

# 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)

2014

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](http://www.irs.gov/form990).

**Open to Public Inspection**

**A For the 2014 calendar year, or tax year beginning** 10/01, 2014, **and ending** 09/30, 2015

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC. <b>Doing Business As</b>			<b>D Employer identification number</b> 13-1659627	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E Telephone number</b> (212) 879-9300	
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10021		<b>G Gross receipts \$</b> 344,369,870.		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>F Name and address of principal officer:</b> RUSSELL ROBINSON 42 EAST 69TH STREET NEW YORK, NY 10021			<b>H(c) Group exemption number</b> ▶	
<b>I Tax-exempt status:</b> <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					
<b>J Website:</b> ▶ WWW.JNF.ORG					
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L Year of formation:</b> 1926 <b>M State of legal domicile:</b> NY	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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.			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	64.
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	64.
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	235.
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h)	71,945,821.	195,491,408.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	0	234,037.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,270,510.	10,259,242.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-819,062.	-63,395.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,397,269.	205,921,292.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,720,129.	29,735,330.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,376,086.	16,259,083.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,987,613.		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	16,141,538.	15,538,959.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,237,753.	61,533,372.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	13,159,516.	144,387,920.	
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16)	231,801,215.	369,947,299.
	<b>21</b>	Total liabilities (Part X, line 26)	58,396,527.	61,629,872.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	173,404,688.	308,317,427.	

**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.

<b>Sign Here</b>	Signature of officer _____		Date _____	
	Type or print name and title _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 08/09/2016	Check <input type="checkbox"/> if self-employed <b>PTIN</b> P00741490
	Firm's name ▶ GRANT THORNTON LLP		Firm's EIN ▶ 36-6055558	
	Firm's address ▶ 757 THIRD AVE., 4TH FLOOR NEW YORK, NY 10017-2013		Phone no. 212-599-0100	

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** (2014)

**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 \$ 49,884,713. including grants of \$ 29,825,330. ) (Revenue \$ 234,037. )

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 ▶ 49,884,713.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their compliance status.

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

	Yes	No
<b>21</b> 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	
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>25b</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
<b>26</b> 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	
<b>27</b> 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
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>28b</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
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 (64), 1b (64), 2, 3, 4, 5, 6, 7a, 7b, 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, 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.

**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 0	X		X				0	0	0
(2)JEFFREY E. LEVINE PRESIDENT	3.00 0	X		X				0	0	0
(3)ALAN DABROW BOARD MEMBER	3.00 0	X						0	0	0
(4)JOSEPH WOLFSON BOARD MEMBER	3.00 0	X						0	0	0
(5)JEFFREY S. DAVIS BOARD MEMBER	3.00 0	X						0	0	0
(6)THEODORE L. BANKS TREASURER	3.00 0	X		X				0	0	0
(7)ANDREW P. KLEIN ASSISTANT TREASURER	3.00 0	X		X				0	0	0
(8)GERALDINE SHATZ SECRETARY	3.00 0	X		X				0	0	0
(9)RON WERNER BOARD MEMBER	3.00 0	X						0	0	0
(10)MYRON D. STAYMAN BOARD MEMBER	3.00 0	X						0	0	0
(11)HAROLD L. KAPLAN BOARD MEMBER	3.00 0	X						0	0	0
(12)DR. MELINDA WOLF BOARD MEMBER	3.00 0	X						0	0	0
(13)CHARLES S. FAX BOARD MEMBER	3.00 0	X						0	0	0
(14)DAVID FRANK BOARD MEMBER	3.00 0	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) STEVEN CRYSTAL ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 16) BILL MILLER ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 17) ISAAC BLACHOR ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 18) JOSEPH HESS ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 19) MICHAEL BLANK ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 20) KENNETH J. KRUPSKY ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 21) ROBERT B. LEVINE ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 22) DR. SOL LIZERBRAM ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 23) SCOTT H. GENDELL ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 24) KENNETH SEGEL ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 25) EDWARD PAUL ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,603,236.	0	315,982.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,603,236.	0	315,982.	

**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 **▶** 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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 **▶** 10



**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) NINA PAUL ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 27) MYRA CHACK FLEISCHER ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 28) SCOTT N. SCHREIBER, ESQ. ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 29) MICHAEL J. WECHSLER ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 30) ROBERT M. WIGODA, ESQ. ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 31) ALAN ABRAMSON ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 32) IRA BARTFIELD ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 33) ROBERT DUBIN ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 34) DR. ALAN FISHER ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 35) DR. BARBARA SOMMER ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
( 36) BARUCH FELLNER, ESQ. ----- BOARD MEMBER	3.00 ----- 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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) TERRY L. KATZ BOARD MEMBER	3.00 0	X					0	0	0	
( 38) BRUCE K. GOULD BOARD MEMBER	3.00 0	X					0	0	0	
( 39) MARC KELMAN BOARD MEMBER	3.00 0	X					0	0	0	
( 40) JOSEPH KORN BOARD MEMBER	3.00 0	X					0	0	0	
( 41) ELLEN ROSENBERG, ESQ. BOARD MEMBER	3.00 0	X					0	0	0	
( 42) VIVIAN GROSSMAN BOARD MEMBER	3.00 0	X					0	0	0	
( 43) REBECCA FISCHER BOARD MEMBER	3.00 0	X					0	0	0	
( 44) EDWARD BLANK BOARD MEMBER	3.00 0	X					0	0	0	
( 45) DAVID R. GREENBAUM BOARD MEMBER	3.00 0	X					0	0	0	
( 46) MICHAEL G. LEDERMAN BOARD MEMBER	3.00 0	X					0	0	0	
( 47) JEFFREY SCHWARTZ BOARD MEMBER	3.00 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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) LAUREN KAUFMAN-BERGMANN BOARD MEMBER	3.00 0	X					0	0	0	
( 49) MICHAEL H. JACOBSON BOARD MEMBER	3.00 0	X					0	0	0	
( 50) LAUREINE GREENBAUM BOARD MEMBER	3.00 0	X					0	0	0	
( 51) DR. MORTON MOWER BOARD MEMBER	3.00 0	X					0	0	0	
( 52) DR. ROBERT BENEDON BOARD MEMBER	3.00 0	X					0	0	0	
( 53) STANLEY M. CHESLEY BOARD MEMBER	3.00 0	X					0	0	0	
( 54) SHOSHANA S. CARDIN BOARD MEMBER	3.00 0	X					0	0	0	
( 55) LAWRENCE B. COHEN, ESQ. BOARD MEMBER	3.00 0	X					0	0	0	
( 56) LOUISE DABROW BOARD MEMBER	3.00 0	X					0	0	0	
( 57) DR. TOBY MOWER BOARD MEMBER	3.00 0	X					0	0	0	
( 58) JANE OTTENSTEIN BOARD MEMBER	3.00 0	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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			
( 59) TODD G. PATKIN BOARD MEMBER	3.00 0	X					0	0	0	
( 60) MARLENE E. POST BOARD MEMBER	3.00 0	X					0	0	0	
( 61) TONY B. GELBART BOARD MEMBER	3.00 0	X					0	0	0	
( 62) BENJAMIN GUTMANN BOARD MEMBER	3.00 0	X					0	0	0	
( 63) BUD LEVIN BOARD MEMBER	3.00 0	X					0	0	0	
( 64) JAY L. SCHOTTENSTEIN BOARD MEMBER	3.00 0	X					0	0	0	
( 65) RUSSELL ROBINSON CEO	40.00 0			X			432,063.	0	31,293.	
( 66) HAROLD COHEN COO	40.00 0			X			251,959.	0	29,745.	
( 67) MITCHEL ROSENZWEIG CFO	40.00 0			X			283,595.	0	23,014.	
( 68) RICHARD KROSNICK CHIEF DEVELOPMENT OFFICER	40.00 0			X			217,041.	0	30,465.	
( 69) MATTHEW BERNSTEIN CHIEF PLANNED GIVING OFFICER	40.00 0			X			245,708.	0	24,745.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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			
( 70 ) STEPHEN BACH CHIEF ADMINISTRATIVE OFFICER	40.00 0			X			196,314.	0	27,384.	
( 71 ) Yael KANE CHIEF ISRAEL ADVOCACY AND LEAD	40.00 0			X			171,729.	0	27,018.	
( 72 ) BETH CHERNER EXECUTIVE VP	40.00 0					X	155,538.	0	23,361.	
( 73 ) MICHAEL FEINMAN EXECUTIVE DIRECTOR	40.00 0					X	166,949.	0	26,651.	
( 74 ) SHARON FREEDMAN NATIONAL CAMPAIGN DIRECTOR	40.00 0					X	167,097.	0	23,877.	
( 75 ) DIANE SCAR NATIONAL CAMPAIGN DIRECTOR	40.00 0					X	176,354.	0	27,504.	
( 76 ) GLEN SCHWARTZ EXECUTIVE DIRECTOR	40.00 0					X	138,889.	0	20,925.	
<b>1b Sub-total</b> . . . . . ▶										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . . ▶										
<b>d Total (add lines 1b and 1c)</b> . . . . . ▶										

**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 ▶ 52

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	6,210,577.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions), . . . . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	189,280,831.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			195,491,408.			
<b>Program Service Revenue</b>	<b>2a</b> MISSION INCOME (TOURS)			<b>Business Code</b>			
				900099	234,037.		234,037.
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶					234,037.	
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			5,741,106.			5,741,106.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶			0			
	<b>5</b> Royalties . . . . . ▶			0			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
		733,971.					
		<b>b</b> Less: rental expenses . . . . .					
		<b>c</b> Rental income or (loss) . . . . .			733,971.		
	<b>d</b> Net rental income or (loss) . . . . . ▶				733,971.		733,971.
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		141,081,924.					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			136,563,788.		
		<b>c</b> Gain or (loss) . . . . .			4,518,136.		
	<b>d</b> Net gain or (loss) . . . . . ▶				4,518,136.		4,518,136.
	<b>8a</b> Gross income from fundraising events (not including \$ 6,210,577. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>			1,077,483.		
		<b>b</b> Less: direct expenses . . . . .			1,884,790.		
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶					-807,307.		-807,307.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶				0		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
	<b>b</b> Less: cost of goods sold . . . . .						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶				0		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> MISCELLANEOUS INCOME			900099	9,941.		9,941.	
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . . ▶					9,941.		
<b>12 Total revenue.</b> See instructions . . . . . ▶					205,921,292.		10,429,884.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	2,505,756.	2,505,756.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	27,229,574.	27,229,574.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,968,606.	579,064.	1,146,346.	243,196.
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 . . . . .	10,553,738.	6,863,554.	1,232,012.	2,458,172.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	895,303.	532,121.	170,044.	193,138.
9 Other employee benefits . . . . .	2,005,825.	1,195,098.	368,994.	441,733.
10 Payroll taxes . . . . .	835,611.	496,643.	158,707.	180,261.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	212,372.			212,372.
c Accounting . . . . .	155,048.			155,048.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees . . . . .	821,375.		821,375.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,716,112.	2,201,305.	446,064.	68,743.
12 Advertising and promotion . . . . .	792,565.	599,043.	80,711.	112,811.
13 Office expenses . . . . .	3,854,808.	2,521,302.	380,625.	952,881.
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	1,855,294.	1,329,456.	213,334.	312,504.
17 Travel . . . . .	1,065,180.	691,993.	158,603.	214,584.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	532,507.	399,368.	60,196.	72,943.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	789,408.	544,691.	78,941.	165,776.
23 Insurance . . . . .	266,463.	232,384.	29,589.	4,490.
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 -----	1,202,438.	1,112,455.	85,931.	4,052.
b SPEAK/HONORARIUM FEES & PROM -----	454,768.	289,021.	62,090.	103,657.
c REAL ESTATE & MISC -----	435,256.	306,560.	102,498.	26,198.
d EQUIPMENT LEASES -----	313,584.	207,486.	50,959.	55,139.
e All other expenses -----	71,781.	47,839.	14,027.	9,915.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>61,533,372.</b>	<b>49,884,713.</b>	<b>5,661,046.</b>	<b>5,987,613.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	341,290.	<b>1</b>	295,089.
	<b>2</b> Savings and temporary cash investments	9,406,269.	<b>2</b>	1,056,587.
	<b>3</b> Pledges and grants receivable, net	24,229,726.	<b>3</b>	31,241,623.
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	709,000.
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	185,000.
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	592,169.	<b>9</b>	1,049,500.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 38,899,458.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 16,636,716.	9,568,196.	<b>10c</b> 22,262,742.
	<b>11</b> Investments - publicly traded securities	170,348,199.	<b>11</b>	206,568,734.
	<b>12</b> Investments - other securities. See Part IV, line 11	1,906,039.	<b>12</b>	28,776,434.
	<b>13</b> Investments - program-related. See Part IV, line 11	15,225,000.	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	184,327.	<b>15</b>	77,802,590.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	231,801,215.	<b>16</b>	369,947,299.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	2,697,793.	<b>17</b>	4,266,924.
	<b>18</b> Grants payable	18,715,231.	<b>18</b>	21,028,495.
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	36,983,503.	<b>25</b>	36,334,453.
	<b>26 Total liabilities.</b> Add lines 17 through 25	58,396,527.	<b>26</b>	61,629,872.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	129,897,184.	<b>27</b>	251,998,082.
	<b>28</b> Temporarily restricted net assets	39,318,739.	<b>28</b>	46,618,696.
	<b>29</b> Permanently restricted net assets	4,188,765.	<b>29</b>	9,700,649.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	173,404,688.	<b>33</b>	308,317,427.
	<b>34</b> Total liabilities and net assets/fund balances	231,801,215.	<b>34</b>	369,947,299.



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	205,921,292.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	61,533,372.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	144,387,920.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	173,404,688.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-10,422,958.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	3,322,461.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,374,684.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	308,317,427.

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - 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 1-9 above or IRC section (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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2014

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	52,738,503.	65,702,195.	101,297,714.	71,945,821.	195,491,408.	487,175,641.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	52,738,503.	65,702,195.	101,297,714.	71,945,821.	195,491,408.	487,175,641.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						184,498,543.
<b>6 Public support.</b> Subtract line 5 from line 4.						302,677,098.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	52,738,503.	65,702,195.	101,297,714.	71,945,821.	195,491,408.	487,175,641.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,043,772.	1,081,440.	1,244,828.	1,399,674.	6,475,077.	11,244,791.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH-1</b> . . . . .	13,363.	3,876.	28,277.	19,529.	1,087,424.	1,152,469.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						499,572,901.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,225,131.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	60.59%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	78.96%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2014.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2013.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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>		
<b>3</b> 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>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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>			
<b>b</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>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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>			
<b>b</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>			

**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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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 <b>Total annual distributions.</b> 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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . . . .			
e Excess from 2014 . . . . .			



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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
MISCELLANEOUS	13,363.	3,876.	28,277.	19,529.	9,941.	74,986.
SPECIAL EVENT ACTIVITIES					1,077,483.	1,077,483.
<b>TOTALS</b>	<u>13,363.</u>	<u>3,876.</u>	<u>28,277.</u>	<u>19,529.</u>	<u>1,087,424.</u>	<u>1,152,469.</u>

▶ **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](http://www.irs.gov/form990).

<b>Name of the organization</b> JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	<b>Employer identification number</b> 13-1659627
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**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 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. Do not 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 is not covered by the General Rule and/or the Special Rules does not 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	<b>Employer identification number</b> 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		\$ 133,968,872.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
2		\$ 5,000,000.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input checked="" type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input checked="" type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input checked="" type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
---		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
---		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
---		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
---		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											
---		\$ -----	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Person</td> <td style="width:5%; text-align:center;"><input type="checkbox"/></td> <td style="width:65%;"></td> </tr> <tr> <td>Payroll</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Noncash</td> <td style="text-align:center;"><input type="checkbox"/></td> <td></td> </tr> </table> <p style="font-size: small;">(Complete Part II for noncash contributions.)</p>	Person	<input type="checkbox"/>		Payroll	<input type="checkbox"/>		Noncash	<input type="checkbox"/>	
Person	<input type="checkbox"/>											
Payroll	<input type="checkbox"/>											
Noncash	<input type="checkbox"/>											

<b>Name of organization</b> JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL) INC.	<b>Employer identification number</b> 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 <b>JEWISH NATIONAL FUND</b> (KEREN KAYEMETH LEISRAEL) INC.	Employer identification number 13-1659627
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**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
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
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
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
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
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
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
-----	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2014

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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" to 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 value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses, with a table for 'Held at the End of the Tax Year'.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2014

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 in Part XIII.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,188,765.	3,387,374.	2,986,274.	2,986,274.	2,936,274.
<b>b</b> Contributions	716,804.	801,391.	401,100.		50,000.
<b>c</b> Net investment earnings, gains, and losses	-73,887.	43,300.	22,954.	17,489.	
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses		43,300.	22,954.	17,489.	
<b>g</b> End of year balance	4,831,682.	4,188,765.	3,387,374.	2,986,274.	2,986,274.

- 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 in lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		350,000.		350,000.
<b>b</b> Buildings		30,383,014.	9,714,537.	20,668,477.
<b>c</b> Leasehold improvements		98,841.	97,932.	909.
<b>d</b> Equipment		4,020,903.	2,899,384.	1,121,519.
<b>e</b> Other		4,046,700.	3,924,863.	121,837.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,262,742.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) REAL ESTATE HOLDINGS	18,331,272.	FMV
(B) LIMITED PARTNERSHIPS	5,077,143.	FMV
(C) HEDGE FUNDS	5,174,509.	FMV
(D) PRECIOUS METALS/COINS	193,510.	FMV
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	28,776,434.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	633,935.
(2) PROPERTY HELD FOR SALE	7,920,000.
(3) OTHER ASSETS	337,699.
(4) INV. HELD UNDER SPLIT	
(5) INTEREST AGREEMENTS	68,910,956.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	77,802,590.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST AGREEMENTS	36,334,453.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,334,453.

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



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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 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

Series of horizontal dashed lines for providing supplemental information.

**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

JEWISH NATIONAL FUND FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

JEWISH NATIONAL FUND IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. JEWISH NATIONAL FUND HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT WAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE TAX YEARS ENDING SEPTEMBER 30, 2012, 2013, 2014 AND 2015 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE

**Part XIII** Supplemental Information *(continued)*

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PURPOSES. JEWISH NATIONAL FUND HAS DETERMINED THAT THERE ARE NO MATERIAL  
UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE  
FINANCIAL STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

**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](http://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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		27,229,574.
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					27,229,574.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					27,229,574.

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

Schedule F (Form 990) 2014

**Part II** **Grants and Other Assistance to Organizations or Entities 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	2,350,923.	WIRE TRANSFE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	1,142,545.	WIRE TRANSFE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	1,000,000.	WIRE TRANSFE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	964,341.	WIRE TRANSFE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	926,424.	WIRE TRANSFE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	627,900.	WIRE TRANSFE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	84,600.	WIRE TRANSFE			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSFE			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSFE			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	700,000.	WIRE TRANSFE			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	250,000.	WIRE TRANSFE			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	241,800.	WIRE TRANSFE			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	250,000.	WIRE TRANSFE			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	317,500.	WIRE TRANSFE			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	532,500.	WIRE TRANSFE			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	132,500.	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 or Entities 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	28,800.	WIRE TRANSFE			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSFE			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	990,481.	WIRE TRANSFE			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	125,000.	WIRE TRANSFE			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	10,000.	WIRE TRANSFE			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	151,000.	WIRE TRANSFE			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	650,000.	WIRE TRANSF.			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	350,000.	WIRE TRANSF.			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	123,959.	WIRE TRANSF.			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	418,750.	WIRE TRANSF.			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	100,000.	WIRE TRANSF.			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSF.			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	110,000.	WIRE TRANSF.			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	1,633,535.	WIRE TRANSF.			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	293,190.	WIRE TRANSF.			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	160,000.	WIRE TRANSF.			

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 or Entities 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	700,000.	WIRE TRANSF.			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	571,078.	WIRE TRANSF.			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	24,000.	WIRE TRANSF.			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSF.			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	13,500.	WIRE TRANSF.			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	395,000.	WIRE TRANSF.			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSF.			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	15,000.	WIRE TRANSF.			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	761,000.	WIRE TRANSF.			
(10)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	950,000.	WIRE TRANSF.			
(11)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	2,721,417.	WIRE TRANSF.			
(12)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	915,000.	WIRE TRANSF.			
(13)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	3,550,080.	WIRE TRANSF.			
(14)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	325,170.	WIRE TRANSF.			
(15)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	150,000.	WIRE TRANSF.			
(16)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	220,580.	WIRE TRANSF.			

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 or Entities 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	100,000.	WIRE TRANSF.			
(2)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	145,000.	WIRE TRANSF.			
(3)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	80,000.	WIRE TRANSF.			
(4)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	35,000.	WIRE TRANSF.			
(5)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	15,000.	WIRE TRANSF.			
(6)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	45,000.	WIRE TRANSF.			
(7)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	400,000.	WIRE TRANSF.			
(8)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	82,000.	WIRE TRANSF.			
(9)			MIDDLE EAST/NORTH AFRICA	GENERAL SUPP	50,000.	WIRE TRANSF.			
(10)									
(11)									
(12)									
(13)									
(14)									
(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. . . . . **59.**

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



**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 non-cash assistance	(g) Description of non-cash 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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

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 ISRAELI RELATIONS COMMITTEE WHICH TRAVELS ANNUALLY TO ISRAEL TO STUDY IN-DEPTH THE NEEDS, REVIEW ONGOING PROJECTS, AND EVALUATE FUTURE PLANS. ISRAEL PROJECTS ARE PRIMARILY CARRIED OUT BY JNF'S AGENT IN ISRAEL, KEREN KAYEMETH LEISRAEL ("KKL") AND OTHER JNF BOARD-APPROVED, SELECT ISRAEL NOT-FOR-PROFIT ORGANIZATIONS. JNF STAFF DAILY MONITORS THE PROGRESS OF PROJECTS TO ENSURE THEY ARE BEING IMPLEMENTED PROPERLY. JNF SENDS MONTHLY REPORTS BACK TO JNF INFORMING THE ORGANIZATION ON THE STATUS OF ALL FUNDED PROJECTS IN ISRAEL.

SCHEDULE F, PART II

JEWISH NATIONAL FUND MADE GRANTS TO THE FOLLOWING ORGANIZATIONS:

NAME	AMOUNT
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**Part V Supplemental Information**

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

OR MOVEMENT	3,550,080
NETZARIM DEVELOPMENT ( CHALUTZA MEDICAL CENTER)	2,721,417
ALEH NEGEV	2,350,923
FIRE FIGHTING EQUIPMENT	1,633,535
AMMUNITION HILL	1,142,545
AMUTAT WADI ATTIR	1,000,000
HUGAY SAYARUT	990,481
ARAVA INSTITUTE FOR ENVIRONMENTAL STUDIES	964,341
NEFESH B'NEFESH	950,000
ARAVA REGIONAL COUNCIL - MEDICAL CENTER	926,424
NEW GUARD ASSOCIATION - LEADERSHIP DEVELOPMENT	915,000
LOTEM INTEGRATED NATURE STUDIES FOR	
INDIVIDUALS WITH DISABILITIES	761,000
BEYACHAD FUND (SDEROT PLAYGROUND)	700,000
SAPIR SPORT & RECREATION FACILITY	700,000
WESTERN GALICEE VISITOR CENTER	650,000
ASSOCIATION FOR EMPLOYEMENT DEVELOPMENT FOR THE NEGEV	627,900
SDEROT PARK	571,078
GUSH ETZION FDN - MUSEUM & VISITOR CENTER	532,500
BEERSHEVA AMPHITHEATER	418,750
YAD LAYELED HAMEYUCH	400,000
YAHIEL HOUSING	395,000
AMERICAN INDEPENDENCE PARK	350,000
RED MOUNTAIN THERAPEUTIC RIDING CENTER (GROFIT)	325,170

**Part V Supplemental Information**

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

FUND FOR DEVELOPING SDEROT PARK	317,500
KKL-GENERAL AFFORESTATION	293,190
EMUNAH NEVE MICHAEL	250,000
FACE OF ISRAEL	250,000
EREZ CENTER EDUCATION	241,800
SHLOMIT	220,580
BEER SHEVA PLAYGROUND	160,000
ISRAEL-ASIA CENTER	151,000
SHAHAF FOUNDATION	150,000
SOCIETY OF FRIENDS FOR THE PRESERVATION OF HISTORICAL SITES IN ISRAEL (SPIHS)	145,000
HA'AGUDA LEMA'AN	132,500
ISRAEL AIRFORCE ASSOCIATION	125,000
GENERAL DONATIONS	123,959
EILOT RENEWABLE ENERGY CENTER	110,000
BEERSHEVA AMPHITHEATER- PLAYGROUND	100,000
SHVUATHA ADAMAH - EARTHS PROMISE	100,000
ASSOCIATION FOR ISRAEL BASEBALL & SOFTBALL	84,600
YERUHAM ECONOMIC DEVELOPMENT	82,000
TARBUT MOVEMENT	80,000
BAT MELECH	50,000
BETH DAVID INSTITUTE	50,000
HAND IN HAND CENTER	50,000
KKL-BIKE TRAILS IN THE NORTH	50,000

**Part V Supplemental Information**

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

SOUTHERN ARAVA RESEARCH ON WATER & ENVIRONMENT	50,000
ZUKIM KINDERGARTEN- CENTRAL ARAVA	50,000
ZIV NEURIM	50,000
WESTERN GALILEE NOW	45,000
TEL AVIV UNIVERSITY	35,000
HAKSHIVA INC	28,800
SOREQ REGION- PROTECTIVE EDGE	24,000
LAPID-FOR JEWISH YOUTH	15,000
TNOAT TARBOT BET HAYOTZER	15,000
THE TAL FUND	13,500
ISRAEL ASSOCIATION OF OCEANOGRAPHY	10,000

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

Department of the Treasury  
Internal Revenue Service

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Employer identification number  
**13-1659627**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TAMPA BAY TREE	CHICAGO TREE	290.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	419,963.	350,501.	6,517,596.	7,288,060.
	<b>2</b> Less: Contributions . . . . .	358,705.	311,915.	5,539,957.	6,210,577.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	61,258.	38,586.	977,639.	1,077,483.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	3,162.	14,091.		17,253.
	<b>7</b> Food and beverages . . . . .	80,031.	248.		80,279.
	<b>8</b> Entertainment . . . . .	4,740.	4,660.		9,400.
	<b>9</b> Other direct expenses . . . . .	21,616.	858.	1,755,384.	1,777,858.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,884,790.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-807,307.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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 290 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**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://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 Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ALEH ISRAEL FOUNDATION PO BOX 4911 NEW YORK, NY 10185	30-0456686	501(C)(3)	105,000.				GENERAL SUPPORT
(2) AMERICAN FRIENDS/YESHIVAT HESDER SDEROT 4334 HOBBS ROAD GREENSBORO	56-1985976	501(C)(3)	82,882.				GENERAL SUPPORT
(3) AMERICAN SOCIETY PROTECTION OF NATURE 28 ARRANDALE AVE GREAT NECK, NY 11024	52-1467954	501(C)(3)	10,000.				GENERAL SUPPORT
(4) FRIENDS OF IR DAVID 575 LEXINGTON AVE NEW YORK, NY 10022	11-3466176	501(C)(3)	33,000.				GENERAL SUPPORT
(5) MEDIA WATCH 42 EAST 69TH STREET NEW YORK, NY 10021	57-1134998	501(C)(3)	292,000.				GENERAL SUPPORT
(6) NATIONAL COUNCIL OF SOVIET JEWRY (NCSJ) 2020 K ST NW STE 7800, WASHINGTON, DC 20006	13-2700517	501(C)(3)	20,000.				GENERAL SUPPORT
(7) UNIVERSITY OF MICHIGAN 500 S. STATE ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	350,000.				GENERAL SUPPORT
(8) WATER ECONOMICS 131 MOUNT AUBURN ST #508, CAMBRIDGE, MA	45-5398703	501(C)(3)	105,000.				GENERAL SUPPORT
(9) YEMIN ORDE 4501 CONNECTICUT AVE NW #813 WASHINGTON, DC	22-3090463	501(C)(3)	30,000.				GENERAL SUPPORT
(10) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATI 78 RANDALL AVENUE, ROCKVILLE CENTRE, NY	59-0173782	501(C)(3)	961,036.				GENERAL SUPPORT
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 10.

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) (2014)

**Part III Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to 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 Individuals in the United States.** 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**  **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  **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 in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input checked="" type="checkbox"/>

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RUSSELL ROBINSON CEO	(i)	430,093.	0	1,970.	23,000.	8,293.	463,356.	0
	(ii)	0	0	0	0	0	0	0
2 HAROLD COHEN COO	(i)	243,186.	7,500.	1,273.	23,000.	6,745.	281,704.	0
	(ii)	0	0	0	0	0	0	0
3 MITCHEL ROSENZWEIG CFO	(i)	281,942.	0	1,653.	17,831.	5,183.	306,609.	0
	(ii)	0	0	0	0	0	0	0
4 RICHARD KROSNICK CHIEF DEVELOPMENT OFFICER	(i)	215,657.	0	1,384.	23,467.	6,998.	247,506.	0
	(ii)	0	0	0	0	0	0	0
5 MATTHEW BERNSTEIN CHIEF PLANNED GIVING OFFICER	(i)	225,708.	20,000.	0	20,500.	4,245.	270,453.	0
	(ii)	0	0	0	0	0	0	0
6 STEPHEN BACH CHIEF ADMINISTRATIVE OFFICER	(i)	196,314.	0	0	21,222.	6,162.	223,698.	0
	(ii)	0	0	0	0	0	0	0
7 YAEL KANE CHIEF ISRAEL ADVOCACY AND LEAD	(i)	171,729.	0	0	18,738.	8,280.	198,747.	0
	(ii)	0	0	0	0	0	0	0
8 BETH CHERNER EXECUTIVE VP	(i)	155,538.	0	0	16,616.	6,745.	178,899.	0
	(ii)	0	0	0	0	0	0	0
9 MICHAEL FEINMAN EXECUTIVE DIRECTOR	(i)	166,949.	0	0	18,358.	8,293.	193,600.	0
	(ii)	0	0	0	0	0	0	0
10 SHARON FREEDMAN NATIONAL CAMPAIGN DIRECTOR	(i)	167,097.	0	0	18,072.	5,805.	190,974.	0
	(ii)	0	0	0	0	0	0	0
11 DIANE SCAR NATIONAL CAMPAIGN DIRECTOR	(i)	176,354.	0	0	19,224.	8,280.	203,858.	0
	(ii)	0	0	0	0	0	0	0
12 GLEN SCHWARTZ EXECUTIVE DIRECTOR	(i)	138,889.	0	0	15,145.	5,780.	159,814.	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 7

JNF PROVIDED BONUSES TO VARIOUS INDIVIDUALS REPORTED ON SCHEDULE J (AND DISCLOSED IN PART II, COLUMN B (II)). BONUSES ISSUED TO THE EXECUTIVES AND TOP 5 HIGHEST PAID EMPLOYEES LISTED ARE AUTHORIZED BY THE CEO BASED ON A "BONUS POOL" AUTHORIZED BY THE BUDGET & 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.) NONE OF THE INDIVIDUALS THAT RECEIVED BONUSES HAVE ANY INPUT INTO THE AWARDING OF THEIR OWN BONUS.



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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2014**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

Employer identification number  
**13-1659627**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			ATTACHMENT 1									
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . .						\$ 710,000.						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

FORM 990, SCHEDULE L, PART II

JEWISH NATIONAL FUND EXTENDED A LOAN TO CEO

AND EXECUTIVE VICE PRESIDENT, RUSSELL ROBINSON, AND TO THE CFO, MITCHEL

ROZENZWEIG TO FACILITATE THE PURCHASE OF REAL ESTATE. THE LOANS ARE

MEMORIALIZED WITH LOAN DOCUMENTS THAT ARE PAYABLE MONTHLY.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

ATTACHMENT 1

SCHEDULE L, PART II

NAME	RELATIONSHIP	PURPOSE	TO	FROM	ORIGINAL	BALANCE DUE	Y	N	Y	N	Y	N
RUSSELL ROBINSON	CEO/EXECUTIVE VP	SEE ATTACHMENT 1		X	525,000.	525,000.	X	X			X	
MITCHEL ROSENZWEIG	CFO	SEE ATTACHMENT 1		X	185,000.	185,000.	X	X			X	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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

Employer identification number  
**13-1659627**

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.

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 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

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

Employer identification number  
13-1659627

ENTITY CHAIR, OF THE SITUATION.

THE APPROPRIATE PARTIES WOULD INVESTIGATE AND MAKE A DETERMINATION DEPENDING UPON THE IR 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 CONFLICTS.

FORM 990, PART VI, SECTION C, LINE 15

JNF HAS ADOPTED PROCEDURES TO ENSURE THAT THE COMPENSATION IS 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

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

COMPENSATION IS DETERMINED BY JNF'S BUDGET & FINANCE 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 2014 AND UTILIZED THOSE RECOMMENDATIONS TO DETERMINE HIS COMPENSATION. ALL COMPENSATION DECISIONS ARE MEMORIALIZED IN THE BUDGET & FINANCE 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 ANNUALLY BUDGET COMPENSATION POOL TO DETERMINE SALARY INCREASES FOR ALL JNF EMPLOYEES (INCLUSIVE OF THE EXECUTIVES).

FORM 990, PART VI, SECTION C, LINE 19

JNF MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS \$(2,374,684)

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

**Employer identification number**  
**13-1659627**

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**ATTACHMENT 1**

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

A NONPROFIT ORGANIZATION AND UNITED NATIONS NGO (NON-GOVERNMENTAL ORGANIZATION), JEWISH NATIONAL FUND 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 THE WORLD OVER 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 2015 JNF ENTERED ITS 114TH 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

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ATTACHMENT 1 (CONT'D)

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 THAT ARE MAINLY DONOR-DESIGNATED.

CONTINUING ON WORK BEGUN IN 2013, JNF'S ONE BILLION DOLLAR CAMPAIGN OVER THE NEXT DECADE, 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 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



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ATTACHMENT 1 (CONT'D)

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, 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.

IN 2015 JNF ANNOUNCED THE NEW \$100 MILLION JNF BORUCHIN ISRAEL EDUCATION ADVOCACY CENTER TO FOCUS 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

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ATTACHMENT 1 (CONT'D)

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 250  
 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 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 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

Name of the organization **JEWISH NATIONAL FUND**  
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ATTACHMENT 1 (CONT'D)

STABILITY. THIS WORK FOCUSES ON AGRICULTURAL R&D STATIONS, SOLAR POWER INNOVATION, GLOBAL TEACHING, DESERT REGION DEVELOPMENT, FISH FARMING AND UNIVERSITY RESEARCH.

JNF IS COMMITTED TO THE PRESERVATION OF 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, ATLIT "ILLEGAL" IMMIGRATION DETENTION CAMP, AMMUNITION HILL, YELLIN HOUSE, GUSH ETZION VISITOR CENTER 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, NATURE TRAILS, AND RECREATIONAL FACILITIES INCLUSIVE FOR VISITORS OF ALL ABILITY LEVELS. COLLABORATIVE PARTNERS INCLUDE ALEH NEGEV-NAHALAT ERAN, LOTEM-MAKING NATURE ACCESSIBLE, RED MOUNTAIN THERAPEUTIC RIDING CENTER AT KIBBUTZ GROFIT AND SPECIAL IN UNIFORM.

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

13-1659627

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AZ, CA, CO, CT,

FL, GA, IL, MD, MA, MI,

NJ, NY, OH, PA,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
KEL-MAR INTERIORS, INC. 111 JOHN ST # 400 NEW YORK, NY 10038	CONSTRUCTION	5,714,285.
DIRECT DIMENSIONS, INC. 10310 S. DOLFIELD ROAD OWINGS MILLS, MD 21117	PRINTING	2,675,995.
TELERX MARKETING INC. 723 DRESHER RD HORSHAM, PA 19044-2299	CUSTOMER SERVICE	835,159.
CALFON ANAT AND EREZ 22 KATZNELSON STREET 55298 KIRYAT ONO ISRAEL	CONSULTING	180,000.
MHG ARCHITECTS PC 443 PARK AVENUE SOUTH SUITE 506 NEW YORK, NY 10016	ARCHITECTS	173,774.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Name of the organization **JEWISH NATIONAL FUND**  
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**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 91079 IS JERUSALEM, IS	AREA DEVELOP.	IS			JNF	X	
(2) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 59-0173782 78 RANDALL AVE ROCKVILLE CENTER, NY 11570	EDUCATION	NY	501(C)(3)	LINE 9	JNF	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2014

**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.

(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.

(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	No
(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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**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	700,000.	CASH
(2) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION	B	961,036.	CASH
(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)													



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**Part VII** **Supplemental Information**

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

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