

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2013**

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 2013 calendar year, or tax year beginning OCT 1, 2013 and ending SEP 30, 2014**

<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> <b>JEWISH NATIONAL FUND</b> <b>(KEREN KAYEMETH LEISRAEL), INC.</b>		<b>D Employer identification number</b> 13-1659627
	Doing Business As		<b>E Telephone number</b> 212-879-9300
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>42 EAST 69TH STREET</b>	<b>G Gross receipts \$</b> 146,910,138.	
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10021</b>		<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>H(c) Group exemption number</b> ▶
<b>F Name and address of principal officer:</b> <b>RUSSELL ROBINSON</b> <b>SAME AS C ABOVE</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> ▶ <b>WWW.JNF.ORG</b>			
<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: <u>SEE SCHEDULE O</u>	
	<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>65</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>64</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>241</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>64</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 101,297,714. <b>Current Year</b> 71,945,821.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,224,377. 2,270,510.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-61,820. -819,062.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,460,271. 73,397,269.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)
<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)		14,474,711. 15,376,086.
<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) ▶ <b>5,514,745.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,784,618. 16,141,538.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		47,799,572. 60,237,753.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	55,660,699. 13,159,516.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 210,860,142. <b>End of Year</b> 231,801,215.
	<b>21</b> Total liabilities (Part X, line 26)	67,776,938. 58,396,527.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	143,083,204. 173,404,688.

**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 _____	
	<b>RUSSELL ROBINSON, CEO</b> Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ISRAEL TANNENBAUM</b>	Preparer's signature _____ Date _____
	Firm's name ▶ <b>LOEB &amp; TROPER LLP</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01589203</b>
	Firm's address ▶ <b>655 THIRD AVENUE, 12TH FLOOR</b> <b>NEW YORK, NY 10017</b>	Firm's EIN ▶ <b>13-1517563</b> Phone no. <b>212-867-4000</b>

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

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
**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 \$ 50,100,821. including grants of \$ 28,720,129. ) (Revenue \$ 236,551. )  
**SEE SCHEDULE O.**

**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 **50,100,821.**

SEE SCHEDULE O FOR CONTINUATION(S)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**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 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 individuals in the United States 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) 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>b</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? If so, complete Schedule L, Part II .....		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>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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>c</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>b</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 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? .....	X	

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

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 78		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 241		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4a</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7g</b>		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9a</b>		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 65		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
	1b 64		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY, NJ, CT, MD, MI, PA, FL, CA, MA, AZ, CO, OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MITCHEL ROSENZWEIG - 516-678-6805**  
**78 RANDALL AVENUE, ROCKVILLE CENTRE, NY 11570**

**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 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) RUSSELL ROBINSON CEO & EXECUTIVE VP	40.00	X		X			350,546.	0.	90,496.	
(2) ISAAC BLACHOR VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(3) CHARLES S. FAX VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(4) JEFFREY LEVINE PRESIDENT	0.50	X		X			0.	0.	0.	
(5) ALAN DABROW FIRST VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(6) JOSEPH HESS VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(7) ANDREW KLEIN VICE PRESIDENT	0.50 0.50	X		X			0.	0.	0.	
(8) RONALD S. LAUDER CHAIRMAN OF THE BOARD	0.50 0.50	X		X			0.	0.	0.	
(9) BUD S. LEVIN VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(10) ROBERT LEVINE VICE PRESIDENT	0.50 0.50	X		X			0.	0.	0.	
(11) DR. SOL LIZERBRAM VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(12) LOUISE DABROW VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(13) JEFFREY DAVIS VICE PRESIDENT	0.50 0.50	X		X			0.	0.	0.	
(14) THEODORE BANKS TREASURER	0.50	X		X			0.	0.	0.	
(15) DR. MELINDA WOLF VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(16) SCOTT GENDELL VICE PRESIDENT	0.50	X		X			0.	0.	0.	
(17) BENJAMIN GUTMANN ASSISTANT SECRETARY	0.50	X		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 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			
(18) BILL MILLER VICE PRESIDENT	0.50	X		X				0.	0.	0.
(19) TONY GELBART VICE PRESIDENT	0.50	X		X				0.	0.	0.
(20) DAVID FRANK VICE PRESIDENT	0.50	X		X				0.	0.	0.
(21) MORTON MOWER VICE PRESIDENT	0.50	X		X				0.	0.	0.
(22) EDWARD PAUL VICE PRESIDENT	0.50	X		X				0.	0.	0.
(23) SCOTT SCHREIBER VICE PRESIDENT	0.50	X		X				0.	0.	0.
(24) GERALDINE SHATZ SECRETARY	0.50	X		X				0.	0.	0.
(25) ROBERT WIGODA VICE PRESIDENT	0.50	X		X				0.	0.	0.
(26) BRUCE GOULD ASSISTANT TREASURER	0.50	X		X				0.	0.	0.
<b>1b Sub-total</b>								350,546.	0.	90,496.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,640,086.	0.	454,017.
<b>d Total (add lines 1b and 1c)</b>								1,990,632.	0.	544,513.

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 **25**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



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(KEREN KAYEMETH LEISRAEL), INC.**

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**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 line)	(C) Position (check all that apply)						(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			
(27) LEONARD KLEINMAN, ESQ. BOARD MEMBER	0.50	X					0.	0.	0.	
(28) STANLEY CHESLEY BOARD MEMBER	0.50	X					0.	0.	0.	
(29) TERRY KATZ BOARD MEMBER	0.50	X					0.	0.	0.	
(30) EDWARD BLANK BOARD MEMBER	0.50	X					0.	0.	0.	
(31) RUTH POPKIN BOARD MEMBER	0.50	X					0.	0.	0.	
(32) LAWRENCE COHEN BOARD MEMBER	0.50	X					0.	0.	0.	
(33) ROBERT DUBIN BOARD MEMBER	0.50	X					0.	0.	0.	
(34) ALAN ABRAMSON BOARD MEMBER	0.50	X					0.	0.	0.	
(35) TODD PATKIN BOARD MEMBER	0.50	X					0.	0.	0.	
(36) BENJAMIN JABLONSKI BOARD MEMBER	0.50	X					0.	0.	0.	
(37) JEROME BELSON BOARD MEMBER	0.50	X					0.	0.	0.	
(38) IRA BARTFIELD BOARD MEMBER	0.50	X					0.	0.	0.	
(39) SHOSHANA S. CARDIN BOARD MEMBER	0.50	X					0.	0.	0.	
(40) FRED ZEIDMAN BOARD MEMBER	0.50	X					0.	0.	0.	
(41) DAVID GREENBAUM BOARD MEMBER	0.50	X					0.	0.	0.	
(42) MARC KELMAN BOARD MEMBER	0.50	X					0.	0.	0.	
(43) SAMUEL DELUG BOARD MEMBER	0.50	X					0.	0.	0.	
(44) TOBY MOWER BOARD MEMBER	0.50	X					0.	0.	0.	
(45) JOSEPH WOLFSON BOARD MEMBER	0.50	X					0.	0.	0.	
(46) DR. ROBERT BENEDON BOARD MEMBER	0.50	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

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**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 line)	(C) Position (check all that apply)						(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			
(47) MICHAEL BLANK BOARD MEMBER	0.50	X						0.	0.	0.
(48) STEVEN CRYSTAL BOARD MEMBER	0.50	X						0.	0.	0.
(49) BARUCH FELLNER BOARD MEMBER	0.50	X						0.	0.	0.
(50) LAUREINE GREENBAUM BOARD MEMBER	0.50	X						0.	0.	0.
(51) LAUREN KAUFMAN BERGMANN BOARD MEMBER	0.50	X						0.	0.	0.
(52) KENNETH KRUPSKY BOARD MEMBER	0.50	X						0.	0.	0.
(53) JANE OTTENSTEIN BOARD MEMBER	0.50	X						0.	0.	0.
(54) MARLENE POST BOARD MEMBER	0.50	X						0.	0.	0.
(55) ELLEN ROSENBERG BOARD MEMBER	0.50	X						0.	0.	0.
(56) RITA SALFELD BOARD MEMBER	0.50	X						0.	0.	0.
(57) JAY SCHOTTENSTEIN BOARD MEMBER	0.50	X						0.	0.	0.
(58) MICHAEL JACOBSON BOARD MEMBER	0.50	X						0.	0.	0.
(59) KENNETH SEGAL BOARD MEMBER	0.50	X						0.	0.	0.
(60) JOSEPH KORN BOARD MEMBER	0.50	X						0.	0.	0.
(61) MYRON STAYMAN BOARD MEMBER	0.50	X						0.	0.	0.
(62) MICHAEL WECHSLER BOARD MEMBER	0.50	X						0.	0.	0.
(63) MICHAEL LEDERMAN BOARD MEMBER	0.50	X						0.	0.	0.
(64) NINA PAUL BOARD MEMBER	0.50	X						0.	0.	0.
(65) ELYSIA WOLNECK BOARD MEMBER	0.50	X						0.	0.	0.
(66) HAROLD COHEN COO	40.00			X				245,186.	0.	72,511.
Total to Part VII, Section A, line 1c .....										

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<b>Part VII</b> Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(67) MITCHEL ROSENZWEIG CFO	40.00			X			265,234.	0.	30,001.	
(68) MATTHEW BERNSTEIN DIR. PLANNED GIVING	40.00			X			249,936.	0.	67,766.	
(69) SHARON FREEDMAN NATIONAL CAMPAIGN DIRECTOR	40.00				X		157,051.	0.	37,599.	
(70) DIANE SCAR ZONE DIRECTOR	40.00				X		167,665.	0.	72,727.	
(71) Yael Septee Kane CHIEF LEADERSHIP DEVELOPME	40.00				X		164,234.	0.	70,466.	
(72) RICHARD KROSNICK ZONE DIRECTOR	40.00				X		203,144.	0.	52,740.	
(73) STEPHEN BACH CONTROLLER	40.00				X		187,636.	0.	50,207.	
<b>Total to Part VII, Section A, line 1c</b> .....							<b>1,640,086.</b>	<b>454,017.</b>		

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	6,331,465.				
	<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>	65,614,356.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f			71,945,821.			
	<b>Program Service Revenue</b>	<b>2 a</b>	<b>Business Code</b>				
<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							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,211,746.			1,211,746.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	187,928.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	187,928.				
	<b>c</b> Rental income or (loss)	0.					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	72,327,361.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	71,268,597.				
		<b>c</b> Gain or (loss)	1,058,764.				
	<b>d</b> Net gain or (loss)			1,058,764.		1,058,764.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 6,331,465. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	981,202.				
		<b>b</b> Less: direct expenses	2,056,344.				
<b>c</b> Net income or (loss) from fundraising events			-1,075,142.			-1,075,142.	
<b>9 a</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						
<b>10 a</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						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISSION INCOME	900099	236,551.	236,551.				
<b>b</b> MISCELLANEOUS INCOME	900099	19,529.			19,529.		
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			256,080.				
<b>12 Total revenue.</b> See instructions.			73,397,269.	236,551.	0.	1,214,897.	

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,467,108.	2,467,108.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	26,253,021.	26,253,021.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,448,639.	869,183.	289,728.	289,728.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	10,524,379.	6,264,377.	1,982,695.	2,277,307.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	769,083.	457,930.	145,232.	165,921.
<b>9</b> Other employee benefits	1,762,864.	1,085,416.	297,998.	379,450.
<b>10</b> Payroll taxes	871,121.	518,945.	165,161.	187,015.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	35,872.		35,872.	
<b>c</b> Accounting	87,049.		87,049.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	169,282.		169,282.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,935,314.	1,696,709.	59,151.	179,454.
<b>12</b> Advertising and promotion	987,029.	724,229.	108,161.	154,639.
<b>13</b> Office expenses	6,164,982.	4,393,528.	600,065.	1,171,389.
<b>14</b> Information technology	282,821.	282,821.		
<b>15</b> Royalties				
<b>16</b> Occupancy	1,738,524.	1,198,487.	220,084.	319,953.
<b>17</b> Travel	2,663,034.	2,235,594.	244,477.	182,963.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,244,203.	1,042,836.	132,418.	68,949.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	588,139.	405,816.	58,814.	123,509.
<b>23</b> Insurance	245,289.	204,821.	26,000.	14,468.
<b>24</b> 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.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	60,237,753.	50,100,821.	4,622,187.	5,514,745.
<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  if following SOP 98-2 (ASC 958-720)

**JEWISH NATIONAL FUND  
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**Part X Balance Sheet**

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

		(A)		(B)		
		Beginning of year		End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	298,858.	1	341,290.		
	<b>2</b> Savings and temporary cash investments .....	3,777,681.	2	9,406,269.		
	<b>3</b> Pledges and grants receivable, net .....	19,424,102.	3	24,229,726.		
	<b>4</b> Accounts receivable, net .....		4			
	<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 .....			5		
	<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 instr). Complete Part II of Sch L .....			6		
	<b>7</b> Notes and loans receivable, net .....			7		
	<b>8</b> Inventories for sale or use .....			8		
	<b>9</b> Prepaid expenses and deferred charges .....	687,368.	9	592,169.		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	17,495,501.				
	<b>b</b> Less: accumulated depreciation .....	7,927,305.				
	<b>11</b> Investments - publicly traded securities .....	161,444,206.	11	170,348,199.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,450,055.	12	1,906,039.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	15,225,000.	13	15,225,000.		
	<b>14</b> Intangible assets .....		14			
	<b>15</b> Other assets. See Part IV, line 11 .....	171,252.	15	184,327.		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	210,860,142.	16	231,801,215.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,271,785.	17	2,697,793.		
	<b>18</b> Grants payable .....	18,240,206.	18	18,715,231.		
	<b>19</b> Deferred revenue .....		19			
	<b>20</b> Tax-exempt bond liabilities .....		20			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21			
	<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 .....		22			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24			
	<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 .....	47,264,947.	25	36,983,503.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	67,776,938.	26	58,396,527.		
<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 .....	53,512,812.	27	129,897,184.		
	<b>28</b> Temporarily restricted net assets .....	86,183,018.	28	39,318,739.		
	<b>29</b> Permanently restricted net assets .....	3,387,374.	29	4,188,765.		
	<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 .....		30			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32			
<b>33</b> Total net assets or fund balances .....	143,083,204.	33	173,404,688.			
<b>34</b> Total liabilities and net assets/fund balances .....	210,860,142.	34	231,801,215.			

Form 990 (2013)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,397,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,237,753.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,159,516.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	143,083,204.
5	Net unrealized gains (losses) on investments	5	-1,631,585.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18,793,553.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	173,404,688.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)

**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.

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									



JEWISH NATIONAL FUND

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	37,137,566.	52,738,503.	65,702,195.	101,297,714.	71,945,821.	328,821,799.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	37,137,566.	52,738,503.	65,702,195.	101,297,714.	71,945,821.	328,821,799.
<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) .....						63,893,044.
<b>6 Public support.</b> Subtract line 5 from line 4.						264,928,755.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	37,137,566.	52,738,503.	65,702,195.	101,297,714.	71,945,821.	328,821,799.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	876,115.	1,043,772.	1,081,440.	1,244,828.	1,399,674.	5,645,829.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...	528,390.					528,390.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	454,293.	13,363.	3,876.	28,277.	19,529.	519,338.
<b>11 Total support.</b> Add lines 7 through 10						335,515,356.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	991,094.
<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 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	78.96	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	77.08	%
<b>16a 33 1/3% support test - 2013.</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 - 2012.</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 - 2013.</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 IV 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 - 2012.</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 IV 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.) .....						
<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 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV** 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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

DRAFT

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ 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).

OMB No. 1545-0047

**2013**

Name of the organization

JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.

Employer identification number

13-1659627

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization <b>JEWISH NATIONAL FUND</b> <b>(KEREN KAYEMETH LEISRAEL), INC.</b>	Employer identification number 13-1659627
---	--

**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	ESTATE OF GALLI ASCHER  1819 LAKE STREET  HUNTINGTON BEACH, CA 92648	\$ 4,408,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>JEWISH NATIONAL FUND                  (KEREN KAYEMETH LEISRAEL), INC.</b>	Employer identification number <b>13-1659627</b>
--	---

**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

<b>Name of organization</b> JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL), INC.	<b>Employer identification number</b> 13-1659627
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

▶ Information about Schedule D (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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)     Preservation of an historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - 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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,387,374.	2,986,274.	2,986,274.	2,936,274.	2,934,274.
b Contributions	801,391.	401,100.		50,000.	2,000.
c Net investment earnings, gains, and losses	43,300.	22,954.	17,489.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	43,300.	22,954.	17,489.		
g End of year balance	4,188,765.	3,387,374.	2,986,274.	2,986,274.	2,936,274.

- 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  100.00 %
  - 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 |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		350,000.		350,000.
b Buildings		9,588,901.	1,478,279.	8,110,622.
c Leasehold improvements		98,841.	96,114.	2,727.
d Equipment		3,563,740.	2,501,481.	1,062,259.
e Other		3,894,019.	3,851,431.	42,588.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				9,568,196.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>INVESTMENTS IN REAL</b>		
(2) <b>ESTATE</b>	15,225,000.	<b>END-OF-YEAR MARKET VALUE</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	15,225,000.	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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) <b>SPLIT INTEREST AGREEMENTS</b>	36,983,503.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,983,503.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	94,273,147.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	-1,631,585.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	22,676,745.	
e	Add lines 2a through 2d	2e		21,045,160.
3	Subtract line 2e from line 1	3		73,227,987.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	169,282.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		169,282.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		73,397,269.

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

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

1	Total expenses and losses per audited financial statements		1	63,434,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	3,366,435.	
e	Add lines 2a through 2d	2e		3,366,435.
3	Subtract line 2e from line 1	3		60,068,471.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	169,282.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		169,282.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		60,237,753.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

**EXPLANATION: THE PRIMARY OBJECTIVE OF THE ENDOWMENT IN THE NEAR TERM IS TO PRESERVE THE NOMINAL 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.**

**PART X, LINE 2:**

**EXPLANATION: JNF HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING SEPTEMBER 30, 2011 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.**

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	18,793,553.
RENTAL EXPENSE	187,928.
INCOME OF RELATED ORGANIZATION	3,695,264.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	22,676,745.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	187,928.
EXPENSES OF RELATED ORGANIZATION	3,178,507.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	3,366,435.

DRAFT

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

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
MIDDLE EAST	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION		26,253,021.
<b>3 a</b> Sub-total .....	0	0			26,253,021.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			26,253,021.

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990) 2013

13-1659627

Page 2

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	GENERAL SUPPORT	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	33,820.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	34,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	176,715.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	865,736.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	320,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	116,380.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	72,500.	WIRE TRANSFER	0.		

**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 ..... **48**

**3** Enter total number of other organizations or entities ..... **0**

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990)

13-1659627

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	GENERAL SUPPORT	980,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	21,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	82,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	397,500.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	130,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	517,225.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	132,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	7,000.	WIRE TRANSFER	0.		

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990)

13-1659627

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	GENERAL SUPPORT	12,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	75,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	73,633.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	18,393,284.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	265,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	16,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	16,000.	WIRE TRANSFER	0.		



**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990)

13-1659627

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	GENERAL SUPPORT	30,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	80,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	50,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	750,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	257,700.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	379,500.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	495,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	6,500.	WIRE TRANSFER	0.		

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990)

13-1659627

Page 2

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> (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)
		MIDDLE EAST	GENERAL SUPPORT	200,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	111,500.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	38,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	100,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	35,800.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	275,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	75,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	35,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	6,000.	WIRE TRANSFER	0.		

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule F (Form 990)

13-1659627

Page 2

**Part II** Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

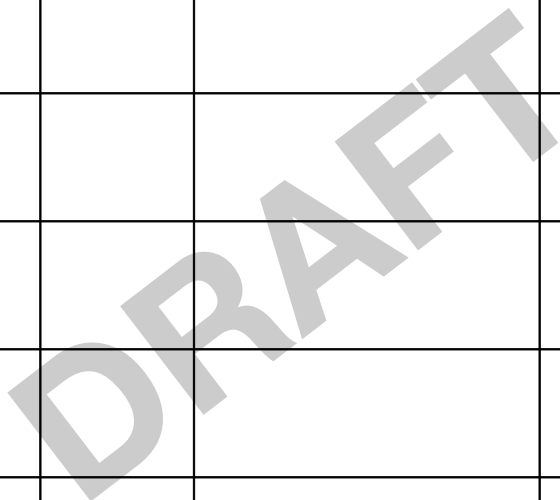
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	GENERAL SUPPORT	10,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	7,500.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	224,000.	WIRE TRANSFER	0.		
		MIDDLE EAST	GENERAL SUPPORT	66,516.	WIRE TRANSFER	0.		

DRAFT

**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)



**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)* .....  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)* .....  Yes  No

Schedule F (Form 990) 2013

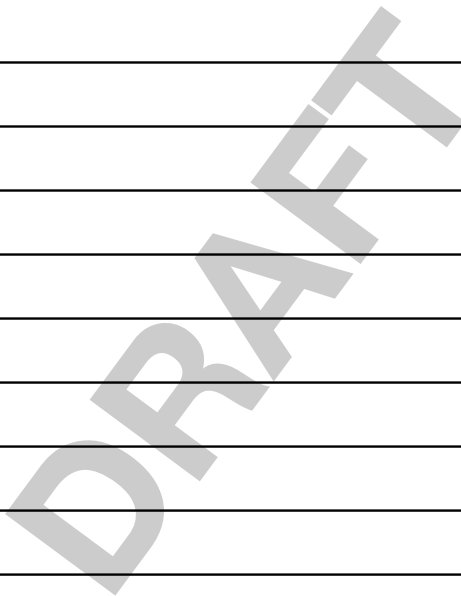
DRAFT

**Part V Supplemental Information**

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

PART I, LINE 2:

EXPLANATION: JNF'S STAFF VISIT ISRAEL TO REVIEW AND VISIT THE PROJECTS AND THEY MAKE SURE THE USE OF THE FUNDS IS BEING IMPLEMENTED PROPERLY. THIS HAPPENS DAILY IN ISRAEL BETWEEN JNF AND KKL STAFF AS WELL. THEY RECEIVE MONTHLY REPORTS FROM KKL ON PROGRESS, AND DAILY REPORTS FROM THEIR STAFF RELATING TO OTHER PROJECTS.



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

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2013**

**Open To Public Inspection**

▶ Information about Schedule G (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 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

**2 a** 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			
<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.

JEWISH NATIONAL FUND

**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 OF LIFE	CHICAGO TREE OF LIFE DIN	302	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,145,558.	804,610.	5,362,499.	7,312,667.
	2	Less: Contributions	1,087,698.	658,750.	4,585,017.	6,331,465.
	3	Gross income (line 1 minus line 2)	57,860.	145,860.	777,482.	981,202.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		10,000.	539,322.	549,322.
	7	Food and beverages	63,974.	95,336.	1,213,883.	1,373,193.
	8	Entertainment	2,985.	3,500.	97,602.	104,087.
	9	Other direct expenses	149.	3,590.	26,003.	29,742.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				2,056,344.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,075,142.

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

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



JEWISH NATIONAL FUND

- 11 Does the organization operate 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 operated 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 ▶ \_\_\_\_\_

- 15a 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 explanations 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 complete this part to provide any additional information (see instructions).

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

▶ 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**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELONCHICKLE PRODUCTIONS 131 JERICHO TPK SUITE #302 JERICHO, NY 11753	13-3916897	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIENDS OF IR DAVID 575 LEXINGTON AVENUE NEW YORK, NY 10022	11-3466176	501(C)(3)	33,000.	0.			GENERAL SUPPORT
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYN BLVD MIAMI, FL 33137	59-0624404	501(C)(3)	100,000.	0.			GENERAL SUPPORT
MEDIA WATCH 42 EAST 69TH STREET NEW YORK, NY 1 NEW YORK, NY 10021	57-1134998	501(C)(3)	142,000.	0.			GENERAL SUPPORT
OSEM USA 333 SYLVAN AVE., ENGLEWOOD CLIFFS, NJ 07632 - ENGLEWOOD CLIFFS, NJ 07632	11-2169515	501(C)(3)	497,584.	0.			GENERAL SUPPORT
WATER ECONOMICS 131 MOUNT AUBURN STREET #508 CAMBRIDGE, MA 02138 - CAMBRIDGE, MA 02138	45-5398703	501(C)(3)	35,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2013)

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule I (Form 990)

13-1659627

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF NORTH AMERICA - 25 BROADWAY - NEW YORK, NY 10004	13-1624240	501(C)(3)	50,250.	0.			GENERAL SUPPORT
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION - 78 RANDALL AVENUE - ROCKVILLE CENTER, NY 11570	59-0173782	501(C)(3)	1,599,274.	0.			GENERAL SUPPORT

DRAFT

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

DRAFT

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

**PART I, LINE 2:**

**EXPLANATION: JNF'S OFFICE AND STAFF REVIEW AND VISIT THE PROJECTS AND MAKES SURE THE USE OF THE FUNDS IS BEING IMPLEMENTED PROPERLY. THEY RECEIVE MONTHLY REPORTS FROM KKL ON PROGRESS, AND DAILY REPORTS FROM THE STAFF RELATING TO OTHER PROJECTS.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> 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? .....	<b>2</b>	
<b>3</b> 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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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: <b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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: <b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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: <b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2013

**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule J (Form 990) 2013

13-1659627

Page 2

**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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RUSSELL ROBINSON CEO & EXECUTIVE VP	(i)	348,998.	0.	1,548.	26,775.	63,721.	441,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HAROLD COHEN COO	(i)	233,456.	10,000.	1,730.	26,261.	46,250.	317,697.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MITCHEL ROSENZWEIG CFO	(i)	263,686.	0.	1,548.	0.	30,001.	295,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MATTHEW BERNSTEIN DIR. PLANNED GIVING	(i)	228,388.	20,000.	1,548.	26,516.	41,250.	317,702.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHARON FREEDMAN NATIONAL CAMPAIGN DIRECTOR	(i)	156,314.	0.	737.	16,849.	20,750.	194,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANE SCAR ZONE DIRECTOR	(i)	166,131.	0.	1,534.	18,279.	54,448.	240,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) YAEL SEPTTEE KANE CHIEF LEADERSHIP DEVELOPME	(i)	162,686.	0.	1,548.	17,918.	52,548.	234,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) RICHARD KROSNICK ZONE DIRECTOR	(i)	202,604.	0.	540.	21,974.	30,766.	255,884.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHEN BACH CONTROLLER	(i)	187,276.	0.	360.	20,277.	29,930.	237,843.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 7:

EXPLANATION: BONUSES ARE GIVEN AT THE DISCRETION OF THE CEO AND ARE BASED  
ON MERIT.

DRAFT

**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

**2013**

Open to Public  
Inspection

▶ Information about Schedule O (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**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**JEWISH NATIONAL FUND (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. TODAY, JNF CONTINUES TO GIVE ALL GENERATIONS A UNIQUE  
VOICE IN BUILDING AND ENSURING THE PROSPERITY OF THE LAND OF ISRAEL  
THROUGH THEIR GENEROSITY AND PARTNERSHIP WITH THE PEOPLE OF ISRAEL.**

**JNF EMBODIES BOTH HEART AND ACTION; OUR WORK IS VARIED IN SCOPE BUT  
SINGULAR IN BENEFIT. WE STRIVE 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, 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.**

**2013 WAS THE MOST SUCCESSFUL CAMPAIGN YEAR IN JNF'S HISTORY, BRINGING**



Name of the organization	JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL), INC.	Employer identification number	13-1659627
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IN A RECORD-BREAKING \$121 MILLION. WE COULD NOT HAVE REACHED THIS MILESTONE WITHOUT THE GENEROSITY OF OUR SUPPORTERS ACROSS THE COUNTRY AND THE DEDICATION OF OUR LAY LEADERS AND VOLUNTEERS. CHARITY NAVIGATOR, AMERICA'S LEADING INDEPENDENT CHARITY EVALUATOR, ONCE AGAIN BESTOWED ITS 4-STAR RATING ON JNF FOR THE SECOND CONSECUTIVE YEAR IN RECOGNITION OF OUR SOUND FISCAL MANAGEMENT, COMMITMENT TO ACCOUNTABILITY AND TRANSPARENCY; RECEIVED TOP RATINGS FROM THE AMERICAN INSTITUTE OF PHILANTHROPY AND THE BETTER BUSINESS BUREAU WISE GIVING ALLIANCE. WE ARE VERY PROUD TO BE ACKNOWLEDGED FOR THE RESPONSIBLE STEWARDSHIP OF OUR DONORS' CONTRIBUTIONS.

WITH OUR DONOR'S SUPPORT, JNF MADE A TANGIBLE DIFFERENCE IN THE LIVES OF THE PEOPLE OF ISRAEL IN 2013. IN THE NEGEV DESERT, WHICH REPRESENTS 60% OF ISRAEL'S LANDMASS BUT IS HOME TO JUST 8% OF THE POPULATION, JNF CONTINUED TO MOVE FORWARD WITH ITS BLUEPRINT NEGEV PLAN, A MULTIFACETED, INTERNATIONALLY RECOGNIZED CAMPAIGN TO IMPROVE QUALITY OF LIFE FOR ALL RESIDENTS OF THE REGION AND ENCOURAGE A POPULATION SHIFT AWAY FROM CROWDED, EXPENSIVE CENTRAL ISRAEL. TO DATE, JNF HAS INVESTED MORE THAN \$100 MILLION IN THIS INITIATIVE. IN 2013 WE OPENED ABRAHAM'S WELL IN BE'ER SHEVA THAT WILL ATTRACT OVER 250,000 VISITORS EVERY YEAR; OUR HOUSING DEVELOPMENT FUND WAS ESTABLISHED TO HELP MOVE POPULATION TO THE NEGEV; AND WE PARTNERED WITH NEFESH B'NEFESH TO BRING NEW CITIZENS TO THE NORTH AND SOUTH. WE ALSO EXPANDED A PARTNERSHIP WITH THE ALEXANDER MUSS HIGH SCHOOL IN ISRAEL TO CATAPULT ZIONIST EDUCATION AND ENGAGEMENT.

JNF CONTINUED ITS LEADERSHIP ROLE IN SUSTAINABLE WATER MANAGEMENT; MADE ISRAEL SAFER BY PROVIDING NEW EQUIPMENT AND TRUCKS TO FIREFIGHTERS AND REVITALIZING OLD STATIONS; BUILT PLAYGROUNDS, SYNAGOGUES, DAY CARES AND COMMUNITY CENTERS; PLANTED MILLIONS OF TREES TO BEAUTIFY ISRAEL'S

Name of the organization	JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL), INC.	Employer identification number	13-1659627
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LANDSCAPE AND IMPROVE ITS SOIL; SUPPORTED AGRICULTURAL RESEARCH AND DEVELOPMENT THAT ENABLES ISRAELI FARMERS TO STAY COMPETITIVE IN THE GLOBAL MARKET; OFFERED THERAPEUTIC AND REHABILITATIVE SERVICE TO PEOPLE WITH SPECIAL NEEDS; AND PROMOTED TOURISM, RECREATION, AND ECONOMIC GROWTH BY CREATING PARKS AND FORESTS AND PRESERVING AND DEVELOPING HISTORIC SITES. THOUSANDS OF CHILDREN AND YOUNG PEOPLE WERE CONNECTED TO ISRAEL AND THEIR HERITAGE THROUGH JNF, THE SINGLE-LARGEST PROVIDER OF ZIONIST EDUCATION PROGRAMS IN THE US, AND MORE THAN 3,000 PEOPLE EXPERIENCED ISRAEL ON A JNF MISSION OR TOUR.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: MORTON MOWER AND TOBY MOWER - FAMILY RELATIONSHIP

ALAN DABROW AND LOUISE DABROW - FAMILY RELATIONSHIP

DAVID GREENBAUM AND LAUREINE GREENBAUM - FAMILY RELATIONSHIP

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

EXPLANATION: AFTER THE 990 IS COMPLETED IT IS SENT TO THE BOARD OF DIRECTORS FOR REVIEW. 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:

EXPLANATION: THE JEWISH NATIONAL FUND'S CONFLICT OF INTEREST POLICY EXISTS TO PROTECT THE JNF AND ASSIST THE STAFF, VOLUNTEERS, AND MEMBERS OF ITS GOVERNING ENTITIES IN MAKING ETHICAL DECISIONS THAT BENEFIT THE 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.

Name of the organization	JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL), INC.	Employer identification number	13-1659627
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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 A 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 ONES SELF FROM DISCUSSIONS, ACTIONS, VOTES OR OTHER ACTIVITIES IN RELATION TO THE CONFLICT.

SHOULD AN ISSUE ARISE THAT COULD BE A POTENTIAL CONFLICT OF INTEREST, THERE IS A DUTY TO JNF TO NOTIFY A SUPERVISOR, OR A GOVERNING ENTITY CHAIR, OF THE SITUATION. THE APPROPRIATE PARTIES WILL INVESTIGATE AND MAKE A DETERMINATION. DEPENDING UPON THEIR DETERMINATION, THE PARTY MAY BE ASKED TO REMOVE HIS/HERSELF FROM PARTICIPATION IN DISCUSSIONS OR VOTES RELATED TO THE CONFLICT OR POTENTIAL CONFLICT.

THE POTENTIAL CONFLICT OF INTEREST WILL BE INVESTIGATED BY THE APPROPRIATE PARTIES. IF IT RELATES TO A MEMBER OF THE GOVERNING ENTITY, OR THE SENIOR STAFF, THEN IT WILL BE TURNED OVER TO THE ADMINISTRATION COMMITTEE THAT IS NOT INVOLVED IN THE CONFLICT. IF IT INVOLVES A MEMBER OF THE STAFF OR A VOLUNTEER, A COMMITTEE AND OTHER APPROPRIATE SENIOR STAFF WILL MAKE THE DETERMINATION.

ONCE THE COMMITTEE HAS MADE ITS DETERMINATION AND PRESENTED ALTERNATIVES, THE PARTIES INVOLVED MAY BE ASKED TO:

- ABSTAIN FROM VOTING ON THE ACTION
- REMOVE YOURSELVES FROM ANY DISCUSSIONS RELATING TO THE CONFLICT
- REFRAIN FROM DISCUSSING THE ISSUE WITH OTHER CO-WORKERS, VOLUNTEERS OR GOVERNING ENTITY SO AS NOT TO INFLUENCE THEIR ACTIONS

Name of the organization <b>JEWISH NATIONAL FUND (KEREN KAYEMETH LEISRAEL), INC.</b>	Employer identification number <b>13-1659627</b>
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-CONSIDER OTHER ACTIONS, DEPENDING ON THE SITUATION

CONFLICT OF INTEREST STATEMENTS ARE COMPLETED YEARLY BY ALL PERSONNEL AND ARE REVIEWED BY MANAGEMENT TO MONITOR POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE COMPENSATIONS FOR THE OFFICERS ARE REVIEWED BY THE PRESIDENT, VP FOR ADMIN AND THE TREASURER ON AN ANNUAL BASIS. COMPENSATION SURVEYS AS WELL AS OTHER COMPARABLE ORGANIZATIONS SALARIES ARE USED AS COMPARISONS IN ESTABLISHING THE OFFICERS SALARIES. THIS PROCESS WAS LAST DONE IN 2013.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NY, NJ, CT, MD, MI, PA, FL, CA, MA, AZ, CO, OH, IL, GA

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	18,793,553.
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FORM 990, PART XII, LINE 2C

EXPLANATION: PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

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

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

**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
BEYACHAD FUND 58 KING GEORGE ST JERUSALEM, ISRAEL, ISRAEL 91079	AREA DEVELOPMENT IN ISRAEL	ISRAEL	501(C)(3)	LINE 9	JNF	X	
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. - 59-0173782, 78 RANDALL AVE, ROCKVILLE CENTER, NY 11570	EDUCATION	NEW YORK	501(C)(3)	LINE 9	JNF	X	

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

Schedule R (Form 990) 2013

JEWISH NATIONAL FUND

**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	

**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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
  
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
  
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
  
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
  
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>	X	
<b>1b</b>	X	
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>	X	
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>		X
<b>1s</b>		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 ALEXANDER MUSS INSTITUTE FOR ISRAEL	B	980,000.	CASH
(2) EDUCATION	A	30,000.	CASH
(3)			
(4)			
(5)			
(6)			

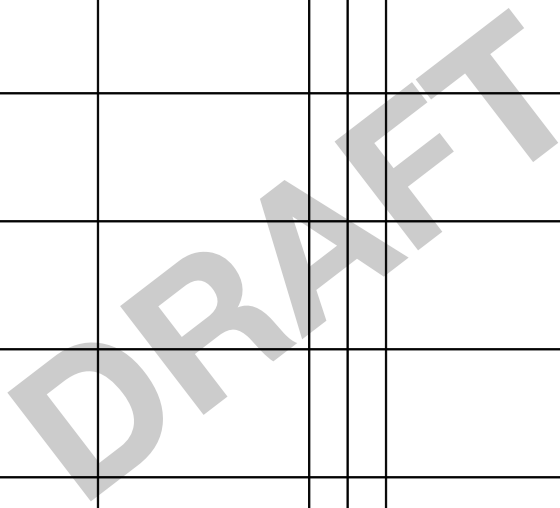
**JEWISH NATIONAL FUND  
(KEREN KAYEMETH LEISRAEL), INC.**

Schedule R (Form 990) 2013

**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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	





**Part VII** Supplemental Information

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

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2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING	VARIES	SSL	.000	16	1,294,264.			1,294,264.	913,856.		18,556.
3	BUILDING IMPROVEMENTS	VARIES	SSL	.000	16	8,294,637.			8,294,637.	385,206.		160,661.
	* 990 PAGE 10 TOTAL BUILDINGS					9,588,901.		0.	9,588,901.	1,299,062.	0.	179,217.
2	FURNITURE & FIXTURES	VARIES	SSL	.000	16	3,894,019.			3,894,019.	3,826,898.		24,533.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					3,894,019.		0.	3,894,019.	3,826,898.	0.	24,533.
4	MACHINERY & EQUIPMENT	VARIES	SSL	.000	16	3,526,817.			3,526,817.	2,081,986.		382,572.
6	VEHICLES	VARIES	SSL	.000	16	36,923.			36,923.	36,923.		0.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					3,563,740.		0.	3,563,740.	2,118,909.	0.	382,572.
7	LAND	VARIES		.000	16	350,000.			350,000.			0.
	* 990 PAGE 10 TOTAL LAND					350,000.		0.	350,000.	0.	0.	0.
5	OTHER LEASEHOLD IMPROVEMENTS	VARIES	SSL	.000	16	98,841.			98,841.	94,297.		1,817.
	* 990 PAGE 10 TOTAL OTHER					98,841.		0.	98,841.	94,297.	0.	1,817.
	* GRAND TOTAL 990 PAGE 10 DEPR					17,495,501.		0.	17,495,501.	7,339,166.	0.	588,139.