

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

B Check if applicable:	<input type="checkbox"/>	Address change	C Name of organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.			D Employer identification number	13-1659627	
	<input type="checkbox"/>	Name change				Doing Business As		E Telephone number
	<input type="checkbox"/>	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		G Gross receipts \$	219,727,150.		
	<input type="checkbox"/>	Terminated	42 EAST 69TH STREET					
<input type="checkbox"/>	Amended return	City or town, state or province, country, and ZIP or foreign postal code			H(a) Is this a group return for subordinates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/>	Application pending	NEW YORK, NY 10021			H(b) Are all subordinates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			F Name and address of principal officer: RUSSELL ROBINSON			If "No," attach a list. (see instructions)		
			42 EAST 69TH STREET NEW YORK, NY 10021			H(c) Group exemption number ▶		
I Tax-exempt status:		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527			
J Website:		▶ WWW.JNF.ORG						
K Form of organization:		<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶	L Year of formation:	1926	
						M State of legal domicile:	NY	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: 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	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	41.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	256.
	6	Total number of volunteers (estimate if necessary)	6	43.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,334.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	66,396,313.	79,753,909.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	443,862.	357,319.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,474,999.	17,064,617.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,202,311.	-1,511,532.
	12		81,112,863.	95,664,313.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,522,278.	32,454,881.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,748,696.	20,012,527.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,958,929.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,869,295.	21,349,716.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	66,140,269.	73,817,124.	
19	Revenue less expenses. Subtract line 18 from line 12	14,972,594.	21,847,189.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	385,120,940.	417,551,247.
	22	Net assets or fund balances. Subtract line 21 from line 20	58,468,574.	56,332,291.
22		326,652,366.	361,218,956.	

Part II Signature Block

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

Sign Here			Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KRISTIN RUFFINI		05/29/2018	<input type="checkbox"/>	P00741491
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001		Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 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? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 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 \$)

4e Total program service expenses ▶ 58,033,290.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (41), 1b (41), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 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(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MITCHEL ROSENZWEIG 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 516-678-6805

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

Check if Schedule O contains a response or note to any line 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)RONALD S. LAUDER CHAIRMAN OF THE BOARD	3.00 1.00	X		X				0.	0.	0.
(2)JEFFREY E. LEVINE PRESIDENT	3.00 0.	X		X				0.	0.	0.
(3)THEODORE L. BANKS TREASURER	3.00 0.	X		X				0.	0.	0.
(4)ANDREW P. KLEIN ASSISTANT TREASURER	3.00 0.	X		X				0.	0.	0.
(5)GERALDINE SHATZ SECRETARY	3.00 0.	X		X				0.	0.	0.
(6)ALAN ABRAMSON (THRU 9/17) BOARD MEMBER	3.00 0.	X						0.	0.	0.
(7)IRA BARTFIELD BOARD MEMBER	3.00 0.	X						0.	0.	0.
(8)ISAAC BLACHOR BOARD MEMBER	3.00 0.	X						0.	0.	0.
(9)EDWARD BLANK BOARD MEMBER	3.00 0.	X						0.	0.	0.
(10)MICHAEL BLANK BOARD MEMBER	3.00 0.	X						0.	0.	0.
(11)STEVEN CRYSTAL BOARD MEMBER	3.00 0.	X						0.	0.	0.
(12)ALAN DABROW BOARD MEMBER	3.00 0.	X						0.	0.	0.
(13)ROBERT DUBIN BOARD MEMBER	3.00 0.	X						0.	0.	0.
(14)JEFFREY S. DAVIS BOARD MEMBER	3.00 5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHARLES S. FAX ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(16) BARUCH FELLNER, ESQ. ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(17) DR. ALAN FISHER ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(18) MYRA CHACK FLEISCHER ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(19) DAVID FRANK ----- BOARD MEMBER	3.00 ----- .50	X						0.	0.	0.
(20) SCOTT H. GENDELL ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(21) BRUCE K. GOULD ----- BOARD MEMBER	3.00 ----- 2.00	X						0.	0.	0.
(22) DAVID GREENBAUM (AS OF 9/17) ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(23) JOSEPH HESS ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(24) KENNETH J. KRUPSKY ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
(25) HAROLD L. KAPLAN ----- BOARD MEMBER	3.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								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 limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 37

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ► 16

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) TERRY L. KATZ ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(27) MARC KELMAN ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(28) JOSEPH KORN ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(29) ROBERT B. LEVINE ----- BOARD MEMBER	3.00 ----- 2.50	X					0.	0.	0.	
(30) DR. SOL LIZERBRAM ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(31) BILL MILLER (THRU 9/17) ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(32) NINA PAUL ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(33) EDWARD PAUL ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(34) ELLEN ROSENBERG, ESQ ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(35) KENNETH SEGEL ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
(36) SCOTT N. SCHREIBER, ESQ. ----- BOARD MEMBER	3.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 37**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DR. BARBARA SOMMER BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(38) MYRON D. STAYMAN BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(39) MICHAEL J. WECHSLER BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(40) ROBERT M. WIGODA, ESQ. BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(41) RON WERNER BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(42) DR. MELINDA WOLF BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(43) JOSEPH WOLFSON BOARD MEMBER	3.00 5.00	X					0.	0.	0.	
(44) RUSSELL ROBINSON CEO	40.00 0.			X			499,536.	0.	36,848.	
(45) HAROLD COHEN COO	40.00 0.			X			271,341.	0.	34,714.	
(46) MITCHEL ROSENZWEIG CFO	40.00 0.			X			306,854.	0.	32,363.	
(47) RICHARD KROSNICK CHIEF DEVELOPMENT OFFICER	40.00 0.			X			254,848.	0.	31,674.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 37**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) MATTHEW BERNSTEIN CHIEF PLANNED GIVING OFFICER	40.00 0.			X				294,884.	0.	32,164.
(49) STEPHEN BACH CHIEF ADMINISTRATIVE OFFICER	40.00 0.			X				226,320.	0.	31,524.
(50) Yael KANE CHIEF ISRAEL ADVOCACY AND LEAD	40.00 0.			X				193,646.	0.	29,730.
(51) BETH CHERNER EXECUTIVE VP	40.00 0.					X		167,917.	0.	24,993.
(52) MICHAEL FEINMAN EXECUTIVE DIRECTOR	40.00 0.					X		175,457.	0.	28,787.
(53) SHARON FREEDMAN NATIONAL CAMPAIGN DIRECTOR	40.00 0.					X		205,023.	0.	25,534.
(54) DIANE SCAR NATIONAL CAMPAIGN DIRECTOR	40.00 0.					X		207,144.	0.	30,470.
(55) GLEN SCHWARTZ EXECUTIVE DIRECTOR	40.00 0.					X		152,322.	0.	22,747.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 37**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	7,426,198.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	72,327,711.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			79,753,909.			
Program Service Revenue	2a MISSION INCOME (TOURS)	Business Code 900099		357,319.	357,319.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			357,319.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			8,430,670.		1,334.	8,429,336.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		383,635.					
		b Less: rental expenses					
		c Rental income or (loss)	383,635.				
	d Net rental income or (loss) ▶			383,635.			383,635.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		121,629,946.	7,758,276.				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)	114,158,076.	6,596,199.			
	d Net gain or (loss) ▶	7,471,870.	1,162,077.				8,633,947.
	8a Gross income from fundraising events (not including \$ 7,426,198. of contributions reported on line 1c). See Part IV, line 18 a			1,403,524.			
		b Less: direct expenses b			3,308,562.		
c Net income or (loss) from fundraising events. ▶				-1,905,038.			-1,905,038.
9a Gross income from gaming activities. See Part IV, line 19 a			0.				
	b Less: direct expenses b			0.			
	c Net income or (loss) from gaming activities. ▶			0.			
10a Gross sales of inventory, less returns and allowances a			0.				
	b Less: cost of goods sold b			0.			
	c Net income or (loss) from sales of inventory. ▶			0.			
Miscellaneous Revenue			Business Code				
11a MISCELLANEOUS INCOME	900099		9,871.			9,871.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			9,871.				
12 Total revenue. See instructions. ▶			95,664,313.	357,319.	1,334.	15,551,751.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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 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.			
7 Other salaries and wages	13,399,439.	7,920,198.	2,451,389.	3,027,852.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,010,129.	590,934.	182,832.	236,363.
9 Other employee benefits	2,058,201.	1,204,066.	372,532.	481,603.
10 Payroll taxes	1,071,143.	626,628.	193,875.	250,640.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	165,148.			165,148.
c Accounting	156,084.			156,084.
d Lobbying	0.			
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.
12 Advertising and promotion	1,302,791.	919,674.	157,657.	225,460.
13 Office expenses	4,687,770.	2,869,990.	429,380.	1,388,400.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,282,325.	1,567,999.	289,418.	424,908.
17 Travel	1,260,578.	836,642.	184,636.	239,300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	653,216.	490,321.	76,553.	86,342.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	901,820.	622,256.	90,182.	189,382.
23 Insurance	302,191.	263,309.	33,172.	5,710.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISSIONS	2,161,372.	2,031,795.	126,550.	3,027.
b SPEAK/HONORARIUM FEES & PROM	794,631.	508,646.	108,597.	177,388.
c TAXES & LICENSES	659,449.	518,434.	57,686.	83,329.
d EQUIPMENT LEASES	424,543.	279,642.	65,890.	79,011.
e All other expenses	374,506.	337,174.	19,774.	17,558.
25 Total functional expenses. Add lines 1 through 24e	73,817,124.	58,033,290.	7,824,905.	7,958,929.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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 officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	641,000.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	184,493.	7	184,493.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	802,783.	9	1,456,651.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,938,561.		
	b Less: accumulated depreciation	10b 10,456,590.	29,228,380.	10c 22,481,971.
	11 Investments - publicly traded securities	224,037,365.	11	258,632,729.
	12 Investments - other securities. See Part IV, line 11	13,336,253.	12	4,031,967.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	83,873,867.	15	93,670,863.
16 Total assets. Add lines 1 through 15 (must equal line 34)	385,120,940.	16	417,551,247.	
Liabilities	17 Accounts payable and accrued expenses	3,046,778.	17	3,016,313.
	18 Grants payable	16,957,168.	18	13,296,462.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	38,464,628.	25	40,019,516.
	26 Total liabilities. Add lines 17 through 25	58,468,574.	26	56,332,291.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	269,203,493.	27	299,818,568.
	28 Temporarily restricted net assets	47,241,140.	28	50,672,800.
	29 Permanently restricted net assets	10,207,733.	29	10,727,588.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	326,652,366.	33	361,218,956.
	34 Total liabilities and net assets/fund balances	385,120,940.	34	417,551,247.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,664,313.
2	Total expenses (must equal Part IX, column (A), line 25)	2	73,817,124.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,847,189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	326,652,366.
5	Net unrealized gains (losses) on investments	5	14,219,712.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,500,311.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	361,218,956.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **JEWISH NATIONAL FUND**
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 60.98%; 15 Public support percentage from 2015 Schedule A, Part II, line 14 60.82%; 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section 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? <i>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.</i>	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? <i>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.</i>	2	

Section 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)? <i>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).</i>	1	

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	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 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to 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).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 responsive (provide details in Part VI). See instructions.	
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			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013.			
d From 2014.			
e 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c 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:			
a			
b Excess from 2013. . . .			
c Excess from 2014. . . .			
d Excess from 2015. . . .			
e Excess from 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.)

ATTACHMENT 1

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	<u>28,277.</u>	<u>19,529.</u>	<u>1,087,424.</u>	<u>1,238,554.</u>	<u>1,413,395.</u>	<u>3,787,179.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

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

Name of the organization

JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number

13-1659627

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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).

Name of organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	Employer identification number 13-1659627
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Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 7,140,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 3,164,974.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 1,774,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 1,758,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	Employer identification number 13-1659627
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	Employer identification number 13-1659627
--	---

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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		Relationship 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 of gift			
Transferee's name, address, and ZIP + 4		Relationship 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 of gift			
Transferee's name, address, and ZIP + 4		Relationship 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 of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.

Employer identification number 13-1659627

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,803,074.	4,831,682.	4,188,765.	3,387,374.	2,986,274.
b Contributions	400,000.	900,000.	716,804.	801,391.	401,100.
c Net investment earnings, gains, and losses	441,157.	359,066.	-73,887.	43,300.	22,954.
d Grants or scholarships					
e Other expenditures for facilities 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.	4,188,765.	3,387,374.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 100.0000 %
 - c Temporarily restricted endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,427,500.		4,427,500.
b Buildings		19,990,811.	2,701,330.	17,289,481.
c Leasehold improvements				
d Equipment		4,242,392.	3,722,646.	519,746.
e Other		4,277,858.	4,032,614.	245,244.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				22,481,971.

Part VII Investments - Other Securities.

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "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 valuation: Cost or end-of-year market value
(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.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	837,304.
(2) PROPERTY HELD FOR SALE	5,390,968.
(3) OTHER ASSETS	655,534.
(4) INV. HELD UNDER SPLIT	
(5) INTEREST AGREEMENTS	85,387,057.
(6) INVESTMENT IN REAL ESTATE	1,400,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	93,670,863.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	40,019,516.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	40,019,516.	

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

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
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.**

Employer identification number
13-1659627

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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 (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1.	7.	GRANTMAKING		28,053,717.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		5,743,887.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	7.			33,797,604.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	7.			33,797,604.

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

Schedule F (Form 990) 2016

JSA
6E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST	GENERAL SUPP	3,317,500.	WIRE TRANSFE			
(2)			MIDDLE EAST	GENERAL SUPP	2,918,903.	WIRE TRANSFE			
(3)			MIDDLE EAST	GENERAL SUPP	2,609,500.	WIRE TRANSFE			
(4)			MIDDLE EAST	GENERAL SUPP	2,157,920.	WIRE TRANSFE			
(5)			MIDDLE EAST	GENERAL SUPP	1,205,619.	WIRE TRANSFE			
(6)			MIDDLE EAST	GENERAL SUPP	975,000.	WIRE TRANSFE			
(7)			MIDDLE EAST	GENERAL SUPP	967,500.	WIRE TRANSFE			
(8)			MIDDLE EAST	GENERAL SUPP	950,000.	WIRE TRANSFE			
(9)			MIDDLE EAST	GENERAL SUPP	916,980.	WIRE TRANSFE			
(10)			MIDDLE EAST	GENERAL SUPP	825,000.	WIRE TRANSFE			
(11)			MIDDLE EAST	GENERAL SUPP	820,000.	WIRE TRANSFE			
(12)			MIDDLE EAST	GENERAL SUPP	820,000.	WIRE TRANSFE			
(13)			MIDDLE EAST	GENERAL SUPP	670,000.	WIRE TRANSFE			
(14)			MIDDLE EAST	GENERAL SUPP	656,558.	WIRE TRANSFE			
(15)			MIDDLE EAST	GENERAL SUPP	579,130.	WIRE TRANSFE			
(16)			MIDDLE EAST	GENERAL SUPP	533,526.	WIRE TRANSFE			

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

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

(1)	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST	GENERAL SUPP	525,000.	WIRE TRANSFE			
(2)			MIDDLE EAST	GENERAL SUPP	500,000.	WIRE TRANSFE			
(3)			MIDDLE EAST	GENERAL SUPP	400,000.	WIRE TRANSFE			
(4)			MIDDLE EAST	GENERAL SUPP	378,000.	WIRE TRANSFE			
(5)			MIDDLE EAST	GENERAL SUPP	369,060.	WIRE TRANSFE			
(6)			MIDDLE EAST	GENERAL SUPP	368,878.	WIRE TRANSFE			
(7)			MIDDLE EAST	GENERAL SUPP	363,500.	WIRE TRANSFE			
(8)			MIDDLE EAST	GENERAL SUPP	355,920.	WIRE TRANSFE			
(9)			MIDDLE EAST	GENERAL SUPP	350,000.	WIRE TRANSFE			
(10)			MIDDLE EAST	GENERAL SUPP	340,000.	WIRE TRANSFE			
(11)			MIDDLE EAST	GENERAL SUPP	338,989.	WIRE TRANSFE			
(12)			MIDDLE EAST	GENERAL SUPP	324,790.	WIRE TRANSFE			
(13)			MIDDLE EAST	GENERAL SUPP	250,000.	WIRE TRANSFE			
(14)			MIDDLE EAST	GENERAL SUPP	225,000.	WIRE TRANSFE			
(15)			MIDDLE EAST	GENERAL SUPP	217,142.	WIRE TRANSFE			
(16)			MIDDLE EAST	GENERAL SUPP	212,000.	WIRE TRANSFE			

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST	GENERAL SUPP	160,000.	WIRE TRANSFER			
(2)			MIDDLE EAST	GENERAL SUPP	146,796.	WIRE TRANSFER			
(3)			MIDDLE EAST	GENERAL SUPP	125,000.	WIRE TRANSFER			
(4)			MIDDLE EAST	GENERAL SUPP	123,000.	WIRE TRANSFER			
(5)			MIDDLE EAST	GENERAL SUPP	95,500.	WIRE TRANSFER			
(6)			MIDDLE EAST	GENERAL SUPP	83,000.	WIRE TRANSFER			
(7)			MIDDLE EAST	GENERAL SUPP	78,000.	WIRE TRANSFER			
(8)			MIDDLE EAST	GENERAL SUPP	68,922.	WIRE TRANSFER			
(9)			MIDDLE EAST	GENERAL SUPP	65,000.	WIRE TRANSFER			
(10)			MIDDLE EAST	GENERAL SUPP	62,500.	WIRE TRANSFER			
(11)			MIDDLE EAST	GENERAL SUPP	60,000.	WIRE TRANSFER			
(12)			MIDDLE EAST	GENERAL SUPP	50,000.	WIRE TRANSFER			
(13)			MIDDLE EAST	GENERAL SUPP	50,000.	WIRE TRANSFER			
(14)			MIDDLE EAST	GENERAL SUPP	50,000.	WIRE TRANSFER			
(15)			MIDDLE EAST	GENERAL SUPP	50,000.	WIRE TRANSFER			
(16)			MIDDLE EAST	GENERAL SUPP	45,000.	WIRE TRANSFER			

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

3 Enter total number of other organizations or entities. ▶

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of 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)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 62.

3 Enter total number of other organizations or entities. Schedule F (Form 990) 2016

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

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

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).

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

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).

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

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

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

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).

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

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

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).

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.

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).

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

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

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).

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.

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).

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

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).

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

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).

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

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).

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
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.

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).

OTHER \$38,000

CHABAD OF DEAD SEA \$30,000

JOINT COLLABORATION 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 COLLABORATION 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.

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).

ISRAEL DANCE INSTITUTE \$15,000

ISRAEL DANCE FESTIVAL SPONSORED IN COLLABORATION 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

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).

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.

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CHICAGO TOL DIN (event type)	GNV TOL DINNER (event type)	422. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	615,570.	533,725.	7,680,427.	8,829,722.
	2	Less: Contributions	474,990.	422,845.	6,528,363.	7,426,198.
	3	Gross income (line 1 minus line 2),	140,580.	110,880.	1,152,064.	1,403,524.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,194.	5,564.	3,290,804.	3,308,562.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,308,562.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,905,038.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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 formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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 ▶ \$ _____.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

FORM 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 EVENT AND FUNDRAISING ACTIVITIES IN MULTIPLE JURISDICTIONS AND SO CAPTURING THE PRECISE INFORMATION FOR THE SCHEDULE G IS QUITE DIFFICULT. THE ORGANIZATION ATTRIBUTES APPROXIMATELY 15% OF ALL SPECIAL EVENT FUNDRAISING INCOME AS BEING DERIVED FROM THE GOODS AND SERVICES COMPONENT

- 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 formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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 ▶ \$ _____.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

OF THE TICKET PRICE AND THUS THE COLUMN C BREAKOUT OF REVENUE (FOR THE 422 EVENTS) HAS BEEN CALCULATED USING THIS ALLOCATION METHODOLOGY. EXPENSES ATTRIBUTABLE TO THESE EVENTS HAVE NOT BEEN CLASSIFIED AS THE SHEER VOLUME OF EVENTS MAKES THIS VERY DIFFICULT TO CAPTURE ACCURATELY.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2016
Open to Public
Inspection

Name of the organization
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATT 114 W 26TH ST. 10TH FL NEW YORK, NY 10001	59-0173782	501(C)(3)	2,478,651.				GENERAL SUPPORT
(2) ISRAEL CAMPUS COALITION PO BOX 34640 WASHINGTON, DC 20043	30-0664947	501(C)(3)	625,000.				GENERAL SUPPORT
(3) JERUSALEM U (BORUCHIN) 1110 W OAKLAND PARK BLVD SUNRISE, FL 33351	26-1264680	501(C)(3)	462,000.				GENERAL SUPPORT
(4) HEROES TO HEROES FOUNDATION 96 LINWOOD PLAZA FORT LEE, NJ 07024	27-2037965	501(C)(3)	165,413.				GENERAL SUPPORT
(5) HAKSHIVA - GEERZ FOR LIFE PO BOX 675 LAWRENCE, NY 11559	20-4966120	501(C)(3)	112,100.				GENERAL SUPPORT
(6) ISRAELI DISABLED WAR VETERANS 1133 BROADWAY NEW YORK, NY 10010	13-3392711	501(C)(3)	100,000.				GENERAL SUPPORT
(7) DAVID PROJECT. THE PO BOX 52390 BOSTON, MA 02205	16-1616489	501(C)(3)	75,000.				GENERAL SUPPORT
(8) AM YISRAEL FOUNDATION 9 E. 40TH ST,SUITE 300, NEW YORK, NY 10016	46-0664089	501(C)(3)	67,500.				GENERAL SUPPORT
(9) KETSEY MUSEUM 434 S STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	50,000.				GENERAL SUPPORT
(10) MARLO GROUP - AYALON DOCUMENTARY 514 HAMITTON ROAD MERION, PA 19066	93-0928117	501(C)(3)	48,000.				GENERAL SUPPORT
(11) MEDIA WATCH 42 EAST 69TH STREET NEW YORK, NY 10021	57-1134998	501(C)(3)	25,000.				GENERAL SUPPORT
(12) CHABAD LUBAVITCH OF DELAWARE 19 MATHER AVE BROOMAN, PA 19008	22-2842237	501(C)(3)	18,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2016
**Open to Public
Inspection**

Name of the organization
(KAREN KAYEMETH LEISRAEL) INC.
JEWISH NATIONAL FUND

Employer identification number
13-1659627

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to 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.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF DELAWARE 101 GARDEN OF EDEN RD WILMINGTON, DE 19803	51-0064315	501(C)(3)	15,000.				GENERAL SUPPORT
(2) INSTITUTE FOR LAW AND ECONOMICS 3501 SANSOM ST PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	10,000.				GENERAL SUPPORT
(3) INTERDISCIPLINARY CENTER HERZLIYA 1955 EAST 6TH STREET TUCSON, AZ 85719	86-0690528	501(C)(3)	10,000.				GENERAL SUPPORT
(4) YEMIN ORDE 4501 CONNECTICUT AVENUE, NW STE. 813	22-3090463	501(C)(3)	7,500.				GENERAL SUPPORT
(5) JEWISH FEDERATION OF NORTHEAST NY 184 WASHINGTON AVE ALBANY, NY 12203	22-2805163	501(C)(3)	6,000.				GENERAL SUPPORT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **17.**

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

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

Schedule I (Form 990) (2016)

Part III 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.

(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					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

THE JEWISH NATIONAL FUND PRINCIPALLY ONLY MAKES GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS OUTSIDE THE UNITED STATES (IN ISRAEL). HOWEVER, OCCASIONALLY, JNF WILL SEND FUNDS THAT ARE INTENDED TO SUPPORT AN ISRAELI ORGANIZATION TO ITS U.S. BASED "FRIENDS OF" ORGANIZATION. IN ADDITION, JNF WILL SUPPORT U.S. ORGANIZATIONS THAT ADOPT A SIMILAR TAX-EXEMPT MISSION AS JNF SO LONG AS THE ORGANIZATION DEMONSTRATES A PROJECT THAT SATISFIES JNF'S PROGRAMMATIC STANDARDS. JNF ENSURES THAT ALL GRANT RECIPIENTS ARE SECTION 501(C)(3) ORGANIZATIONS AND WILL REQUIRE PERIODIC REPORTS FROM THE GRANTEE INFORMING JNF OF THE STATUS ON FUNDED PROJECTS.

Part III 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.

	(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						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART III

JNF PROVIDES CERTAIN SCHOLARSHIPS TO STUDENTS OR EDUCATORS AS IT RELATES TO JNF'S MISSION. ONE TYPE OF SCHOLARSHIP GIVEN BY JNF IS BASED ON THE RECOMMENDATIONS OF THE INDIVIDUAL'S SCHOOL, WHICH IS REVIEWED AND APPROVED BY JNF. ANOTHER TYPE OF SCHOLARSHIP IS FOR THE JNF FACULTY FELLOWSHIP PROGRAM WHEREBY JNF REVIEWS APPLICATIONS AND APPROVES ON A CASE BY CASE BASIS AND THEN WORKS WITH THOSE EDUCATORS UPON THEIR RETURN FROM ISRAEL.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.**

Employer identification number
13-1659627

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2016

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

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

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

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

Part III Supplemental Information

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

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

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2016

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

Name of the organization **JEWISH NATIONAL FUND
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Employer identification number
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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

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

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.

FORM 990, PART VI, SECTION B, LINE 12C:

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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

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

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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

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 MILLIONS 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

Name of the organization JEWISH NATIONAL FUND
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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

Name of the organization JEWISH NATIONAL FUND
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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

Name of the organization **JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.**

Employer identification number
13-1659627

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 H2O
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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

ATTACHMENT 1 (CONT'D)

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,

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

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

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

Name of the organization JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

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

Name of the organization **JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.**

Employer identification number
13-1659627

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.

ATTACHMENT 2

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 3

Name of the organization **JEWISH NATIONAL FUND**
(KEREN KAYEMETH LEISRAEL) INC.

Employer identification number
13-1659627

ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIRECT DIMENSIONS, INC. 303 FIFTH AVENUE, ROOM 206 NEW YORK, NY 10016	PRINTING AND POSTAGE	2,354,412.
TELERX MARKETING INC. P.O. BOX 8500-53888 PHILADELPHIA, PA 19178-3888	FEES FOR CALL CENTER	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.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
**JEWISH NATIONAL FUND
(KEREN KAYEMETH LEISRAEL) INC.**

Employer identification number
13-1659627

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	BEYACHAD FUND 58 KING GEORGE STREET JERUSALEM, IS 91079 IS	AREA DEVELOP.	IS			JNF	X	
(2)	ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 78 RANDALL AVE ROCKVILLE CENTER, NY 11570	EDUCATION	NY	501(C)(3)	LINE 10	JNF	X	
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2016

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
									Yes
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a** **Yes** **No**
 - b Gift, grant, or capital contribution to related organization(s) **1b** **Yes** **No**
 - c Gift, grant, or capital contribution from related organization(s) **1c** **Yes** **No**
 - d Loans or loan guarantees to or for related organization(s) **1d** **Yes** **No**
 - e Loans or loan guarantees by related organization(s) **1e** **Yes** **No**

- f Dividends from related organization(s) **1f** **Yes** **No**
- g Sale of assets to related organization(s) **1g** **Yes** **No**
- h Purchase of assets from related organization(s) **1h** **Yes** **No**
- i Exchange of assets with related organization(s) **1i** **Yes** **No**
- j Lease of facilities, equipment, or other assets to related organization(s) **1j** **Yes** **No**
- k Lease of facilities, equipment, or other assets from related organization(s) **1k** **Yes** **No**
- l Performance of services or membership or fundraising solicitations for related organization(s) **1l** **Yes** **No**
- m Performance of services or membership or fundraising solicitations by related organization(s) **1m** **Yes** **No**
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** **Yes** **No**
- o Sharing of paid employees with related organization(s) **1o** **Yes** **No**
- p Reimbursement paid to related organization(s) for expenses. **1p** **Yes** **No**
- q Reimbursement paid by related organization(s) for expenses **1q** **Yes** **No**
- r Other transfer of cash or property to related organization(s) **1r** **Yes** **No**
- s Other transfer of cash or property from related organization(s) **1s** **Yes** **No**

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)	BEYACHAD FUND	B	2,918,903.	CASH	
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

	(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 sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII **Supplemental Information**

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

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning 10/01, 2016, and ending 09/30, 2017.

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year <u>417,551,247.</u></p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)	<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 42 EAST 69TH STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021</p> <p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>D Employer identification number (Employees' trust, see instructions.) 13-1659627</p> <p>E Unrelated business activity codes (See instructions.) 525990</p>
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)						
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)	<input type="checkbox"/> 529(a)						

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENTS IN LIMITED PARTNERSHIPS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **MITCHEL ROSENZWEIG** Telephone number ▶ **516-678-6805**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5	5,910.	5,910.
6 Rent income (Schedule C)	6	ATCH 1	
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13	5,910.	5,910.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	4,114.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	ATTACHMENT 2
29 Total deductions. Add lines 14 through 28	29	3,000.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,204.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-1,204.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-1,204.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 41 b Other credits (see instructions). 41 c General business credit. Attach Form 3800 (see instructions) 41 d Credit for prior year minimum tax (attach Form 8801 or 8827). 41 e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40. 43 Other taxes. Check if from: 44 Total tax. Add lines 42 and 43. 45 a Payments: A 2015 overpayment credited to 2016 45 b 2016 estimated tax payments 45 c Tax deposited with Form 8868. 45 d Foreign organizations: Tax paid or withheld at source (see instructions) 45 e Backup withholding (see instructions) 45 f Credit for small employer health insurance premiums (Attach Form 8941) 45 g Other credits and payments: 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2017 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year

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

Sign Here 05/29/2018 Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? 2018 KRISTIN RUFFINI Preparer's signature Date 05/29/2018 Check if self-employed PTIN P00741491 Firm's name BDO USA, LLP Firm's EIN 13-5381590 Firm's address 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone no. 212-885-8000

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

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				X

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed 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 adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals ▶

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Totals ▶

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Totals ▶

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (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.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

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

ORDINARY INCOME FROM LP INVESTMENTS

5,910.

INCOME (LOSS) FROM PARTNERSHIPS

5,910.

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	(18,293)	-	(18,293)
9/30/2017	(1,204)	-	(1,204)
NOL CARRY-FORWARD TO 9/30/2017			(19,497)

CHAR500

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

2016
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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 10 / 01 / **2016** and Ending (mm/dd/yyyy) 09 / 30 / 2017

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	Employer Identification Number (EIN): 13-1659627
	Mailing Address: 42 EAST 69TH STREET	NY Registration Number:
	City / State / Zip: NEW YORK, NY, 10021	Telephone: (212) 879-9300
	Website: WWW.JNF.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: _____
 Signature _____ Print Name and Title _____ Date _____

Chief Financial Officer or Treasurer: _____
 Signature _____ Print Name and Title _____ Date _____

3. Annual Reporting 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.

- 3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).
- 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

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.
- 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 both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules 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:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- 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 required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$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
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

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 **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 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

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

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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.	NY Registration Number:
---	-------------------------

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

Fund Raising Professional type: <input type="checkbox"/> Professional Fund Raiser <input type="checkbox"/> Fund Raising Counsel <input type="checkbox"/> Commercial Co-Venturer	Name of FRP:	NY Registration Number:
	Mailing Address:	Telephone:
	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

<input type="checkbox"/> Yes <input type="checkbox"/> 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

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 4b: Government Grants
www.CharitiesNYS.com

2016
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Inspection

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:	NY Registration Number:
-----------------------	-------------------------

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:



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation **1.** JEWISH NATIONAL FUND Payment enclosed **2.** .

3 Return type **3.** CT13

4 Employer ID number (EIN) **4.** 13 - 1659627

5 File number (FCC) **5.** MM6

6 Period beginning date (mm-dd-yy) **6.** 10 - 01 - 16

7 Period ending date (mm-dd-yy) **7.** 09 - 30 - 17

8 Amended (Y=1; N=0) **8.** 0

9 Address change (Y=1; N=0) **9.** 0

10 Final (Y=1; N=0) **10.**

11 NAICS code **11.** 525990

12 MTA indicator (None=0; Y=1; N=2; Both=3) **12.**

13 Federal 1120-H filed (Y=1; N=0) **13.**

14 REIT/RIC indicator (Y=1; N=0) **14.**

15 Tax due/MTA surcharge **15.** 250 . 00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000 **16.** .

17a Return a Gift to Wildlife **17a.** .

17b Breast Cancer Research and Education Fund **17b.** .

17c Prostate and Testicular Cancer Research and Education Fund **17c.** .

17d 9/11 Memorial **17d.** .

17e Volunteer Firefighting & EMS Recruitment Fund **17e.** .

17f Veterans Remembrance **17f.** .

17g Women's Cancers Education and Prevention Fund **17g.** .

18 Balance due **18.** .

19 Amount of overpayment credited to next period - 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 - MTA **23.** .

24 Amount of MTA surcharge retaliatory tax credit 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 New York receipts **27.** .

28 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)? **28.**

29 Paid preparer's EIN **29.** 13 - 5381590

30 Preparer's NYTPRIN **30.**

31 Excl. code **31.** 03

541001161062



6Y3553 1.000

For office use only



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

beginning 10-01-16 ending 09-30-17

Amended return

Tax Law - Article 13

Form fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Number and street or PO box, Date of incorporation, City, State, ZIP code, Foreign corporations: date began business in NYS, NAICS business code number, Principal unrelated business activity, and Audit information.

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? Yes No [X]
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

A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax
Attach your payment here. Detach all check stubs. (See instructions for details.)
Payment enclosed

Computation of income and tax

Table with 25 rows for computation of income and tax. Columns include line number, description, and amount. Key values: Line 1: -1,204; Line 6: -1,204; Line 11: -1,204; Line 13: -1,204; Line 14: -1,204; Line 16: 250.00; Line 17: 250; Line 18: 250; Line 22: 250.

See page 3 for third-party designee, certification, and signature entry areas.

400001161062



6Y3570 1.000

Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T 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.

Average value of:		A New York State	B Everywhere
26	Real estate owned (see instructions)	26	
27	Gross rents (attach list; see instructions)	27	
28	Inventories owned	28	
29	Other tangible personal property owned (see instructions)	29	
30	Total (add lines 26 through 29)	30	
31	Percentage in New York State (divide line 30, column A, by line 30, column B)	31	%

Receipts 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	33	
34	Services performed	34	
35	Rentals of property	35	
36	Other business receipts	36	
37	Total (add lines 32 through 36)	37	
38	Percentage in New York State (divide line 37, column A, by line 37, column 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, column 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 number of percentages)	42	%

Composition of prepayments claimed on line 18*

	Date paid	Amount
43	Payment with extension request, Form CT-5, line 5	43 02-15-18 250.
44a	Second installment from Form CT-400	44a
44b	Third installment from Form CT-400	44b
44c	Fourth installment from Form CT-400	44c
45	Amount of overpayment credited from prior years	45
46	Total prepayments (add lines 43 through 45; enter here and on line 18)	46 250.

*Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

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



Third - party designee <i>(see instructions)</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> KRISTIN RUFFINI	Designee's phone number 631-501-9600
	Designee's e-mail address KRUFFINI@BDO.COM		PIN <input type="text"/>

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person		Signature of authorized person		Official title	
	E-mail address of authorized person			Telephone number		Date
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> BDO USA, LLP			Firm's EIN 13-5381590		Preparer's PTIN or SSN P00741491
	Signature of individual preparing this return <i>Kristin Ruffini</i>		Address 100 PARK AVENUE NEW YORK, NY 10017-5001		City	State
	E-mail address of individual preparing this return			Preparer's NYTPRIN	or	Excl. code 03

See instructions for where to file.

400003161062



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)