-3090463	501(C)(3)	7,500.				GENERAL SUPPORT
(5) JEWISH FEDERATION OF NORTHEAST NY	OF NORTHEAST NY	1						
184 WASHINGTON AVE ALBANY,	E ALBANY, NY 12203	22-2805163	501(C)(3)	6,000.				GENERAL SUPPORT
(6)		1						
(7)								
(8)								
(9)								
(10)								
(11)		1						
(12)								
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government	organizations lis	ted in the line 1 tat	ole	· · · · · · · · · · · · · · · · · · ·		17.
			: -					

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

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Schedule I (Form 990) (2016)

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OMB No. 1545-0047

(Form 990)

SCHEDULE I

Governments, and Individuals in the United States

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

Grants and Other Assistance to Organizations,

2016

Part III Grants and Other Assistance to Domestic Individuals. Part III Part III can be duplicated if additional space is needed.	ic Individuals . te is needed.		Complete if the organization an	answered "Yes" on F	Page 2 Nowered "Yes" on Form 990, Part Ⅳ, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	45.	126,000.			
2					
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information. SCHEDULE I, PART I, LINE 2		the information required in Part I, line		Part III, column (b); and any other additional	her additional
ORGANIZATIONS OUTSIDE THE UNITED STATES		RANTS TO NO	T-FOR-PROF I'	olumn (b); and any o	her additional
OCCASIONALLY, JNF WILL SEND FUNDS THAT	(IN ISRAEL).	GRANTS TO NOT	TO NOT-FOR-PROFIT WEVER,	olumn (b); and any o	her additional
ORGANIZATION TO ITS U.S. BASED "FRIENDS	(IN ARE I	RANTS TO NOT-J RANTS TO NOT-J L). HOWEVER, ED TO SUPPORT	T-FOR-PROFIT , RT AN ISRAELI	olumn (b); and any o	her additional
JNF WILL SUPPORT U.S. ORGANIZATIONS THAT	(IN ARE I OF"	Ation required in Part I, LKES GRANTS TO NO ISRAEL) - HOWEVER INTENDED TO SUPPO ORGANIZATION - IN	-FOR-	olumn (b); and any o	her additional
MISSION AS JNF SO LONG AS THE ORGANIZAT	(IN ISRAF ARE INTENI OF" ORGAN T ADOPT A	quired in Part I, line 2, Parants to Not-For-P H). HOWEVER, DED TO SUPPORT AN I HIZATION. IN ADDITI	r-for-profin , rt an israe addition, -exempt	Jumn (b); and any o	her additional
	(IN ISRAF ARE INTENI OF" ORGAN I ADOPT A ION DEMONS	Ants to No. RANTS TO NO. L). HOMEVER ED TO SUPPO. IZATION. IN IZATION. IN SIMILAR TAX.	NOT-FOR-PROFI TER, PORT AN ISRAEJ IN ADDITION, AX-EXEMPT PROJECT THAT	urn (b); and any o	her additional
SATISTIES JNE S PROGRAMMATIC STANDARDS.	(IN ISRAF ARE INTENI OF" ORGAN T ADOPT A ION DEMONS JNF ENSUF	Anne in Part I, RANTS TO NO L) - HOWEVER ED TO SUPPOJ ED TO SUPPOJ IZATION - IN IZATION - IN IZATION - IN IZATIAR TAX- SIMILAR TAX- ES THAT ALL	T-FOR-PROFI: , , , , , , , , , , , , , , , , , , ,	Jumn (b); and any o	her additional
S ARE SECTION 501(C)(3)	(IN ISRAF ARE INTENI OF" ORGAN T ADOPT A ION DEMONS JNF ENSUF ZATIONS AN	required in Part I, line GRANTS TO NOT-F (AEL). HOWEVER, NDED TO SUPPORT ANIZATION. IN AD A SIMILAR TAX-EX NSTRATES A PROJE NISTRATES A PROJE NISTRATES A PROJE	T-FOR-PROFIT , , RT AN ISRAEL ADDITION, -EXEMPT -EXEMPT OJECT THAT GRANT IRE PERIODIC	iolumn (b); and any o	her additional
ONE S EROGRAMMATIC STA ARE SECTION 501(C)(3) OM THE GRANTEE INFORMI	(IN ISRAF ARE INTENI OF" ORGAN T ADOPT A ION DEMONS JNF ENSUF ZATIONS AN OF THE STF	Aured in Part I, Im RANTS TO NOT-J L). HOWEVER, ED TO SUPPORT IZATION. IN A IZATION. IN A IZATION. IN A IZATIOR TAX-E SIMILAR TAX-E FRATES A PROJJ ES THAT ALL G ES THAT ALL G D WILL REQUIR D WILL REQUIR	T-FOR-PROFIN , , ADDITION, ADDITION, -EXEMPT -EXEMPT GRANT GRANT IRE PERIODIC	Jumn (b); and any o	her additional
ONE S EKOGRAMMATIC STA ARE SECTION 501(C)(3) OM THE GRANTEE INFORMI	(IN ISRAF ARE INTENI OF" ORGAN T ADOPT A ION DEMONS JNF ENSUF ZATIONS AN OF THE STA	quired in Part I, RANTS TO NO L) • HOWEVER ED TO SUPPO: IZATION • IN IZATION • IN IZATION • IN SIMILAR TAX FRATES A PR ES THAT ALL ES THAT ALL D WILL REQU	r-FOR-PROFIN RT AN ISRAEN ADDITION, ADDITION, -EXEMPT JJECT THAT GRANT IRE PERIODIC ED PROJECTS	in the second se	Schedule I (Form 990) (2016)

Part III Grants an Part III Grants an	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.	tic Individuals	. Complete if t	ne organization	answered "Yes" on F	orm 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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SCHEDULE	INTOTTHAUOTI. I, PART III					
JNF PROVIDES	CERTAIN SCHOLARSHIPS TO	STUDENTS OR	EDUCATORS AS	S IT RELATES		
TO JNF'S	MISSION. ONE TYPE OF SCHOLARSHIP	GIVEN	BY JNF IS B	BASED ON THE		
RECOMMENDATIONS	OF THE INDIVIDUAL'S	SCHOOL, WHICH	IS REVIEWED	O AND		
APPROVED	BY JNF. ANOTHER TYPE OF SCHO	SCHOLARSHIP IS	FOR THE JNF	FACULTY		
FELLOWSHIP	P PROGRAM WHEREBY JNF REVIEWS	APPLICATIONS	NS AND APPROVES	OVES ON A		
CASE BY C	DACTO		EDUCATORS UPON THEIR RETURN	THEIR RETURN	4	
FROM ISRAEL.	CASE BASIS AND IHEN WORKS WIII IHOSE					
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	- 10 10 10					

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(Fori	EDULE J m 990)	For certain Officers, Dire Cor ► Complete if the organization ► A	ISATION Information ectors, Trustees, Key Employees, and Highest mpensated Employees n answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990.	3.	омв №. 20 Open te	16 Pub	olic
	Revenue Service	1	rm 990) and its instructions is at <i>www.irs.gov/</i>			ectio	n
	of the organization			Employer identification		r	
_		TH LEISRAEL) INC.		13-165962	/		
Part	Question	ns Regarding Compensation				Yes	
	990, Part VII, First-cla Travel fo Tax inde Discretion	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th ement or provision of all of the ex	vided any of the following to or for a person provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiation Personal services (such as, maid, ch penses described above? If "No," com	g these items. personal use nal residence on fees nauffeur, chef) egarding paymen nplete Part III to	t		No
2	Did the orga directors, trus	anization require substantiation prior	to reimbursing or allowing expenses D/Executive Director, regarding the items	incurred by al			
3	organization's related organ X Comper Indepen X Form 99 During the ye	s CEO/Executive Director. Check all tha ization to establish compensation of th nsation committee ident compensation consultant 90 of other organizations	hization used to establish the compensation at apply. Do not check any boxes for method e CEO/Executive Director, but explain in P Written employment contract X Compensation survey or study X Approval by the board or compensation Part VII, Section A, line 1a, with respect t	ods used by a art III. ation committee			
а	-	-	ayment?		4a		х
b			ntal nonqualified retirement plan?		4b		X
c	-		used compensation arrangement?		4c		X
	If "Yes" to an Only section	y of lines 4a-c, list the persons and pr 501(c)(3), 501(c)(4), and 501(c)(29) or	rovide the applicable amounts for each it rganizations must complete lines 5-9.	tem in Part III.			
5	compensation	n contingent on the revenues of:	line 1a, did the organization pay or accrue		-		v
-					5a		X
b	-	-		• • • • • • • • • • •	5b		X
6	For persons I compensation	n contingent on the net earnings of:	line 1a, did the organization pay or accrue				
a					6a		X
b	-	-			6b		X
_		e 6a or 6b, describe in Part III.	.				
7	payments not	t described on lines 5 and 6? If "Yes," d	n A, line 1a, did the organization provescribe in Part III			X	
8			paid or accrued pursuant to a contract the				
		-	Regulations section 53.4958-4(a)(3)? I				v
~			and the reputtable presumption process		8		X
9			low the rebuttable presumption proced		n 9		

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

Schedule J (Form 990) 2016

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							(ii)	15
							Ξ	
							(ii)	14
							Ξ	
							(11)	13
							Ξ	
	0.	0.	0.	0.	0.	0.	(ii)	12 EXECUTIVE DIRECTOR
0.	175,069.	6,180.	16,567.	0.	2,500.	149,822.	Ξ	GLEN SCHWARTZ
	0.	0.	0.	0.	0.	0.	(ii)	11 NATIONAL CAMPAIGN DIRECTOR
0.	237,614.	8,038.	22,432.	0.	0.	207,144.	Ξ	DIANE SCAR
	0.	0.	0.	0.	0.	0.	(11)	10 NATIONAL CAMPAIGN DIRECTOR
0.	230,557.	3,868.	21,666.	1,289.	0.	203,734.	Ξ	SHARON FREEDMAN
•	0.	0.	0.	0.	0.	0.	(ii)	9 ^{EXECUTIVE DIRECTOR}
0.	204,244.	9,401.	19,386.	0.	0.	175,457.	Ξ	MICHAEL FEINMAN
	0.	0.	0.	0.	0.	0.	(ii)	8 EXECUTIVE VP
0.	192,910.	6,839.	18,154.	0.	2,000.	165,917.	Ξ	BETH CHERNER
•	0.	0.	0.	0.	0.	0.	(ii)	7CHIEF ISRAEL ADVOCACY AND LEAD
0.	223,376.	8,730.	21,000.	0.	0.	193,646.	Ξ	YAEL KANE
•	0.	0.	0.	0.	0.	0.	(ii)	6 CHIEF ADMINISTRATIVE OFFICER
0.	257,844.	7,097.	24,427.	0.	0.	226,320.	Ξ	STEPHEN BACH
•	0.	0.	0.	0.	0.	0.	(ii)	5 CHIEF PLANNED GIVING OFFICER
0.	327,048.	4,339.	27,825.	0.	0.	294,884.	Ξ	MATTHEW BERNSTEIN
	0.	0.	0.	0.	0.	0.	(ii)	4 CHIEF DEVELOPMENT OFFICER
0.	286,522.	4,489.	27,185.	1,291.	7,500.	246,057.	Ξ	RICHARD KROSNICK
•	0.	0.	0.	0.	0.	0.	(ii)	3CFO
0.	339,217.	4,538.	27,825.	1,631.	0.	305,223.	Ξ	MITCHEL ROSENZWEIG
•	0.	0.	0.	0.	0.	0.	(ii)	2 ^{COO}
0.	306,055.	6,889.	27,825.	1,323.	7,500.	262,518.	(i)	HAROLD COHEN
. 0.	0.	0.	0.	0.	0.	0.	(ii)	1 CEO
0.	536,384.	9,023.	27,825.	1,653.	0.	497,883.	(i)	RUSSELL ROBINSON
in column (B) reported as deferred on prior Form 990	(B)(I)-(D)	benetits	other deterred compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(I) Base compensation		(A) Name and Title
(F) Compensation	(E) Total of columns	(D) Nontaxable	(C) Retirement and	C compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of		

13-1659627

JEWISH NATIONAL FUND

Part II

Schedule J (Form 990) 2016

Page 2

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.

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

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

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Schedule J (Form 990) 2016 Part III Supplemental Information

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

FORM 990, SCHEDULE J, PART I, LINE 7

THE JEWISH NATIONAL FUND PROVIDED 4 DISCRETIONARY BONUS IN CALENDAR YEAR

2016 TO THE FOLLOWING INDIVIDUALS:

HAROLD COHEN, COO - \$ 7,500

RICHARD KROSNICK, CHIEF DEVELOPMENT OFFICER - \$7,500

BETH CHERNER, EXECUTIVE VP - \$2,000

GLEN SCHWARTZ, EXECUTIVE DIRECTOR - \$2,500

INCREASE). THE ABOVE INDIVIDUALS DID NOT HAVE ANY INPUT INTO THE AWARDING OR OTHER CONSIDERATIONS (I.E. ISSUING A BONUS IN LIEU OF AN ANNUAL SALARY HAS THE DISCRETION TO AWARD BONUSES BASED ON PERFORMANCE-BASED CRITERIA BONUSES ISSUED BY THE ORGANIZATION ARE AUTHORIZED BY THE CEO BASED ON A "BONUS POOL" ESTABLISHED BY THE BUDGET AND FINANCE COMMITTEE. THE CEO

OF THEIR OWN BONUS

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Schedule J (Form 990) 2016

PAGE 66

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

about Schodulo O (Form 990 or 990 EZ) and its instructions is at www.irs.gov/form990



Internal Revenue Service		inspection
Name of the organization	JEWISH NATIONAL FUND	Employer identification number
(KEREN KAYEMETH	LEISRAEL) INC.	13-1659627

FORM 990, PART VI, SECTION, LINE 2: BOARD MEMBER NINA PAUL AND EDWARD PAUL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. BEFORE FILING, THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. IF ANY ISSUES SHOULD ARISE, IT IS DISCUSSED WITH THE CFO. IF THERE ARE CHANGES, IT IS RECIRCULATED TO THE BOARD OF DIRECTORS FOR APPROVAL.

PART VI, SECTION A, LINE 6:

THE ASSOCIATION SHALL CONSIST OF ZONE/REGIONAL AND ORGANIZATIONAL MEMBERS(COLLECTIVELY, "MEMBERS," AND EACH INDIVIDUALLY, A "MEMBER"). THE FOLLOWING CONSTITUENT ZIONIST ORGANIZATIONS ARE CURRENTLY ORGANIZATIONAL MEMBERS:

AMEINU

AMERICAN FRIENDS OF LIKUD

AMERICAN JEWISH LEAGUE FOR ISRAEL

AMERICAN ZIONIST MOVEMENT

AMIT

ARZA

B'NAI B'RITH

Employer identification number 13–1659627

BNAI	ZION

EMUNAH OF AMERICA

HADASSAH - THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC.

MERCAZ USA

MERETZ USA

NA'AMAT USA

RAJ I

JSA 6E1228 1.000

RELIGIOUS ZIONISTS OF AMERICA

ZIONIST ORGANIZATION OF AMERICA (ZOA)

PART VI, SECTION A, LINE 7A:

THE ZONES/REGIONS SHALL BE ENTITLED TO DESIGNATE FORTY-FIVE (45) REPRESENTATIVES TO THE BOARD OF TRUSTEES, WHICH SHALL INCLUDE EACH ZONE/ REGIONAL PRESIDENT.

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FORM 990, PART VI, SECTION B, LINE 12C:
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THE JEWISH NATIONAL FUND'S ("JNF") CONFLICT OF INTEREST POLICY EXISTS TO PROTECT JNF AND ASSIST THE STAFF, VOLUNTEERS, AND MEMBERS OF ITS GOVERNING ENTITIES IN MAKING ETHICAL DECISIONS THAT BENEFIT JNF AS A WHOLE, NOT JUST A PARTICULAR INDIVIDUAL OR PARTIES ASSOCIATED WITH JNF. THIS POLICY IS INTENDED TO SUPPLEMENT, BUT NOT REPLACE ANY APPLICABLE STATE LAWS THAT GOVERN CONFLICTS OF INTEREST. AS A PUBLICLY FUNDED ORGANIZATION, THE ETHICAL CONDUCT MUST BE OF THE HIGHEST STANDARDS. NOT ONLY SHOULD ACTUAL CONFLICT OF INTEREST BE AVOIDED BUT ALSO THE APPEARANCE OF, PERCEPTION OF, OR POTENTIAL FOR A CONFLICT OF INTEREST AS

Schedule O (Form 990 or 990-EZ) 2016	Page 2
Name of the organization JEWISH NATIONAL FUND	Employer identification number
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A PERSON ASSOCIATED WITH JNF, THERE IS DUTY TO DISCLOSE, ON AN ANNUAL BASIS OR WHEN A SITUATION ARISES, OTHER OBLIGATIONS THAT MIGHT PREVENT ONE FROM ACTING IN THE BEST INTEREST OF JNF AND THEN REMOVE ONESELF FROM DISCUSSIONS, ACTIONS, VOTES OR OTHER ACTIVITIES IN RELATION TO THE CONFLICT SHOULD AN ISSUE ARISE THAT COULD BE POTENTIAL CONFLICT OF INTEREST, THERE IS A DUTY TO JNF TO NOTIFY A SUPERIOR, OR A GOVERNING ENTITY CHAIR, OF THE SITUATION.

THE APPROPRIATE PARTIES WOULD INVESTIGATE AND MAKE A DETERMINATION DEPENDING UPON THEIR DETERMINATION, THE PARTY MAY BE ASKED TO REMOVE HIS/HERSELF FROM PARTICIPATION IN DISCUSSIONS OR VOTES RELATED TO THE CONFLICT OR POTENTIAL CONFLICT. THE POTENTIAL CONFLICT OF INTEREST WILL BE INVESTIGATED BY THE APPROPRIATE PARTIES IF IT RELATES TO A MEMBER OF THE GOVERNING ENTITY, OR THE SENIOR STAFF, THEN IT WILL BE TURNED OVER TO THE ADMINISTRATION COMMITTEE THAT IS NOT INVOLVED IN THE CONFLICT IF IT INVOLVES A MEMBER OF THE STAFF OR A VOLUNTEER, A COMMITTEE AND OTHER APPROPRIATE SENIOR STAFF WILL MAKE THE DETERMINATION.

ONCE THE COMMITTEE HAS MADE ITS DETERMINATION AND PRESENTS ALTERNATIVES, THE PARTIES INVOLVED MAY BE ASKED TO- ABSTAIN FROM VOTING ON THE ACTION -REMOVE YOURSELVES FROM ANY DISCUSSION RELATING TO THE CONFLICT - REFRAIN FROM DISCUSSING THE ISSUE WITH OTHER COWORKERS, VOLUNTEERS OR GOVERNING ENTITY SO AS NOT TO INFLUENCE THEIR ACTIONS - CONSIDER OTHER ACTIONS, DEPENDING ON THE SITUATION CONFLICT OF INTEREST STATEMENTS ARE COMPLETED YEARLY BY ALL PERSONNEL AND ARE REVIEW BY MANAGEMENT TO MONITOR POSSIBLE

Schedule O (Form 990 or 990-EZ) 2016

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CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15 JNF HAS ADOPTED PROCEDURES TO ENSURE THAT THE COMPENSATION IT PAYS TO ITS TOP EXECUTIVE (RUSSELL ROBINSON) AND THE REST OF ITS MANAGEMENT TEAM AND STAFF IS COMMENSURATE WITH THE INDUSTRY IN WHICH IT SERVES. THE CEO'S COMPENSATION IS DETERMINED BY JNF'S COMPENSATION COMMITTEE AFTER REVIEWING VARIOUS PERFORMANCE BASED METRICS AND THE COMPENSATION OF SIMILARLY SITUATED EXECUTIVES AT PEER INSTITUTIONS. JNF LAST CONDUCTED A COMPENSATION STUDY FOR MR. ROBINSON IN 2017 AND UTILIZED THOSE RECOMMENDATIONS TO DETERMINE HIS COMPENSATION. ALL COMPENSATION DECISIONS ARE MEMORIALIZED IN THE COMPENSATION COMMITTEE MEETING MINUTES.FOR ALL OTHER INDIVIDUALS REPORTED ON THE FORM 990, COMPENSATION IS DETERMINED BY THE CEO. JNF'S BUDGET & FINANCE COMMITTEE DETERMINES THE ANNUAL SALARY BUDGET WHICH MUST THEN BE APPROVED BY THE FULL BOARD OF DIRECTOR. THE CEO UTILIZES THE ANNUAL BUDGET COMPENSATION POOL TO DETERMINE SALARY INCREASES FOR ALL JNF EMPLOYEES (INCLUSIVE OF THE EXECUTIVES).

FORM 990, PART VI, SECTION C, LINE 19 UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS - (\$1,500,311)

Employer identification number 13-1659627

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

A NONPROFIT ORGANIZATION AND UNITED NATIONS NGO (NON-GOVERNMENTAL ORGANIZATION), JEWISH NATIONAL FUND (JNF-USA) GIVES ALL GENERATIONS OF JEWS A UNIQUE VOICE IN BUILDING A PROSPEROUS FUTURE FOR THE LAND OF ISRAEL AND ITS PEOPLE. JNF BEGAN IN 1901 AS A DREAM AND VISION TO REESTABLISH A HOMELAND IN ISRAEL FOR JEWISH PEOPLE EVERYWHERE. JEWS ALL OVER THE WORLD COLLECTED COINS IN ICONIC JNF BLUE BOXES, PURCHASING LAND AND PLANTING TREES UNTIL ULTIMATELY, THEIR DREAM OF A JEWISH HOMELAND WAS A REALITY.

JNF STRIVES TO BRING AN ENHANCED QUALITY OF LIFE TO ALL OF ISRAEL'S RESIDENTS AND TRANSLATE THESE ADVANCEMENTS TO THE WORLD BEYOND. JNF IS "GREENING" THE DESERT WITH MIILLIONS OF TREES, BUILDING THOUSANDS OF PARKS ACROSS ISRAEL, CREATING NEW COMMUNITIES AND CITIES FOR GENERATIONS OF ISRAELIS TO CALL HOME, BOLSTERING ISRAEL'S WATER SUPPLY, HELPING DEVELOP INNOVATIVE ARID AGRICULTURE TECHNIQUES AND EDUCATING BOTH YOUNG AND OLD ABOUT THE FOUNDING AND IMPORTANCE OF ISRAEL AND ZIONISM.

IN 2017 JNF ENTERED ITS 116TH YEAR AS ONE OF THE WORLD'S OLDEST JEWISH NON-PROFITS AND MAINTAINS A SPECIAL AND HISTORIC CONNECTION TO ISRAEL IN THAT ITS EARLY WORK HELPED CREATE THE LAND AND EMPOWER ITS PEOPLE TO LATER BECOME A NATION. JNF IS SYNONYMOUS WITH THE BLUE BOX AND PLANTING TREES IN ISRAEL, AND HAS EVOLVED INTO SEVEN MAJOR PROGRAM AREAS, EACH WITH ITS OWN MAJOR GOALS AND PARTNERSHIPS WITHIN ISRAEL TO HELP PUT INTO PLACE THE PROJECTS

JSA 6E1228 1.000

Employer identification number 13–1659627

ATTACHMENT 1 (CONT'D)

THAT ARE MAINLY DONOR-DESIGNATED.

CONTINUING ON WORK BEGUN IN 2013, JNF'S ONE BILLION DOLLAR ROADMAP FOR THE NEXT DECADE CAMPAIGN, HAS CREATED GROUND-BREAKING NEW VENTURES FOCUSING ON CONNECTING THE NEXT GENERATION TO ISRAEL, BUILDING COMMUNITIES IN ISRAEL'S PERIPHERY REGIONS OF THE NEGEV AND GALILEE, AND CREATING INFRASTRUCTURE FOR ECOLOGY, SPECIAL NEEDS, AND HERITAGE PRESERVATION.

JNF ENHANCES QUALITY OF LIFE BY BUILDING NEW COMMUNITIES AND BOLSTERING EXISTING ONES. JNF'S BLUEPRINT NEGEV CAMPAIGN IS HELPING TO BRING HUNDREDS OF THOUSANDS OF NEW RESIDENTS TO THE NEGEV DESERT AND ITS GO NORTH CAMPAIGN IS FOCUSING ON THE COMMUNITIES OF NORTHERN ISRAEL. JNF'S WORK IN COMMUNITY BUILDING INCLUDES, BE'ER SHEVA RIVER PARK, SDEROT JNF INDOOR RECREATION CENTER, CENTRAL ARAVA MEDICAL CENTER, PROJECT WADI ATTIR AND HALUTZA.

JNF'S \$100 MILLION JNF BORUCHIN ISRAEL EDUCATION ADVOCACY CENTER SAW CONTINUED GROWTH IN 2017 WITH GRANT AWARDEES THE DAVID PROJECT, HEROES TO HEROES, JERUSALEM U, AND ALEXANDER MUSS HIGH SCHOOL IN ISRAEL'S DAY SCHOOL SCHOLARSHIP PROGRAM, ISRAEL ON CAMPUS COALITION (ICC), FACULTY FELLOWSHIP SUMMER INSTITUTE IN ISRAEL, AND CARAVAN FOR DEMOCRACY STUDENT LEADERSHIP MISSION, AMONG OTHERS, IN ORDER TO IMPACT THOUSANDS OF JEWS AND NON-JEWS

JSA 6E1228 1.000 Name of the organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.

Employer identification number 13-1659627

ATTACHMENT 1 (CONT'D)

ACROSS NORTH AMERICA. FOCUSES ON ISRAEL AND ZIONIST EDUCATIONAL PROGRAMMING, DESIGNED TO BE ONE OF THE MOST POWERFUL NEW INITIATIVES IN THE JEWISH WORLD. THE CENTER WILL CONCENTRATE ITS RESOURCES ON ADVOCATING FOR ISRAEL, ISRAEL EDUCATION IN THE DIASPORA, AND COUNTERING THE BDS MOVEMENT, ALL WITH THE GOAL OF STRENGTHENING THE CONNECTION OF ALL AMERICANS, NOW AND IN THE FUTURE, TO THE LAND AND PEOPLE OF ISRAEL. THE CENTER, ADMINISTERED WITHIN JNF, WAS CREATED AS A RESULT OF AN ESTATE GIFT OF THE LATE JOHN AND DORA BORUCHIN OF CALIFORNIA. NO PREVIOUS BEQUEST HAS EVER FUNDED SUCH A BOLD INITIATIVE TO PROMOTE AND DEVELOP ZIONIST EDUCATION ON THIS MAGNITUDE.

AS AN INNOVATOR IN ECOLOGICAL DEVELOPMENT AND A PIONEER IN FOREST CREATION AND FIRE PREVENTION, JNF HAS PLANTED MORE THAN 260 MILLION TREES ALL OVER ISRAEL, PROVIDING LUSCIOUS BELTS OF GREEN COVERING MORE THAN 250,000 ACRES, AND PROTECTS THESE AREAS BY BATTLING APPROXIMATELY 1,000 FOREST FIRES EVERY YEAR. AREAS OF WORK INCLUDE, FORESTRY, FIREFIGHTING AND FIRE PREVENTION, AGRICULTURAL INFRASTRUCTURE DEVELOPMENT, SOIL CONSERVATION, COMBATING DESERTIFICATION AND CORAL REEF RESTORATION JNF-USA AND ITS PARTNERS HELP WITH FIREFIGHTING EFFORTS, INCLUDING KEREN KAYEMETH LEISRAEL (KKL-JNF), ISRAEL FIREFIGHTERS AND RESCUE SERVICES, GREEN HORIZONS, GUSH ETZION, HALUTZA, HASHOMER HACHADASH, JNFUTURE ISRAEL, LOTEM, MAKOM, NEFESH B'NEFESH, TOR HAMIDBAR, AND WESTERN GALILEE NOW. JNF-USA'S FUNDRAISING EFFORTS

JSA 6E1228 1.000

ATTACHMENT 1 (CONT'D)

INCLUDE RAISING RAISING MONEY FOR FIREFIGHTING EQUIPMENT AND NEW FIRE STATIONS.

JNF HAS BOLSTERED ISRAEL'S WATER ECONOMY BY DEVELOPING ALTERNATIVE WATER SOURCES, SAVING THE ECONOMY MILLIONS, ADVANCING ISRAELI AGRICULTURE, AND IMPROVING WATER QUALITY. JNF HAS BUILT OVER 250 RESERVOIRS, RAISING THE AMOUNT OF RECYCLED WATER IN ISRAEL TO OVER 85%, AND TODAY IS FOCUSING ON RIVER REHABILITATION, EDUCATION, WATER PURIFICATION AND RESEARCH AND DEVELOPMENT. FOCUS AREAS INCLUDE RECYCLED WATER RESERVOIRS, RIVER REHABILITATION, RAINWATER HARVESTING PROGRAM AND CONSTRUCTED WETLANDS. JNF-SUPPORTED WATER RECYCLING PROJECTS CONTINUE IN THE BEDOUIN VILLAGES OF WADI ATTIR AND UM BATIN. GREEN HORIZONS OPENED EIGHT NEW RAINWATER HARVESTING PROJECTS, WHICH WELCOMED MORE THAN 20,000 STUDENTS TO BE EDUCATED ON WATER SHORTAGES AND SOLUTIONS IN ISRAEL. JNF CONTINUES TO BE INVOLVED IN THE STOCKHOLM WATER PRIZE COMPETITION, DEDICATED IN MEMORY OF ZEVI KAHANOV, WHICH ENCOURAGES YOUNG PEOPLE TO INVENT NEW WATER SOLUTIONS, AND LED 30 PARTICIPANTS ON ITS 2ND ISRAEL H20 WATER TOUR TO ISRAEL.

JNF SPONSORS A NETWORK OF REGIONAL AGRICULTURAL R&D STATIONS ACROSS THE COUNTRY WHERE LEADING SCIENTISTS AND TECHNICIANS WORK CLOSELY WITH LOCAL FARMERS, RESEARCH INSTITUTES, AND UNIVERSITIES TO INCREASE AGRICULTURAL SUSTAINABILITY, PROFITABILITY, AND STABILITY. THIS WORK FOCUSES ON AGRICULTURAL R&D STATIONS, SOLAR

ATTACHMENT 1 (CONT'D)

Page 2

POWER INNOVATION, GLOBAL TEACHING, DESERT REGION DEVELOPMENT, FISH FARMING AND UNIVERSITY RESEARCH.

JNF IS COMMITTED TO THE PRESERVATION OF 180 HISTORICAL SITES ASSOCIATED WITH ISRAEL'S REBIRTH AND ENSURING THAT THE STORIES BEHIND THEM ARE PROPERLY DOCUMENTED AND RETOLD FOR GENERATIONS TO COME. THIS INITIATIVE ENABLES JNF TO SHARE THE PAST, THE IMPORTANT EVENTS, THE PLACES, THE STRUGGLES AND THE FIGHT FOR ISRAEL'S INDEPENDENCE WITH ISRAELIS AND TOURISTS ALIKE. JNF'S HISTORICAL SITES INCLUDE AYALON INSTITUTE, WHERE WORK BEGAN ON A NEW LOBBY; ATLIT "ILLEGAL" IMMIGRATION DETENTION CAMP, WHERE WORK IS UNDERWAY ON AN INTERACTIVE EXHIBIT INSIDE A C46 AIRPLANE THAT WILL TELL THE HEROIC STORY OF THE COVERT MISSION THAT BROUGHT 150 CLANDESTINE IMMIGRANTS TO ISRAEL BY AIR FROM IRAQ AND ITALY; AMMUNITION HILL, WHICH IN 2017 SAW THE 50TH ANNIVERSARY OF THE REUNIFICATION OF JERUSALEM THAT WAS MARKED BY THE OPENING OF THE SIX DAY WAR MUSEUM AND OVER 350,000 VISITORS TO THE SITE; YELLIN HOUSE; GUSH ETZION MUSEUM, WHICH OPENED IN 2017 AND WELCOMED 52,000 VISITORS; AND TEL HAI MUSEUM.

AS PART OF ITS FOCUS ON IMPROVING QUALITY OF LIFE IN ISRAEL, JNF IS DEDICATED TO ENSURING THAT NO MEMBER OF ISRAELI SOCIETY IS LEFT BEHIND. THROUGH A VARIETY OF INITIATIVES, JNF PROVIDES CUTTING-EDGE REHABILITATIVE SERVICES, SPECIAL EDUCATION, AND MEDICAL CARE FOR PEOPLE WITH SPECIAL NEEDS AND MAKES ITS PARKS,

ATTACHMENT 1 (CONT'D)

NATURE TRAILS, AND RECREATIONAL FACILITIES INCLUSIVE FOR VISITORS OF ALL ABILITY LEVELS. IN 2017, JNF PROVIDED SERVICES TO MORE THAN 45,000 CHILDREN, YOUTH, AND ADULTS WITH SPECIAL NEEDS THROUGH COLLABORATIVE PARTNERS INCLUDING ALEH NEGEV-NAHALAT ERAN, LOTEM-MAKING NATURE ACCESSIBLE, RED MOUNTAIN THERAPEUTIC RIDING CENTER AT KIBBUTZ GROFIT AND SPECIAL IN UNIFORM.

JNF IS THE SINGLE LARGEST PROVIDER OF ZIONIST ENGAGEMENT PROGRAMS IN THE U.S. AND OFFERS MYRIAD WAYS TO CONNECT YOUNG AMERICANS TO ISRAEL. ITS ISRAEL EDUCATION AND ADVOCACY PROGRAMS THAT START IN KINDERGARTEN AND CONTINUE THROUGH COLLEGE LIFE ENGAGE, EDUCATE, AND HELP STUDENTS FOSTER A GREATER CONNECTION AND COMMITMENT TO BOTH THE LAND AND PEOPLE OF ISRAEL. PROGRAMMING INCLUDES, CAMPUS FELLOWS, CARAVAN FOR DEMOCRACY, ALTERNATIVE BREAK, TAGLIT-BIRTHRIGHT ISRAEL, FACULTY FELLOWSHIP SUMMER INSTITUTE IN ISRAEL, ALEXANDER MUSS HIGH SCHOOL IN ISRAEL, B'NAI MITZVAH PROJECTS, PLANT YOUR WAY TO ISRAEL AND GREEN HORIZONS.

WITH THE MANAGEMENT OF THE ALEXANDER MUSS HIGH SCHOOL IN ISRAEL (AMHSI), WHICH, SINCE 1972, HAS BEEN PIONEERING THE ACADEMIC AND EXPERIENTIAL STUDY OF ISRAEL AND JEWISH HISTORY AT THE HIGH SCHOOL LEVEL, JNF SETS THE GOAL OF FURTHER GROWING AND ENHANCING JEWISH CONTINUITY AND ISRAEL CONNECTIVITY AMONGST YOUTH BY OFFERING SEMESTER ABROAD PROGRAMS TO BETTER ENRICH STUDENT KNOWLEDGE BASE AND TO BETTER PREPARE THEM FOR COLLEGE STUDY. TO DATE, SOME 25,000 Page 2

ATTACHMENT 1 (CONT'D)

STUDENTS HAVE BENEFITED FROM AN EDUCATION AT THIS SCHOOL; OVER 1,100 STUDENTS FROM ACROSS THE GLOBE ATTENDED AMHSI IN 2017 ALONE, 30 OF THOSE BEING IMPACT FELLOWS WHO RECEIVED AN AMHSI-JNF FELLOWSHIP.

AS THE SINGLE LARGEST PROVIDER OF ISRAEL ENGAGEMENT PROGRAMS IN THE UNITED STATES, JEWISH NATIONAL FUND BELIEVES THAT INVESTING IN EDUCATION IS CRITICAL TO CREATING THE NEXT GENERATION OF ISRAEL SUPPORTERS. JNF TAKES PRIDE IN ITS ABILITY TO PROVIDE AND NURTURE THIS FOR FUTURE GENERATIONS IN BOTH THE UNITED STATES AND ISRAEL.

FROM B'NAI MITZVAH PROJECTS TO ALTERNATIVE SPRING BREAK AND TAGLIT-BIRTHRIGHT ISRAEL TRIPS TO ISRAEL FOR COLLEGE STUDENTS AND YOUNG PROFESSIONALS, JNF ENGAGES, EDUCATES AND HELPS STUDENTS FOSTER A GREATER CONNECTION AND COMMITMENT TO BOTH THE LAND AND PEOPLE OF ISRAEL.

IN THE FISCAL YEAR ENDED JNF'S PROGRAM EXPENSES INCLUDED \$14,311,606 FOR EDUCATION, MISSIONS, SCHOLARSHIPS AND ZIONIST ACTIVITIES. THESE ACTIVITIES INCLUDED THE FOLLOWING:

KINDERGARTEN - 8TH GRADE

JSA 6E1228 1.000

FROM TU BISHVAT IN THE SCHOOLS TO OUR BLUE BOX BOB PROGRAM, JNF PROVIDES INNOVATIVE PROGRAMS TO TEACH ABOUT ISRAEL AND JNF'S WORK

ATTACHMENT 1 (CONT'D)

IN ISRAEL. AS YOUR STUDENTS/CHILDREN CONTINUE TO EMBARK ON THE JOURNEY TO BECOMING B'NAI MITZVAH JNF OFFERS MOTIVATING PROGRAMS THAT CONNECTS THEM TO THE LAND AND PEOPLE OF ISRAEL.

BLUE BOX BOB (BBB)- OUR COSTUMED JNF BBB CHARACTER IS AVAILABLE TO SCHOOLS AND ORGANIZATIONS TO VISIT WITH STUDENTS IN GRADES PRE-K - 4, CONNECTING THEM TO MODERN ISRAEL WHILE TEACHING THE HISTORY OF OUR HOMELAND WITH AGE-APPROPRIATE EDUCATIONAL MATERIALS.

DISABILITIES AND SPECIAL NEEDS - JNF IS DEDICATED TO ENSURING THAT NO MEMBER OF ISRAELI SOCIETY IS LEFT BEHIND. BY LEARNING ABOUT AND SUPPORTING SPECIAL NEEDS PROJECTS IN ISRAEL AND USING CURRICULAR MATERIALS AND ACTIVITIES, STUDENTS WILL LEARN THE JEWISH VALUES OF INCLUSIVITY, OUR RESPONSIBILITY TO HELP THE WEAK, THE VULNERABLE AND THE HELPLESS, AND THAT HUMAN DIFFERENCES ARE HOLY.

ENVIRONMENT - JNF IS ISRAEL'S LARGEST ENVIRONMENTAL ORGANIZATION. LEARN HOW JNF HELPS TO PROTECT THE ENVIRONMENT THROUGH WATER INNOVATION, AGRICULTURAL RESEARCH & DEVELOPMENT, AND MORE. STUDENTS WILL LEARN THE VALUE OF PROTECTING OUR EARTH AND PRECIOUS RESOURCES THROUGH THE LENS OF ISRAEL.

GIBBORIM - THIS PROGRAM TELLS THE STORIES OF THE MEN AND WOMEN WHO FOUGHT TO ESTABLISH AND PROTECT THE STATE OF ISRAEL. STUDENTS WILL LEARN THE MEANING OF KOL YISRAEL AREVIM ZEH LAZEH: ALL OF ISRAEL

ATTACHMENT 1 (CONT'D)

IS RESPONSIBLE FOR ONE ANOTHER. GIBBORIM IS DESIGNED FOR EDUCATORS WITH STUDENTS IN GRADES 3-12 AND FEATURES 10 MILITARY HEROES REPRESENTING DIFFERENT TOPICS RELATING TO ISRAEL FROM WORLD WAR I TO TODAY.

JNF B'NAI MITZVAH PROGRAM – JNF OFFERS A VARIETY OF UNIQUE WAYS YOUR CHILD CAN CELEBRATE HIS/HER MILESTONE AND SUPPORT ISRAEL AT THE SAME TIME, INCLUDING HANDS-ON TZEDAKAH PROJECTS, PLANTING TREES IN ISRAEL TO HONOR YOUR GUESTS, AN INSCRIPTION IN THE JNF HONOR BOOK IN JERUSALEM, AND A DEDICATION ON THE B'NAI MITZVAH REMEMBRANCE WALL AT AMERICAN INDEPENDENCE PARK NEAR JERUSALEM AND EVEN A FULL BAR/BAT MITZVAH TRIP TO ISRAEL.

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,

MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI,SC,TN,UT,VA,WA,WV,WI,

ATTACHMENT 2

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2016		Page 2
Name of the organization JEWISH NATIONAL FUND		Employer identification number
(KEREN KAYEMETH LEISRAEL) INC.		13-1659627
	A	TTACHMENT 3 (CONT'D)
990, PART VII- COMPENSATION OF THE FIVE HIGHEST	PAID IND. CONTRACTOR	S
NAME AND ADDRESS	DESCRIPTION OF SER	VICES COMPENSATION
DIRECT DIMENSIONS, INC. 303 FIFTH AVENUE, ROOM 206 NEW YORK, NY 10016	PRINTING AND POST	AGE 2,354,412.
TELERX MARKETING INC. P.O. BOX 8500-53888 PHILADELPHIA, PA 19178-3888	FEES FOR CALL CEN	TER 862,366.
KEL-MAR INTERIORS, INC. 111 JOHN STREET, SUITE 400 NEW YORK, NY 10038	CONSTRUCTION	761,856.
HIGH TOWER ADVISORS, LLC P.O. BOX 71939 CHICAGO, IL 60694	MGT FEES FOR INV	178,056.
BLACKBAUD P.O. BOX 930256 ATLANTA, GA 31193	IT CONSULTING	162,461.

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Schedule R (Form 990) 2016

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

JSA

(6)							
Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered one or more related tax-exempt organizations during the tax year.	Complete if the org ne tax year.	anization answer		orm 990, Part IV,	"Yes" on Form 990, Part IV, line 34 because it had	t had	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?) 2(b)(13) viled
						Yes	No
(1) BEYACHAD FUND							
58 KING GEORGE STREET JERUSALEM, IS 91079 IS	AREA DEVELOP.	IS			JNF	x	
(2) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 59-0173782							
78 RANDALL AVE ROCKVILLE CENTER, NY 11570	EDUCATION	NY	501(C)(3)	LINE 10	JNF	х	
(3)							
(4)							
(5)							
(6)							
(7)							
						1	

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. **Related Organizations and Unrelated Partnerships**

JEWISH NATIONAL FUND

► Attach to Form 990.

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

Name of the organization

(KEREN KAYEMETH LEISRAEL) INC.

Part I

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Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(b) Primary activity

(c) Legal domicile (state or foreign country)

(d) Total income

(e) End-of-year assets

(f) Direct controlling entity

13-1659627 OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

JEWISH NATIONAL FUND

(a) Name, address, and EIN (if applicable) of disregarded entity

13-1659627

Open to Public

Inspection

Employer identification number

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(5) (6) (6) (7) (7) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	Schedule R Part III (1) (2) (3) (4)	Schedule R (Form 990) 2016 Identification of Related Organizations Taxable as a Partnership Complete if the organization because it had one or more related organizations treated as a partnership during the tax year. (a) (b) (c) (c	r more related organizations (b) Primary activity	anization Legal (state or foreign country)	s treated as a p Direct controlling entity	nip Complete if t artnership during Predominant income (related, excluded from tax under sections 512-514)	g the tax year. (f) Share of total income	answered "Yes" Share of end-of- year assets	On Form	990, I Code amount of Schr (Form	Part IV, I (0) edule K-1 n 1065)	Part IV, line 34
n of Related Organizations Taxable as a Corporation or Trust. Complete if the organizations treated as a corporation or trust during t	Identification because it ha (a) me, address, and EIN related organization	ad one o	ated Organizations or more related org: (b) Primary activity	s Taxable anization (c) Legal domicile (state or foreign country)	 as a Partnersi s treated as a p Direct controlling entity 	artnership during Predominant income (related, unrelated, excluded from tax under sections 512-514	g the tax year. (f) Share of total income	sha y	ered "Yes" (9) ar of end-of- ar assets	erred "Yes" on Form (9) (h) are of end-of- areasets Yes No	rred "Yes" on Form 990, Part IV, I (g) (h) (i) Code V - UBI arr assets arount in box 20 of Schedule K-1 (Form 1065) Yes No	Image: Construction of the state of the
ation of Related Organizations Taxable as a Corporation or Trust. Complete if the orga												
Intification of Related Organizations Taxable as a Corporation or Trust. Complete if the organizations treated as a corporation or trust during t												
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organizations treated as a corporation or trust during t												
rt V												
	(6)											
	7)											

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) (d) Legal domicile Direct controlling (state or foreign entity country)	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) (i) Share of Percentage Section end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
JSA 6F1308 1 000						Schedule R (Form 990) 2016	t (Form 99	0) 2016
6E1308 1.000								

PAGE 82

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Nomplete line 1 f any entity is lated in Parts II, III, on V of this schedule. Via International Control (International Control International Control Internation Control International Control Internation Control International Control Internationa	JSA 6E1309 1.000			BEYACHAD FUND	Name	If the answer to any of the above is "Yes,"	Other transfer of cash or property from related organization(s).	Other transfer of cash or property to related organization(s)	Reimbursement paid by related organization(s) for expenses	Reimbursement paid to related organization(s) for expenses	Sharing of paid employees with related or	Sharing of facilities, equipment, mailing lis	m Performance of services or membership c	Performance of services or membership c	Lease of facilities, equipment, or other ass	Lease of facilities, equiptifient, of other as	Exchange of assets with related organization(s)	Functionase of assets inominetated organization(s)	Sale of assets to related organization(s)	Dividends from related organization(s)	Loans or loan guarantees by related organization(s)	Loans or loan guarantees to or for related organization(s)	Gift, grant, or capital contribution from rela	Gift, grant, or capital contribution to relate	Receipt of (i) interest, (ii) annuities, (iii) roy	During the tax year, did the organization e	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
					(a) Name of related organization	' see the instructions for information on who must complete	lated organization(s)	- - - - - - - - - - - - - - - - -	on(s) for expenses		ganization(s)	sts, or other assets with related organization(s)	or fundraising solicitations by related organization(s)	or fundraising solicitations for related organization(s)	sets from related organization(s)	אבוא זה ובומובת הואמווזדמווהוו(א)					ization(s)	organization(s)	ated organization(s)	d organization(s)	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ngage in any of the following transactions with one or more	Parts II, III, or IV of this schedule.
				B	(b) Transaction type (a-s)	this line,	-					· · · · · ·	· · · · · · · · · · · · · · · · · · ·	- - - - - - - - -	•							· · · · · · · · · · · · · · · · · · ·				related organizations lis	
Ye 1a 1b 1c 1d	Scł			,918,	Amount involved			· · · · · · ·					-	•	· · · · · · ·								· · · · · · · · · · · · · · · · · · ·			sted in Parts II-IV?	
orm 990	hedule R (Fo			CASH	Method o amoun	action thres	• • • •		:	:	:	- - - -						:		:	:	:		:	:		
	yrm 990				(d) f determi t involver	holds.	1s	+	q	1 p	10		1 m	=	7	=	: =	: 5	1g	` ≓	1e	1d	1c		1a		Ye

13-1659627

JEWISH NATIONAL FUND

Schedule R (Form 990) 2016

Page 3

Page 4

Schedule R (Form 990) 2016

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	nization. See instru	actions regardin	ig exclusion for	ganization certain inve	estment partner	ships.			מוכם ביץ וסופ	1 499019
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	() Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
				Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
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Schedule R (Form 990) 2016

Page 5

 Part VII
 Supplemental Information

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

Form	990-T	Exempt Organization (and proxy ta					'n ∣	OMB No. 1545-0687
		For calendar year 2016 or other tax year beg			•		o <u>17</u> .	2016
	tment of the Treasury	Information about Form 990-T and	d its ins	tructions is avail	able at ww	w.irs.gov/form9	90t.	
	al Revenue Service	Do not enter SSN numbers on this form						Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed	JEWISH NATIONAL FU	ND	me changed and se	e instructions	5.)		yer identification number yees' trust, see instructions.)
	empt under section	(KEREN KAYEMETH LE						
X	501(C)(3)	Print Number, street, and room or suite no or	. If a P.O.	. box, see instruction	ns.			559627
	408(e) 220(e)	Туре	-					ated business activity codes structions.)
	408A 530(a)	42 EAST 69TH STREE						
	529(a)	City or town, state or province, cour	itry, and Z	IP or foreign postal	code		F 2 F 0 (20
	ok value of all assets end of year	NEW YORK, NY 10021					52599	90
1-	17 551 247	F Group exemption number (See instru	,					
		G Check organization type ► X 50			501(c)		<u> </u> 401(a) 	
		ation's primary unrelated business activity.						
	0 ,	was the corporation a subsidiary in an aft	Ũ	• •	subsidiary c	ontrolled group?		▶ Yes X No
	,	ame and identifying number of the parent of the parent of MITCHEL ROSENZWEIG	corporatio	on. 🕨	Tolophon	e number 🕨 51	6_678_	6805
		Trade or Business Income		(A) Inco	-	(B) Expen		(C) Net
					lie		303	
1a b	Gross receipts or a Less returns and allows		▶ 1c					
2		d (Schedule A, line 7)						
3	•	tract line 2 from line 1c	•					
4a		ncome (attach Schedule D)						
b		rm 4797, Part II, line 17) (attach Form 4797)						
c		ction for trusts						
5		partnerships and S corporations (attach statemen		5	,910.	ATCH 1		5,910.
6		edule C)						
7		nanced income (Schedule E)						
8		ties, and rents from controlled organizations (Schedule						
9	Investment income of a	section 501(c)(7), (9), or (17) organization (Schedule 0	G) 9					
10	Exploited exempt	activity income (Schedule I)	. 10					
11	Advertising incom	ne (Schedule J)	. 11					
12	```	e instructions; attach schedule)	•					
13		nes 3 through 12			,910.			5,910.
Par		ns Not Taken Elsewhere (See ins				, ,	Except f	or contributions,
		s must be directly connected with				,		
14		officers, directors, and trustees (Schedule I						
15		es						
16		tenance						
17		· · · · · · · · · · · · · · · · · · ·						
18 19		chedule)						4,114.
20		s outions (See instructions for limitation rules						
21		ach Form 4562)					20	
22		claimed on Schedule A and elsewhere on					22b	
23								
24		leferred compensation plans						
25		programs						
26		penses (Schedule I)						
27		o costs (Schedule J)						
28		(attach schedule)						3,000.
29	Total deductions	Add lines 14 through 28					. 29	7,114.
30	Unrelated busine	ss taxable income before net operatin	g loss	deduction. Sub	tract line	29 from line 1	3 30	-1,204.
31		s deduction (limited to the amount on line						
32		ss taxable income before specific deducti						-1,204.
33		n (Generally \$1,000, but see line 33 instru						1,000.
34		ess taxable income. Subtract line 33			-			1
For 7	enter the smaller	of zero or line 32 ion Act Notice, see instructions.		<u></u>	<u></u> .	<u></u>	34	-1,204. Form 990-T (2016)
		Notice, see instructions. 2V 5/30/2018 8:25:36 AM	77 1	6-7 17	ſ	0176693-00	006	Form 990-1 (2016) PAGE 86
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Form	990-T (20	16) JEWISH NATIONAL FUND				13-16	559627	F	Page 2
Par	· · ·	Tax Computation							
35		zations Taxable as Corporations. See instructions for tax com	putatio	on. Controlled gr	roup				
		s (sections 1561 and 1563) check here See instructions and:	•	Ũ	•				
а		our share of the \$50,000, \$25,000, and \$9,925,000 taxable income b	racket	s (in that order):					
	(1) \$	(2) \$ (3) \$		Ň Į Ź					
b	Enter or	ganization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	5					
	(2) Addi	tional 3% tax (not more than \$100,000)	\$	5					
с		tax on the amount on line 34.			►	35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax comp	utatior	n. Income tax	on				
	the amo	unt on line 34 from: La Tax rate schedule or Schedule D (Form 1	041)		►	36			
37	Proxy ta	xx. See instructions			>	37			
38	Alternat	ive minimum tax				38			
39	Tax on	Non-Compliant Facility Income. See instructions				39			
		dd lines 37, 38 and 39 to line 35c or 36, whichever applies		<u></u>		40			
Par	t IV	Tax and Payments		1					
41 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a						
b	Other cr	edits (see instructions).	41b						
С	General	business credit. Attach Form 3800 (see instructions)	41c						
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)	41d						
е		edits. Add lines 41a through 41d				41e			
42	Subtract	t line 41e from line 40.				42			
43		tes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	-			43			
44		x. Add lines 42 and 43.	1			44			0.
		ts: A 2015 overpayment credited to 2016							
		timated tax payments							
		osited with Form 8868							
		organizations: Tax paid or withheld at source (see instructions)							
		withholding (see instructions)							
		or small employer health insurance premiums (Attach Form 8941)	45f						
g		redits and payments: Form 2439							
		orm 4136 Other Total ►							
46		ayments. Add lines 45a through 45g				46			
47		ed tax penalty (see instructions). Check if Form 2220 is attached				47			
48 40		. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			
49 50		ment. If line 46 is larger than the total of lines 44 and 47, enter amount over	baid .	Refunde		49 50			
Par		amount of line 49 you want: Credited to 2017 estimated tax ► Statements Regarding Certain Activities and Other Inf	orm		· · ·				
		time during the 2016 calendar year, did the organization have an i					uthority	Yes	No
51	•	financial account (bank, securities, or other) in a foreign country?		-					
		Form 114, Report of Foreign Bank and Financial Accounts. If YE		•		•			
	here ►		e, e		ure	i oi oigii	ocumy		х
52		he tax year, did the organization receive a distribution from, or was it the gra	antor o	f or transferor to	a forei	an trust?			Х
52	-	ee instructions for other forms the organization may have to file.				gri trust:			
53		e amount of tax-exempt interest received or accrued during the tax year > \$							
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying s			o the b	est of my	knowledge	and beli	ief, it is
Sigr	tru	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of whether the second se	nich prep	barer has any knowledge.			0 41	41-1-	
Here		05/29/2018					S discuss reparer sh		
		gnature of officer Date Title				e instruction	·		No
		Print/Type preparer's name Preparer's signature		Date	Chec	k if	PTIN		
Paid		KRISTIN RUFFINI Kusta Ruff	inc	05/29/2018	self-e	mployed	P007		1
Prep		Firm's name BDO USA, LLP			Firm's	; <u>EIN</u> ▶1.	3-5381	590	
Use	Only	Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-	5001		Phone	2.	12-885		0
							- 0		(0040)

JEWISH NATIONAL

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >

2 Purchases	2		7	Cost of	goods so	old. Subtract line	e
3 Cost of labor				6 from	line 5. E	nter here and in	1
4a Additional section 263A costs				Part I, line	2		. 7
(attach schedule)	4a		8			section 263A (
b Other costs (attach schedule)	4b			property	produced	or acquired for	or resale) apply
5 Total. Add lines 1 through 4b	5			to the org	anization?		X
Schedule C - Rent Income (Figure (see instructions)	rom Real P	roperty a	nd Personal	Property	Leased	With Real Prope	erty)
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent recei	ved or accrue	ed				
(a) From personal property (if the perce for personal property is more than 10 more than 50%)		percenta	rom real and per age of rent for pe if the rent is bas	ersonal propert	y exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of colum here and on page 1, Part I, line 6, colum	.,	· ,				(b) Total deduct Enter here and c Part I, line 6, colu	on page 1,
Schedule E - Unrelated Debt-			e instructions	S)		•	
1. Description of debt-fina	nced property	·	2. Gross inco allocable to d			debt-finar	onnected with or allocable to need property
			property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)					(****	····,	
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sche	ble to property	6. Col 4 divi by colu	ded		income reportable n 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
					Enter her Part I, lir	re and on page 1, ne 7, column (A).	Enter here and on page Part I, line 7, column (B

Form 990-T (2016)

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6 Inventory at end of year

Form	990-T ((2016)
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1 Inventory at beginning of year

Total dividends-received deductions included in column 8

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page 1, mn (B).

Page 3

No

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income

Form 990-T (2016)	JEWISH N									659627	Page 4
Schedule F - Interest, Annu	uities, Royalties						tions (see	instruction	าร)		
1. Name of controlled organization	2. Employer identification number	er 3. N	let unre	Iated income instructions)	4. Total	ons of specifie ents made	included	f column 4 tha in the control on's gross inc	ling	6. Deductions of connected with in column	income
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specifie payments made		inclu	art of column ded in the con ization's gross	ntrolling		. Deductions dire nected with incor column 10	
(1)											
(2)											
(3)											
(4)											
						Ente	d columns 5 a r here and on : I, line 8, colur	page 1,	Ent	ld columns 6 and er here and on pa rt I, line 8, column	ge 1,
					<u>.</u> ►		/				
Schedule G - Investment In	icome of a Sec	tion 501(<u>c)(/),</u>	(9), Or (17 3. Deduc		nizatio				5. Total deduct	tions
1. Description of income	2. Amount of	income		directly cor (attach sch	inected			l-asides schedule)		and set-asides (plus col. 4)	(col. 3
(1)											
(2)											
(3)											
(4)	Enter here and c	n nage 1								Enter here and on	nage 1
Totals	Part I, line 9, co									Part I, line 9, colu	
Schedule I - Exploited Exe	empt Activity Inc	come. Ot	ner Th	nan Adverti	sina Ir	ncome	(see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper direct connected productio unrelat business ir	ises ly d with on of ed	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ne (loss) ed trade (column umn 3). ompute	5. Gro from a is not	oss income activity that t unrelated ess income	6. Expen attributat columr	ole to	7. Excess ex expense (column 6 n column 5, b more tha column 4	es minus out not an
(1)											
(2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here page 1, F line 10, co	Part I,							Enter here on page Part II, line	1,
Schedule J - Advertising Ir	come (see instru	uctions)									
Part I Income From Per	iodicals Report	ed on a C	onso	lidated Bas	sis						
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advert gain or (los 2 minus co a gain, co cols. 5 thro	s) (col. bl. 3). If npute	1	irculation come	6. Reader costs		7. Excess reaction costs (column minus column not more to column 4	mn 6 n 5, but than
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

Form **990-T** (2016)

Totals, Part II (lines 1-5)

Page 5 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising gain or (loss) (col. costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising advertising costs income costs not more than income a gain, compute column 4). cols. 5 through 7. (1) (2) (3) (4) Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27. line 11, col (A). line 11, col (B).

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on page 1, Part II, line 14 ►

Form 990-T (2016)

13-1659627

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY INCOME FROM LP INVESTMENTS	5,910.
INCOME (LOSS) FROM PARTNERSHIPS	5,910.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEE

3,000.

PART II - LINE 28 - OTHER DEDUCTIONS 3,000.

FEDERAL FOOTNOTES

NET OPERATING LOSS SCHEDULE 9/30/2017

TAX YEAR	LOSS	AMOUNT	UTILIZED	LOSS	CARRIED FORWARD
9/30/2016 9/30/2017	(18,293) (1,204)		-		(18,293) (1,204)
NOL CARRY-FORWARD TO 9/	30/2017				(19,497)

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NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

1. General Informa	ation							
For Fiscal Year Beginning	u (mm/dd/yyyy) 10	, 01 / 2016 and Fr	ndina (mm/dd/vvvv)	09 / 30 / 2017				
Check if Applicable:	Name of Organization: JEWISH NATIONAL FUNDEmployer Identification Number (EIN): 13-1659627(KEREN KAYEMETH LEISRAEL) INC.13-1659627							
Name Change	Mailing Address: NY Registration Number:							
Initial Filing	42 EAST 69TH ST. City / State / Zip:	42 EAST 69TH STREET City / State / Zip: Telephone:						
Final Filing	NEW YORK, NY, 100	21	1	(212) 879-9300				
Amended Filing Reg ID Pending	Website:	<u> </u>	E	mail:				
	WWW.JNF.ORG							
Check your organization's registration category:	7A only EPT	L only X DUAL (7A & E		nfirm your Registration Category in the arities Registry at www.CharitiesNYS.com.				
2. Certification								
See instructions for certificat	tion requirements. Imprope	er certification is a violation of	of law that may be subject to	penalties.				
they are	true, correct and complete	eviewed this report, including in accordance with the laws	-	best of our knowledge and belief, plicable to this report.				
President or Authorize	Signature		Print Name an	d Title Date				
Chief Financial Officer	or Treasurer:		Print Name an	d Title Date				
3. Annual Reportin	g Exemption							
Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.								
and the organizatio		onal fund raiser (PFR) or fun	÷	nt agencies, etc. did not exceed \$25,000 olicit contributions during the fiscal year.				
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.								
4. Schedules and	Attachments							
See the following page for a checklist of schedules and attachments to complete your filing. Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.								
5. Fee								
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Make a single sheek or manay order				
next page to calculate your fee(s). Indicate fee(s) you are submitting here:	\$25	\$_1,500.	\$ _1,525.	Make a single check or money order payable to: <u>"Department of Law"</u>				
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CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

Page 1

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.

Chacklist of Schodulas and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:							
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)							
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants							
Check the financial attachments you must submit with your CHAR500:							
X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable							
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contrib	utors).						
Our organization was eligible for and filed an IRS 990-N e-postcard. We have inclu	uded an IRS Form 990-EZ for state purposes only.						
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Ad	ccountant's Review or Audit Report:						
Review Report if you received total revenue and support greater than \$250,000 a	and up to \$750,000.						
X Audit Report if you received total revenue and support greater than \$750,000							
No Review Report or Audit Report is required because total revenue and support	is less than \$250,000						
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is requ	uired						
Calculate Your Fee							
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?						
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:						
 \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York						
\$0, if you checked the 7A exemption in Part 3a	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:						
 \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct						
 \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.						
 \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b 	 Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. 						
 \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> Exemption for Charitable Organizations . These						
 \$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u>						
 \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports						

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS From 990 Part I. line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500 Annual Filing for Charitable Organizations (Updated December 2016)

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

1. Organization Information

Name of Organization: JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
Professional Fund Raiser		
	Mailing Address:	Telephone:
Fund Raising Counsel		
Commercial Co-Venturer	City / State / Zip:	

3. Contract Information

Contract Start Date:	Contract End Date:

4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:

6. Commercial Co-Venturer (CCV) Report

No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

Yes

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4). A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated December 2016) Page 1

NY Registration Number:

Schedule 4b: Government Grants

www.CharitiesNYS.com

NY Registration Number:

If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

2. Government Grants

Name of Government Agency	Amount of Grant
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total:

<u>ح</u> 201		ration and Finance	eturn Sumı	nary	THIS FORM MUST BE FILED WITH YOUR RETURN
1	Legal name JEWISH NATIONAL	FUND	Payment enclosed	2.	
3	Return type				3. CT13
4 5	Employer ID number (EIN) File number (FCC)		4. 1	3 - 1659	627 <u>5.</u> MM6
6 7	Period beginning date (mm-dd-yy) Period ending date (mm-dd-yy)			6. 10 7. 09	- 01 - 16 - 30 - 17
8	Amended (Y=1; N=0)				8.0
9 10	Address change (Y=1; N=0) Final (Y=1; N=0)				9. 0 10.
11	NAICS code				11. 525990
12 13	MTA indicator (<i>None=0; Y=1; N=2; Both=3</i>) Federal 1120-H filed (<i>Y=1; N=0</i>)				12. 13.
14	REIT/RIC indicator (Y=1; N=0)				14.
15 16	Tax due/MTA surcharge Mandatory first installment (MFI) - no extensio	on filed and tax due is ov	er \$1,000	15. 16.	250.00
17a	Return a Gift to Wildlife			17a.	
17b 17c	Breast Cancer Research and Education Fund Prostate and Testicular Cancer Research and	Education Fund		17b. 17c.	· ·
17d	9/11 Memorial			17d.	•
17e 17f	Volunteer Firefighting & EMS Recruitment Fur Veterans Remembrance	nd		17e.	· ·
17g	Women's Cancers Education and Prevention F	und		17f. 17g.	· ·
18	Balance due			18.	
19	Amount of overpayment credited to next period	d - NYS		19.	
20	Refund of overpayment			20.	
21	Refund of unused tax credits			21.	
22	Tax credits to be credited as an overpayment	to next year's return		22.	
23	Amount of overpayment credited to next period	od - MTA		23.	
24	Amount of MTA surcharge retaliatory tax cred	it to be refunded		24.	
25	Fixed dollar minimum			25.	
26	Designated agent's (Article 9-A) or combined	parent's (Article 33) EIN	26.	-	
27 28	New York receipts Have you been convicted of an offense (NYS	Penal Law, Art. 200 or 4	96, or section 195.20)?	27.	28.
29 30	Paid preparer's EIN Preparer's NYTPRIN			29	. 13-5381590 30.
31	Excl. code				31. 03
	541001161062	6Y3553 1.000 For office use only		!	
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NEW CT-13 Department of Taxation and Finance	
J Included Dusiness income	
2016 Amended Tax Return All filers enter tax period:	00 20 17
return Tax Law - Article 13 beginning 10-01-16 ending Employer identification number (EIN) File number Business telephone number If you	09-30-17 claim an
13_1659627 MM6 212_879_9300 overp	ayment, mark
Legal name of corporation Trade name/DBA	n the box
JEWISH NATIONAL FUND	
Mailing name (if different from legal name above) State or country of incorporation Date received (for Tax Determined on the control of the c	partment use only)
с/о NY	
Number and street or PO box Date of incorporation	
42 EAST 69TH STREET 02-03-26	
City State ZIP code Foreign corporations: date began business in NYS	
NEW YORK NY 10021	
NAICS business code number (from federal return) If address/phone above is new, If you need to update your address or phone	t use only)
information for corporation tax, or other tax	
Principal unrelated business activity (see instructions) types, you can do so online. See Business information in Form CT-1.	
Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit	
Organization - Have you filed this New York State application for exemption? (see instructions)	
Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)	•••••
Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return	
(see section Who must file Form CT-13 in the instructions)	•
	tenclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)	
Computation of income and tax	
Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	-1,204.
 2 New York State Article 13 and Article 23 tax deducted on federal return 	· ·
3 Additions required for shareholders of federal S corporations (see instructions)	
4 Grossed-up taxes for shareholders of New York S corporations <i>(see instructions)</i>	
5 Other additions (see instructions) • IRC section 199 deduction: 5	
6 Add lines 1 through 5	-1,204.
7 Other income (see instructions).	
8 Federal S corporation shareholder subtractions (see instructions)	
9 Other subtractions (see instructions)	
10 Total subtractions (add lines 7, 8, and 9) 10 10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6) 11	-1,204.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions) 12	
13 Taxable income (subtract line 12 from line 11) 13	-1,204.
14 Allocated taxable income (multiply line 13 by% from line 42; or enter amount	
from line 13 if allocation is not claimed)	-1,204.
15 Tax based on income (multiply line 14 by 9% (.09)) 15	
16 Minimum tax	250.00
17 Tax (line 15 or line 16, whichever is larger) 17 10 Tatal parameters from line 40 10	250.
18 18 10 Palance (if line 18 is less than line 17 subtract line 18 from line 17)	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17) 19 20 Interest on late payment (acc instructions)	
20 20 21 Late filing and late payment penalties (see instructions).	
A Detailed uper land lines IN 20 and 21 and enter nere enter the notiment amount on line (Lenove)	
 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	



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Have you been audited by the	e Internal Revenue Service in the past 5 years?	Yes	No X If Yes, list years:
Federal return was filed on:			
Federal return was filed on:	990-1 <u>A</u> Other:		Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

			Α			В		
Ave	rage value of:		New York State	e	Ever	ywhere		
26	Real estate owned (see instructions)	26						
27	Gross rents (attach list; see instructions)							
28	Inventories owned							
29	Other tangible personal property owned (see instructions)							
30	Total (add lines 26 through 29)							
31	Percentage in New York State (divide line 30, column A, by line 30,		nn B)			. 31		%
Rec	eipts in the regular course of business from:							
32	Sales of tangible personal property shipped to points within							
	New York State	32						
33	All sales of tangible personal property							
34	Services performed							
35	Rentals of property							
36	Other business receipts							
37	Total (add lines 32 through 36)							
38	Percentage in New York State (divide line 37, column A, by line 37,	colun	nn B)			38		%
39	Wages, salaries, and other compensation of employees							
	(except general executive officers; see instructions)	39						
40	Percentage in New York State (divide line 39, column A, by line 39,		nn B)			. 40		%
41	Total of New York State percentages (add lines 31, 38, and 40)					41		%
42	Business allocation percentage (divide line 41 by three or by the null	mber	of percentages)			42		%
	nposition of prepayments claimed on line 18*				e paid		mount	
43	Payment with extension request, Form CT-5, line 5			02-	-15-18			250.
44a	Second installment from Form CT-400							
44b	Third installment from Form CT-400							
44c	Fourth installment from Form CT-400							
45	Amount of overpayment credited from prior years				45			
46	Total prepayments (add lines 43 through 45; enter here and on line 1	8) .			46			250.
	*Taxpayers subject to the unrelated business income tax a If you did make these unrequired payments, report them			timate	d tax paymei	nts.		

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination	If marked, enter date of determination:
Net operating loss (NOL) carryback .	Capital loss carryback
Federal return filed Form 1139 •	Amended Form 990-T



	Designee's name (print)	Designee's phone number						
Third - par	Yes A NO IKRISTIN RUFFI	NI				631-5	501-9600	
designee	Designee's e-mail address				·			
(see instructions) KRUFFINI@BDO.COM						1	PIN	
Certification	n: I certify that this return and any attachm	ents are to the best of my	knowle	edge and belie	ef true, c	orrect,	and complete.	
	Printed name of authorized person	Signature of authorized persor	l	Of	fficial title			
Authorized								
person	E-mail address of authorized person			Telephone number			Date	
	Firm's name (or yours if self-employed)		Firm's	Firm's EIN Prep			arer's PTIN or SSN	
Paid	BDO USA, LLP		13	-5381590		P007	741491	
preparer	Signature of individual preparing this return	Address		City		Stat	e ZIP code	
use	100 PARK AVEN			E				
only	Kustin Rieffine	10017-5001						
(see instr.)	E-mail address of individual preparing this return		Prepar	er's NYTPRIN	or Exc	cl. code	Date	
					0	3	05-29-18	

See instructions for where to file.



NEW YORK FOOTNOTES

NET OPERATING LOSS SCHEDULE 9/30/2017								
TAX YEAR	LOSS	AMOUNT	UTILIZED	LOSS CARRIED FORWARD				
9/30/2017	(1,204)			(1,204)				
NOL CARRY-FORWARD TO	9/30/2017			(1,204)				