

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ 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.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

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	C Name of organization <u>GREATER MIAMI JEWISH FEDERATION INC.</u>			D Employer identification number <u>59-0624404</u>
	Doing Business As			E Telephone number <u>(305) 576-4000</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>149,629,120.</u>
	<u>4200 BISCAYNE BOULEVARD</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>MIAMI, FL 33137</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>OKSANA CARDINI</u> <u>4200 BISCAYNE BOULEVARD, MIAMI, FL 33137</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: <u>WWW.JEWISHMIAMI.ORG</u>			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1938</u> M State of legal domicile: <u>FL</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE HUMAN AND FINANCIAL RESOURCES TO CARE FOR THOSE IN NEED, STRENGTHEN JEWISH LIFE AND ADVANCE THE UNITY VALUES AND SHARED PURPOSE (SEE SCHEDULE O FOR CONTINUATION)</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 166
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 166
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 103
	6 Total number of volunteers (estimate if necessary)	6 2,225
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 437,047.
b Net unrelated business taxable income from Form 990-T, line 34	7b 53,872.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 128,492,823. Current Year 43,344,990.
	9 Program service revenue (Part VIII, line 2g)	NONE NONE
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,500,374. 20,994,613.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,586,331. 717,314.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	149,579,528. 65,056,917.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,640,533. 8,816,749.
16a Professional fundraising fees (Part IX, column (A), line 11e)		48,263. 29,818.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,289,952.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,841,775. 5,639,415.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,709,731. 74,253,746.	
19 Revenue less expenses. Subtract line 18 from line 12	74,869,797. -9,196,829.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 526,029,047. End of Year 471,066,414.
	21 Total liabilities (Part X, line 26)	80,583,413. 87,514,290.
	22 Net assets or fund balances. Subtract line 21 from line 20.	445,445,634. 383,552,124.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date
	▶ <u>OKSANA CARDINI</u> Type or print name and title	<u>CFO</u>

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>PAUL HAMMERSCHMIDT</u>	<u>PAUL HAMMERSCHMIDT</u>	<u>05/15/2023</u>		<u>P01384178</u>
	Firm's name ▶ <u>BDO USA, LLP</u>	Firm's EIN ▶ <u>13-5381590</u>			
Firm's address ▶ <u>100 PARK AVENUE NEW YORK, NY 10017-5001</u>			Phone no. <u>212-885-8000</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE GREATER MIAMI JEWISH FEDERATION IS TO MOBILIZE HUMAN AND FINANCIAL RESOURCES TO CARE FOR THOSE IN NEED, STRENGTHEN JEWISH LIFE AND ADVANCE THE UNITY, VALUES AND SHARED PURPOSE OF THE JEWISH PEOPLE IN MIAMI, IN ISRAEL AND AROUND THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 30,412,719. including grants of \$ 28,016,955.) (Revenue \$ 717,314.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 14,869,377. including grants of \$ 13,698,041.) (Revenue \$ NONE)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 19,596,482. including grants of \$ 18,052,768.) (Revenue \$ NONE)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 64,878,578.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 103		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (166), 1b (166), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

OKSANA CARDINI, CFO 4200 BISCAYNE BOULEVARD MIAMI, FL 33137
305-576-4000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JACOB SOLOMON PRESIDENT AND CEO	40.00 NONE			X				590,001.	NONE	295,560.
(2) JEFFREY LEVIN CHIEF DEVELOPMENT OFFICER	40.00 NONE			X				239,921.	NONE	35,121.
(3) BONNIE MECHOULLAM CHIEF MARKETING AND COMMUNICAT	40.00 NONE			X				210,761.	NONE	34,771.
(4) OKSANA CARDINI CHIEF FINANCIAL OFFICER	37.00 3.00			X				204,101.	NONE	22,144.
(5) SCOTT KAPLAN FOUNDATION DIRECTOR	40.00 NONE			X				206,208.	NONE	19,641.
(6) MICHELLE LABGOLD CHIEF PLANNING OFFICER	40.00 NONE			X				205,227.	NONE	15,214.
(7) SIMON KAMINETSKY PHILANTHROPIC GIFT DIRECTOR	40.00 NONE					X		170,801.	NONE	19,156.
(8) ABBEY FEINBERG ANNUAL CAMPAIGN DIRECTOR	40.00 NONE			X				153,141.	NONE	22,459.
(9) JILL HAGLER DIRECTOR OF FOUNDATION DEVELOP	40.00 NONE					X		144,078.	NONE	17,690.
(10) MIMI KLIMBERG CHIEF TECHNOLOGY AND ANALYTICS	40.00 NONE			X				135,418.	NONE	10,942.
(11) DAHLIA BENDAVID DIRECTOR OF ISRAEL AND OVERSEA	40.00 NONE					X		125,842.	NONE	17,258.
(12) STEPHANIE VIEGAS DIRECTOR OF COMMUNITY SECURITY	40.00 NONE					X		132,032.	NONE	5,162.
(13) GABRIEL SIMKIN SENIOR INVESTMENT ANALYST	40.00 NONE					X		120,159.	NONE	13,334.
(14) ISAAC K. FISHER CHAIR OF THE BOARD	20.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JEFFREY SCHECK ----- IMMEDIATE PAST CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(16) SARA BEJAR ----- ASSOCIATE SECRETARY	5.00 ----- NONE	X		X				NONE	NONE	NONE
(17) MICHELLE BEN-AVIV ----- ASSOCIATE TREASURER	5.00 ----- 5.00	X		X				NONE	NONE	NONE
(18) ROBERT D. HERTZBERG ----- TREASURER	5.00 ----- NONE	X		X				NONE	NONE	NONE
(19) ELIZABETH F. SCHWARTZ ----- SECRETARY	5.00 ----- 1.00	X		X				NONE	NONE	NONE
(20) ARIEL J. BENTATA ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(21) STEVEN J. BRODIE ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(22) AMY B. CHAFETZ ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(23) MICHELLE S. DIENER ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(24) STEVEN M. FOLDES ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
(25) LAURA P. KOFFSKY ----- VICE CHAIR	5.00 ----- NONE	X		X				NONE	NONE	NONE
1b Sub-total								2,637,690.	NONE	528,452.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,637,690.	NONE	528,452.

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 ► 13

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) ELISE SCHECK BONWITT VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(27) LILY SERVIANSKY VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(28) TRACEY M. SPIEGELMAN VICE CHAIR	5.00 5.00	X		X			NONE	NONE	NONE	
(29) MICHAEL S. WAGNER VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(30) TAMMY WOLDENBERG VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(31) RAY ELLEN YARKIN VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(32) RICHARD YULMAN VICE CHAIR	5.00 NONE	X		X			NONE	NONE	NONE	
(33) LEONARD ABESS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(34) JOE ACKERMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(35) DANIEL ADES BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(36) MICHAEL M. ADLER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MATTHEW L. ADLER STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(38) VICKI AGRON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(39) ISAAC ALMOSNY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(40) LAUREN AMRON STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(41) MARISSA AMUIAL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(42) L. JULES ARKIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(43) TOBI ASH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(44) TERRI BACHOW BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(45) RYAN D. BAILINE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(46) JEREMY BARRAS STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(47) LARRY S. BASSUK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) SABY BEHAR BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(49) EDWARD BEINER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(50) LESLIE BENITAH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(51) JACQUELINE W. BERENSON BRAD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(52) HELENE BERGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(53) EVAN BERGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(54) JACLYN BERGMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(55) PAUL BERKOWITZ STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(56) RICHARD N. BERNSTEIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(57) FRAN BERRIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(58) ROBERT G. BERRIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) BRIAN L. BILZIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(60) JOEL BIRNBAUM BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(61) MICHAEL BITTEL STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(62) BARBARA BLACK GOLDFARB BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(63) ANDREW BLANK BOARD MEMBER	2.00 2.00	X					NONE	NONE	NONE	
(64) ALEX BLAVATNIK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(65) ELAINE BLOOM STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(66) NORMAN BRAMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(67) NOAH BREAKSTONE BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(68) SHELLEY BRODIE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(69) MELISSA S. BUCKNER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) JOHN M. BUSSEL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(71) AMY N. DEAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(72) REBECA DELASTER BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(73) DAVID O. DEUTCH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(74) SUSIE DIAMOND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(75) ADRIAN DUBOW BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(76) HANNAH EIGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(77) BETH ERTEL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(78) NILY FALIC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(79) GEORGE FELDENKREIS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(80) ROBYN C. FISHER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) ELISABETH G. FRANK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(82) JULIE FRANKLIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(83) MICHAEL D. FRIEDMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(84) DANIEL FUJITA BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(85) MIKKI FUTERNICK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(86) ELLIE GANZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(87) GARY R. GERSON BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(88) BELINDA GILBERT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(89) ROBERT C. GILBERT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(90) KEITH GINSBURG BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(91) AMIR GOLD STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) LISA E. GOLDSTEIN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(93) RACHEL GREENGRASS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(94) STEVEN GRETENSTEIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(95) BARRY T. GURLAND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(96) ADRIANA B. HALAC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(97) DANIEL HALBERSTEIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(98) ALEX HALBERSTEIN* BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(99) UZI HARDOON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(100) MARK H. HILDEBRANDT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(101) STEVEN HURWITZ STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(102) ROBIN JACOBS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) LISA JERLES BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(104) LARRY JOSEPH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(105) IAN KAPLAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(106) CLARITA KASSIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(107) EZRA KATZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(108) EVELYN KATZ BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(109) MOJDEH KHAGHAN DANIAL STANDING COMMITTEE	2.00 5.00	X					NONE	NONE	NONE	
(110) JOSI KIBLISKY BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(111) NORMA KIPNIS WILSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(112) JOSHUA C. KLIGLER STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(113) RUBEN KLODA BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) BRUCE D. KOHRMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(115) ILENE A. KOSSMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(116) STEVEN J. KRAVITZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(117) PAUL KRUSS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(118) ALEX KRYS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(119) ISRAEL LAPCIUC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(120) EDIE LAQUER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(121) MURRAY J. LAULICHT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(122) DONALD E. LEFTON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(123) WILLIAM LEHMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(124) ALEXANDRA LEHSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) DAVID LEIBOWITZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(126) MARC A. LEVIN BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(127) HARRY A. LEVY BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(128) MATTHEW LEWIS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(129) DIANE LIEBERMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(130) NANCY LIPOFF BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(131) NORMAN H. LIPOFF BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(132) JANICE LIPTON STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(133) RICK A. MARS STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(134) MARK S. MELAND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(135) ADRIENNE D. MESSING BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) GAIL S. MEYERS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(137) JEFFREY E. NEWMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(138) ARI NEWMAN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(139) SHELLEY NICELEY GROFF STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(140) MARK E. OREN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(141) NEDRA OREN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(142) SIDNEY M. PERTNOY STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(143) AARON S. PODHURST BOARD MEMBER	2.00 2.00	X					NONE	NONE	NONE	
(144) DOROTHY PODHURST BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(145) JONATHAN RAIFFE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(146) MICHELE RATZAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(147) JOHN RICHARD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(148) LECIA ROTHMAN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(149) MICHAEL D. RUDD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(150) JOEL SANDBERG BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(151) SHEREE SAVAR BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(152) DAVID M. SCHARLIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(153) LINDA SCHECHTER BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(154) STEVEN R. SCHECK STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(155) MICHAEL SCHECK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(156) RAQUEL SCHECK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(157) DANA YEMIN SCHRAGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(158) MAXINE E. SCHWARTZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(159) BARBARA SHRUT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(160) MORRIE H. SIEGEL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(161) MYTYL SIMANCAS-BISTER BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(162) JACQUELINE SIMKIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(163) MICHAEL R. SIMKINS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(164) JOSEPH A. SINGER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(165) BRAD SOKOL STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(166) JOHN SUMBERG BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(167) MICHAEL TABACINIC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(168) DENISE TAMIR STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(169) MICHAEL S. TOBIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(170) ELISE UDELSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(171) STEVEN WAGNER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(172) DEBRA BRAMAN WECHSLER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(173) STANLEY WEINSTEIN BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(174) HEDY WHITEBOOK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(175) ANDREW H. WOLF STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(176) GARY J. YARUS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(177) ARIEL YESHURUN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(178) ISAAC ZELCER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(179) REGINA F. ZELONKER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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
SEE SCHEDULE O		

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

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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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 24,056,729.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 335,000.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 18,953,261.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 3,466,039.					
	h	Total. Add lines 1a-1f ▶		43,344,990.				
	Program Service Revenue	2a	Business Code					
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		NONE				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		6,038,872.		437,047.	5,601,825.	
	4	Income from investment of tax-exempt bond proceeds . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	6c NONE	NONE				
	d	Net rental income or (loss) ▶			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a 98,496,547.					
			7b 83,540,806.					
	c	Gain or (loss)	7c 14,955,741.					
	d	Net gain or (loss) ▶			14,955,741.		14,955,741.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a 1,031,397.					
			8b 1,031,397.					
c Net income or (loss) from fundraising events ▶								
9a	Gross income from gaming activities. See Part IV, line 19	9a NONE						
		9b NONE						
		c Net income or (loss) from gaming activities ▶			NONE			
10a	Gross sales of inventory, less returns and allowances	10a NONE						
		10b NONE						
		c Net income or (loss) from sales of inventory ▶			NONE			
Miscellaneous Revenue	11a	OTHER INCOME	Business Code					
			900099	717,314.	717,314.			
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶			717,314.				
12	Total revenue. See instructions ▶			65,056,917.	717,314.	437,047.	20,557,566.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Payroll taxes, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	59,172,145.	1	51,798,911.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	11,942,786.	3	11,161,345.
	4 Accounts receivable, net	2,588,389.	4	1,946,834.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	NONE	9	NONE
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,381,038.		
	b Less: accumulated depreciation	10b 6,913,812.	3,954,022.	10c 3,467,226.
	11 Investments - publicly traded securities	242,739,820.	11	199,304,897.
	12 Investments - other securities. See Part IV, line 11	189,978,011.	12	190,382,941.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	15,653,874.	15	13,004,260.
16 Total assets. Add lines 1 through 15 (must equal line 33)	526,029,047.	16	471,066,414.	
Liabilities	17 Accounts payable and accrued expenses	4,567,641.	17	4,649,714.
	18 Grants payable	21,026,091.	18	24,891,710.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	3,230,000.	24	3,230,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	51,759,681.	25	54,742,866.
	26 Total liabilities. Add lines 17 through 25	80,583,413.	26	87,514,290.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	379,900,110.	27	320,431,417.
	28 Net assets with donor restrictions	65,545,524.	28	63,120,707.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	445,445,634.	32	383,552,124.
33 Total liabilities and net assets/fund balances	526,029,047.	33	471,066,414.	

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	65,056,917.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,253,746.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,196,829.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	445,445,634.
5	Net unrealized gains (losses) on investments	5	-52,696,681.
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 on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	383,552,124.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (63.13%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (84.75%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
CHAPLAINCY	30,287.	101,249.				131,536.
OTHER INCOME		87,052.				87,052.
TOTALS	30,287.	188,301.				218,588.

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GREATER MIAMI JEWISH FEDERATION INC.	Employer identification number 59-0624404
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ▶ \$ _____
- 3 Volunteer hours for political campaign activities. See instructions

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B, LINE 1:

THE ACTIVITIES ARE TO ENHANCE THE ABILITY OF THE FEDERATION TO ACCESS AND IMPACT THE STATE GOVERNMENT LEGISLATIVE AND ADMINISTRATIVE DECISION-MAKING PROCESSES IN ORDER TO SAFEGUARD THE JEWISH COMMUNITY STATE GOVERNMENT SUPPORT FOR THE VITAL HEALTH AND SOCIAL PROGRAMS. IN ADDITION, THE COMMITTEE LOOKS FOR THE OPPORTUNITY TO EDUCATE POLICY MAKERS ON ISSUES THAT PROTECT THE FREEDOMS WHICH HAS ALLOWED THE JEWISH COMMUNITY TO FLOURISH IN FLORIDA AND THROUGHOUT THE UNITED STATES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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

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

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

Part II Conservation Easements.

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

Form for Part II Conservation Easements, including checkboxes for purposes, a table for held at end of tax year, and various questions.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions and dollar amounts.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	68,169,141.	61,889,938.	64,945,990.	63,495,757.	62,205,310.
b Contributions	5,026,262.	750,845.	558,146.	437,377.	744,592.
c Net investment earnings, gains, and losses	-3,184,876.	14,093,215.	874,811.	2,763,531.	2,641,858.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,335,394.	2,952,667.	4,489,009.	1,750,675.	1,985,932.
f Administrative expenses					110,071.
g End of year balance	66,675,133.	73,781,331.	61,889,938.	64,945,990.	63,495,757.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 10.0000 %
 - b Permanent endowment ▶ 24.0000 %
 - c Term endowment ▶ 66.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,659,951.		2,659,951.
b Buildings		1,182,899.	1,182,899.	NONE
c Leasehold improvements		3,321,505.	2,593,464.	728,041.
d Equipment		3,216,683.	3,137,449.	79,234.
e Other		NONE		NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,467,226.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	178,115,886.	FMV
(B) STATE OF ISRAEL BOND	11,544,147.	COST
(C) COMMODITIES	722,908.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	190,382,941.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS TO AFFILIATED AGENCIES	52,727,883.
(3) SPLIT INTEREST AGREEMENTS	2,014,983.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	54,742,866.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 1A, COLUMN (A):

BEGINNING OF YEAR ENDOWMENT FUND BALANCE AT JULY 1, 2021 WAS RESTATED DUE TO RECLASSIFICATIONS TO IMPLEMENT ASU 2016-14 (UNDERWATER ENDOWMENTS).

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE USED FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES AND IN FURTHERANCE OF THE CHARITABLE MISSION OF THE GREATER MIAMI JEWISH FEDERATION.

PART X, LINE 2:

GREATER MIAMI JEWISH FEDERATION INC. IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA. DURING THE YEAR ENDED JUNE 30, 2022, THE FEDERATION GENERATED NET UNRELATED BUSINESS INCOME FROM CERTAIN ALTERNATIVE INVESTMENTS. NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES WERE RECORDED AS MANAGEMENT BELIEVES THE AMOUNTS ARE IMMATERIAL TO THESE CONSOLIDATED FINANCIAL STATEMENTS.

THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES

Part XIII Supplemental Information *(continued)*

ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		77,325.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					77,325.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					77,325.

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

Schedule F (Form 990) 2021

JSA
1E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) ISRAEL PROGRAM SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	68	77,325.	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>PACESETTER</u> (event type)	<u>WOMEN ' S EVENT</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	948,011.	83,386.	1,031,397.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	948,011.	83,386.	1,031,397.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	357,643.	50,455.	408,098.	
	7	Food and beverages	122,702.	10,778.	133,480.	
	8	Entertainment	150,100.	6,450.	156,550.	
	9	Other direct expenses	317,565.	15,704.	333,269.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,031,397.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

=====

NAME:

SIEGEL MARKETING GROUP

ADDRESS:

1845 NORTH FAREWELL AVENUE, SUITE 300
MILWAUKEE, WI 53202

ACTIVITY :

PHONE ACTIVITY

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	104,356.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	29,818.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	74,538.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	10,513,971.				GENERAL SUPPORT
(2) MUSEUM OF SCIENCE, INC. 3280 SOUTH MIAMI AVE MIAMI, FL 33129	59-0854960	501(C)(3)	10,000,000.				GENERAL SUPPORT
(3) JEWISH COMMUNITY SERVICES 12000 BISCAYNE BLVD MIAMI, FL 33181	59-0637867	501(C)(3)	4,040,761.				GENERAL SUPPORT
(4) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	2,479,000.				GENERAL SUPPORT
(5) CENTER FOR THE ADVANCEMENT OF JEWISH EDUCAT 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624373	501(C)(3)	1,357,023.				GENERAL SUPPORT
(6) OR HACHAYIM INC. 2132 84TH STREET BROOKLYN, NY 11214	13-6181949	501(C)(3)	1,168,000.				GENERAL SUPPORT
(7) MICHAEL-ANN RUSSELL JCC 18900 NE 25TH AVE N MIAMI BEACH, FL 33180	59-2791269	501(C)(3)	1,164,615.				GENERAL SUPPORT
(8) DAVE & MARY ALPER JCC 11155 S.W. 112TH AVE MIAMI, FL 33176	59-2736411	501(C)(3)	932,261.				GENERAL SUPPORT
(9) SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVE N MIAMI BEACH, FL 33180	59-1296635	501(C)(3)	909,359.				GENERAL SUPPORT
(10) BETH TORAH CONGREGATION BENNY ROK CAMPUS 20350 N.E. 26TH AVENUE	59-2750308	501(C)(3)	560,270.				GENERAL SUPPORT
(11) SHUL OF BAL HARBOUR 9540 COLLINS AVENUE SURFSIDE, FL 33154	59-2302315	501(C)(3)	531,077.				GENERAL SUPPORT
(12) MIAMI BEACH JEWISH COMMUNITY CENTER 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	525,292.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 298

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UM SYLVESTER COMPREHENSIVE CANCER CENTER P. O. BOX 016960 (M867) MIAMI, FL 33101	59-0624458	501(C)(3)	507,500.				GENERAL SUPPORT
(2) AMERICAN COMMITTEE FOR SHAARE ZEDEK 1040 AVE OF THE AMERICAS, NY NY 10018	13-5645878	501(C)(3)	500,000.				GENERAL SUPPORT
(3) INNOVATION: AFRICA 520 EIGHTH AVE NEW YORK, NY 10018	33-1186746	501(C)(3)	450,000.				GENERAL SUPPORT
(4) HOLOCAUST MEMORIAL COMMITTEE 1933-1945 MERIDIAN AVE MIAMI BEACH, FL	59-2659641	501(C)(3)	439,287.				GENERAL SUPPORT
(5) FLORIDA HILLEL COUNCIL KATZ BUILDING DAVIE, FL 33328	47-4532260	501(C)(3)	429,000.				GENERAL SUPPORT
(6) TORAS EMES ACADEMY 1025 NE MIAMI GARDENS DR, N MIAMI BEACH FL	59-1870702	501(C)(3)	337,242.				GENERAL SUPPORT
(7) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO 25 WEST 45TH ST NEW YORK, NY 10036	13-3434781	501(C)(3)	325,500.				GENERAL SUPPORT
(8) CHABAD OF MID MIAMI BEACH 17330 NW 7TH AVE MIAMI, FL 33169	45-3717381	501(C)(3)	266,900.				GENERAL SUPPORT
(9) LEHRMAN COMMUNITY DAY SCHOOL 727 77TH STREET MIAMI BEACH, FL 33141	65-1119268	501(C)(3)	262,751.				GENERAL SUPPORT
(10) UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVENUE MIAMI, FL 33129	59-0830840	501(C)(3)	386,677.				GENERAL SUPPORT
(11) FRIENDS OF THE ISRAEL DEFENSE FORCES, INC. 1801 N.E. 123RD ST NORTH MIAMI, FL 33181	13-3156445	501(C)(3)	261,212.				GENERAL SUPPORT
(12) FRIENDS OF LUBAVITCH OF FLORIDA INC. 17330 N.W. 7TH AVENUE MIAMI, FL 33169	51-0188269	501(C)(3)	260,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
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Department of the Treasury
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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	251,730.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF SHALVA ISRAEL INC. 315 FIFTH AVE NEW YORK, NY 10016	56-2676533	501(C)(3)	251,000.				GENERAL SUPPORT
(3) DANA-FARBER CANCER INSTITUTE LAURIE H. GLIMCHER, M.D. - PRESIDENT & CEO	04-2263040	501(C)(3)	250,000.				GENERAL SUPPORT
(4) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	247,417.				GENERAL SUPPORT
(5) UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DRIVE CORAL GABLES, FL 33146	52-1758796	501(C)(3)	239,886.				GENERAL SUPPORT
(6) YESHIVA ELEMENTARY SCHOOL 7902 CARLYLE AVENUE MIAMI BEACH, FL 33141	65-0063045	501(C)(3)	223,863.				GENERAL SUPPORT
(7) AMERICAN JEWISH COMMITTEE (NY) 165 E. 56TH ST NEW YORK, NY 10022	13-5563393	501(C)(3)	221,800.				GENERAL SUPPORT
(8) CAJE TEACHER FRINGE BENEFITS PROGRAM 4200 BISCAYNE BLVD. MIAMI, FL 33137	59-0624373	501(C)(3)	218,150.				GENERAL SUPPORT
(9) JEWISH AGENCY FOR ISRAEL N. AMERICA COUNCIL 633 THIRD AVE NEW YORK, NY 10017	23-0053483	501(C)(3)	201,776.				GENERAL SUPPORT
(10) KESHER LD C/O MICHAEL-ANN RUSSELL JCC 18900 N.E. 25TH	65-0591858	501(C)(3)	185,655.				GENERAL SUPPORT
(11) BETH DAVID HIGHLAND LAKES SHUL 2600 NE 209TH STREET AVENTURA, FL 33180	65-0394819	501(C)(3)	171,630.				GENERAL SUPPORT
(12) TEMPLE BETH AM (MIAMI) 5950 N. KENDALL DRIVE MIAMI, FL 33156	59-0855408	501(C)(3)	169,303.				GENERAL SUPPORT

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) BIRTHRIGHT ISRAEL FOUNDATION P.O. BOX 21615 NEW YORK, NY 10087	13-4092050	501(C)(3)	159,800.				GENERAL SUPPORT
(2) WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	155,000.				GENERAL SUPPORT
(3) TEMPLE BETH SHOLOM-MIAMI BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-0714828	501(C)(3)	151,944.				GENERAL SUPPORT
(4) TEMPLE BETH AM DAY SCHOOL - MIAMI 5950 N. KENDALL DRIVE MIAMI, FL 33156	59-0855408	501(C)(3)	150,343.				GENERAL SUPPORT
(5) AMERICAN ISRAEL EDUCATION FOUNDATION INC 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	150,000.				GENERAL SUPPORT
(6) LOTUS ENDOWMENT FUND 1311 CAPRI STREET CORAL GABLES, FL 33134	92-0233563	501(C)(3)	150,000.				GENERAL SUPPORT
(7) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND ST NEW YORK, NY 10017	13-1656634	501(C)(3)	138,800.				GENERAL SUPPORT
(8) HOCHBERG PREPARATORY 412 SW 11TH ST HALLANDALE BEACH, FL 33009	81-3641913	501(C)(3)	135,978.				GENERAL SUPPORT
(9) CENTRO JUDAICO DE MIAMI INC. 5900 COLLINS AVE MIAMI BEACH, FL 33140	85-2470305	501(C)(3)	128,800.				GENERAL SUPPORT
(10) FRIENDS OF UNITED HATZALAH, INC. 208 EAST 51ST ST NEW YORK, NY 10022	11-3533002	501(C)(3)	121,800.				GENERAL SUPPORT
(11) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	23-7047106	501(C)(3)	110,010.				GENERAL SUPPORT
(12) MIAMI JEWISH HEALTH SYSTEMS 5200 NE 2ND AVENUE MIAMI, FL 33137	59-0624414	501(C)(3)	105,072.				GENERAL SUPPORT

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(1) LANIADO DEVELOPMENT FUND INC 500 W 7TH AVE NEW YORK, NY 10018	83-4291538	501(C)(3)	105,000.				GENERAL SUPPORT
(2) MIAMI CITY BALLET 2200 LIBERTY AVE MIAMI BEACH, FL 33139	59-2578534	501(C)(3)	102,000.				GENERAL SUPPORT
(3) CHABAD JEWISH COMMUNITY CENTER ASPEN VALLEY 435 WEST MAIN STREET ASPEN, CO 81611	22-3787221	501(C)(3)	101,000.				GENERAL SUPPORT
(4) SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)(3)	100,000.				GENERAL SUPPORT
(5) TEMPLE MENORAH 620 75TH STREET MIAMI BEACH, FL 33141	59-0737893	501(C)(3)	89,057.				GENERAL SUPPORT
(6) BAIS HAVAAD LINYONEI MISHPAT 105 RIVER AVE LAKEWOOD, NJ 08701	26-3711474	501(C)(3)	84,000.				GENERAL SUPPORT
(7) CHABAD OF GOLDEN BEACH FLORIDA 19201 COLLINS AVENUE SUNNY ISLES, FL 33160	65-0833192	501(C)(3)	81,540.				GENERAL SUPPORT
(8) TEMPLE EMANU-EL OF GREATER MIAMI 1701 WASHINGTON AVE. MIAMI BEACH, FL 33139	59-0711180	501(C)(3)	79,600.				GENERAL SUPPORT
(9) CAMP JUDAEA 1440 SPRING STREET, NW ATLANTA, GA 30309	58-6014651	501(C)(3)	78,650.				GENERAL SUPPORT
(10) INSTITUTE FOR THE STUDY OF GLOBAL ANTISEMIT 165 E. 56TH ST NEW YORK, NY 10022	20-1381912	501(C)(3)	66,666.				GENERAL SUPPORT
(11) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FT. LAUDERDALE, FL 33314	59-1083502	501(C)(3)	65,350.				GENERAL SUPPORT
(12) MIAMI CHILDREN'S HEALTH FOUNDATION 3100 S.W. 62ND AVENUE MIAMI, FL 33155	46-1784918	501(C)(3)	60,000.				GENERAL SUPPORT

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(1) HILLEL INTERNATIONAL 800 EIGHTH STREET NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	59,100.				GENERAL SUPPORT
(2) JCC ASSOCIATION 520 8TH AVE NEW YORK, NY 10018	13-5599486	501(C)(3)	57,000.				GENERAL SUPPORT
(3) MECHINA OF SOUTH FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-6045452	501(C)(3)	56,960.				GENERAL SUPPORT
(4) THE SHUL OF DOWNTOWN 35 SE 9TH STREET MIAMI, FL 33131	20-2253547	501(C)(3)	56,360.				GENERAL SUPPORT
(5) BARRINGTON STAGE COMPANY 122 NORTH STREET PITTSFIELD, MA 01201	04-3263298	501(C)(3)	55,600.				GENERAL SUPPORT
(6) MIAMI LIGHTHOUSE FOR THE BLIND 601 S.W. 8TH AVENUE MIAMI, FL 33130	59-0637847	501(C)(3)	55,500.				GENERAL SUPPORT
(7) YEHUDI, INC. 3790 ROYAL PALM AVE MIAMI BEACH, FL 33140	47-1768554	501(C)(3)	55,200.				GENERAL SUPPORT
(8) THE EDUCATION FUND, INC. ATTN: LINDA LECHT MIAMI LAKES, FL 33014	59-2468114	501(C)(3)	54,000.				GENERAL SUPPORT
(9) GREATER MIAMI COUNCIL BBYO 2020 K STREET, NW WASHINGTON, DC 20006	31-1794932	501(C)(3)	53,940.				GENERAL SUPPORT
(10) OHR YOSEF 1417A E 9TH ST. NEW YORK, NY 10036	45-3992808	501(C)(3)	52,650.				GENERAL SUPPORT
(11) FRIENDS OF THE ISRAEL DEFENSE FORCES 60 EAST 42ND STREET NEW YORK, NY 10165	13-3156445	501(C)(3)	52,000.				GENERAL SUPPORT
(12) OHR TORAH STONE 49 WEST 45TH ST NEW YORK, NY 10036	13-3275531	501(C)(3)	50,000.				GENERAL SUPPORT

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**SCHEDULE I
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL JEWISH POLICY CENTER 50 F STREET NW WASHINGTON, DC 20001	52-1433850	501(C)(3)	50,000.				GENERAL SUPPORT
(2) DUKE UNIVERSITY 710 WEST MAIN ST DURHAM, NC 27701	56-0532129	501(C)(3)	50,000.				GENERAL SUPPORT
(3) GATEWAY FOR CANCER RESEARCH INC. 20 NORTH MARTINGALE RD SCHAUMBURG, IL 60173	73-1386920	501(C)(3)	50,000.				GENERAL SUPPORT
(4) THE MIAMI FOUNDATION, INC. 40 NW 3RD STREET, SUITE 305 MIAMI, FL 33128	65-0350357	501(C)(3)	49,000.				GENERAL SUPPORT
(5) HATZALAH OF MIAMI-DADE 13300 MEMORIAL HWY N MIAMI BEACH, FL 33161	26-2219376	501(C)(3)	48,718.				GENERAL SUPPORT
(6) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW WASHINGTON, DC 20036	52-1376034	501(C)(3)	46,000.				GENERAL SUPPORT
(7) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	45,865.				GENERAL SUPPORT
(8) KEREN HAYESHIVOT TRUST 1616 EAST 10TH STREET BROOKLYN, NY 11223	13-3702251	501(C)(3)	45,750.				GENERAL SUPPORT
(9) ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE 555 COLLEGE AVENUE PALO ALTO, CA 94306	46-2118225	501(C)(3)	45,000.				GENERAL SUPPORT
(10) BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVE NEW YORK, NY 10017	13-4092050	501(C)(3)	44,200.				GENERAL SUPPORT
(11) FRIENDSHIP CIRCLE OF MIAMI, INC. 8700 SW 112 STREET MIAMI, FL 33176	20-5467741	501(C)(3)	44,000.				GENERAL SUPPORT
(12) GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	44,000.				GENERAL SUPPORT

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(1) AMERICAN FRIENDS OF RABBINICAL COLLEGE 1274 49TH ST SUITE #515 BROOKLYN, NY 11219	13-3503955	501(C)(3)	43,800.				GENERAL SUPPORT
(2) FLORENCE MELTON ADULT MINI SCHOOL 310 N. HAPP ROAD NORTHFIELD, IL 60093	01-0725179	501(C)(3)	43,654.				GENERAL SUPPORT
(3) BAPTIST HEALTH FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143	59-1923401	501(C)(3)	42,643.				GENERAL SUPPORT
(4) GORDON DAY SCHOOL C/O BETH DAVID CONGREGATION MIAMI, FL 33129	59-0637812	501(C)(3)	42,168.				GENERAL SUPPORT
(5) MECHON HADAR 751 PALISADE AVE TEANECK, NJ 07666	26-4412164	501(C)(3)	41,000.				GENERAL SUPPORT
(6) JEWISH COUNCIL FOR PUBLIC AFFAIRS 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624104	501(C)(3)	40,800.				GENERAL SUPPORT
(7) JEWISH NATIONAL FUND (NEW YORK) 42 EAST 69TH ST NEW YORK, NY 10021	13-1659627	501(C)(3)	40,700.				GENERAL SUPPORT
(8) TEMPLE JUDEA (CORAL GABLES) 5500 GRANADA BLVD CORAL GABLES, FL 33146	59-0791048	501(C)(3)	39,143.				GENERAL SUPPORT
(9) CADENA FOUNDATION 520 S. DIXIE HWY HALLANDALE BEACH, FL 33009	81-2702562	501(C)(3)	38,000.				GENERAL SUPPORT
(10) AMERICAN SOCIETY FOR TECHNION - ISRAEL INST 55 E. 59TH STREET NEW YORK, NY 10022	13-0434195	501(C)(3)	35,000.				GENERAL SUPPORT
(11) JAFCO CHILDRENS FOUNDATION INC 4200 N UNIVERSITY DR SUNRISE, FL 33351	65-0334267	501(C)(3)	34,000.				GENERAL SUPPORT
(12) TALMUDIC COLLEGE OF FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-1571122	501(C)(3)	33,100.				GENERAL SUPPORT

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(1) JEWISH SCHOOL OF MIAMI CORP 5100 SHERIDAN ST HOLLYWOOD, FL 33021	81-3514481	501(C)(3)	33,000.				GENERAL SUPPORT
(2) ONWARD ISRAEL USA, INC. 633 3RD AVENUE NEW YORK, NY 10017	81-2507413	501(C)(3)	32,059.				GENERAL SUPPORT
(3) KOLLEL SHAS KEREN HATORAH INC. 5 WIENER DRIVE MONSEY, NY 10952	13-3911384	501(C)(3)	31,800.				GENERAL SUPPORT
(4) OR HADDASH INSTITUTION, INC. 10510 MARSH STREET WELLINGTON, FL 33414	20-4958881	501(C)(3)	31,600.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF BAR LLAN UNIVERSITY 160 EAST 56TH ST NEW YORK, NY 10022	13-6192275	501(C)(3)	30,400.				GENERAL SUPPORT
(6) ISRAEL GUIDE DOG CENTER FOR THE BLIND 968 EASTON ROAD WARRINGTON, PA 18976	23-2519029	501(C)(3)	30,250.				GENERAL SUPPORT
(7) ITS 4 THE KIDS 4300 BISCAYNE BLVD STE 305 MIAMI, FL 33137	84-3340809	501(C)(3)	30,000.				GENERAL SUPPORT
(8) REPAIR THE WORLD 322 W 52ND ST NEW YORK, NY 10101	36-4524686	501(C)(3)	29,515.				GENERAL SUPPORT
(9) ETZION FOUNDATION INC. 111 GALWAY PLACE TEANECK, NJ 07666	23-7228230	501(C)(3)	28,360.				GENERAL SUPPORT
(10) PRIZMAH: CENTER FOR JEWISH DAY SCHOOLS 254 WEST 54TH ST NEW YORK, NY 10019	81-1750864	501(C)(3)	28,000.				GENERAL SUPPORT
(11) COLUMBIA LAW SCHOOL 435 WEST 116TH ST NEW YORK, NY 10027	13-5598093	501(C)(3)	27,500.				GENERAL SUPPORT
(12) THE SHABBAT PROJECT INC 79 MADISON AVE FLOOR 8 NEW YORK, NY 10016	46-4715368	501(C)(3)	27,500.				GENERAL SUPPORT

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(1) FOUNDATION FOR THE DEFENSE OF DEMOCRACIES PO BOX 33249 WASHINGTON, DC 20033	13-4174402	501(C)(3)	27,200.				GENERAL SUPPORT
(2) COLEL CHABAD 806 EASTERN PARKWAY BROOKLYN, NY 11213	11-3254483	501(C)(3)	26,980.				GENERAL SUPPORT
(3) JTA-MJL NEW CORP 24 WEST 30 ST NEW YORK, NY 10001	13-0887610	501(C)(3)	26,100.				GENERAL SUPPORT
(4) JACOB'S PILLOW DANCE FESTIVAL, INC. 358 GEORGE CARTER ROAD BECKETT, MA 01223	04-6002993	501(C)(3)	25,750.				GENERAL SUPPORT
(5) NCSY 7200 WEST CAMINO REAL BOCA RATON, FL 33433	13-5623717	501(C)(3)	25,700.				GENERAL SUPPORT
(6) BOCA RATON REGIONAL HOSPITAL FOUNDATION 800 MEADOWS ROAD BOCA RATON, FL 33486	59-2406425	501(C)(3)	25,500.				GENERAL SUPPORT
(7) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	25,000.				GENERAL SUPPORT
(8) ST BERNARDS SCHOOL INC 4 E 98TH ST NEW YORK, NY 10029	13-1255270	501(C)(3)	25,000.				GENERAL SUPPORT
(9) IMPACT ISRAEL 4340 EAST WEST HWY BETHESDA, MD 20814	22-3090463	501(C)(3)	25,000.				GENERAL SUPPORT
(10) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	25,000.				GENERAL SUPPORT
(11) GRAJEWSKI LYRA FOUND. FOR PEDIATRIC & INFAN 5979 NW 151ST ST MIAMI LAKES, FL 33014	65-0789753	501(C)(3)	25,000.				GENERAL SUPPORT
(12) CHILDREN'S BEREAVEMENT CENTER ATTENTION: MS. CHIRA CASSEL MIAMI, FL 33143	65-0918564	501(C)(3)	25,000.				GENERAL SUPPORT

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIAMI CHILDREN'S MUSEUM 980 MACARTHUR CAUSEWAY MIAMI, FL 33132	59-2396999	501(C)(3)	25,000.				GENERAL SUPPORT
(2) MNW BOOSTERS, INC. 3010 NW 165TH STREET OPALOCKA, FL 33054	81-1277026	501(C)(3)	25,000.				GENERAL SUPPORT
(3) PARRISH ART MUSEUM 279 MONTAUK HIGHWAY WATER MILL, NY 11976	11-1782495	501(C)(3)	25,000.				GENERAL SUPPORT
(4) PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 19101	23-1365388	501(C)(3)	25,000.				GENERAL SUPPORT
(5) CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501(C)(3)	23,600.				GENERAL SUPPORT
(6) JEWISH ADOPTION & FOSTER CARE OPTIONS 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501(C)(3)	23,500.				GENERAL SUPPORT
(7) TEMPLE SINAI OF NORTH DADE 18801 NE 22ND AVENUE MIAMI, FL 33180	59-0903811	501(C)(3)	23,387.				GENERAL SUPPORT
(8) CAMP RAMAH DAROM 6400 POWERS FERRY RD ATLANTA, GA 30339	58-2146741	501(C)(3)	23,375.				GENERAL SUPPORT
(9) BETH TORAH 20350 NE 26TH AVENUE	59-2750308	501(C)(3)	23,090.				GENERAL SUPPORT
(10) GEMILAS CHESED CHASDEI YITZCHOK 1417A EAST 9TH BROOKLYN, NY 11230	11-2687367	501(C)(3)	23,000.				GENERAL SUPPORT
(11) CHABAD LUBAVITCH OF NORTH MIAMI 12550 BISCAYNE BLVD NORTH MIAMI, FL 33181	65-1124450	501(C)(3)	22,300.				GENERAL SUPPORT
(12) FRIENDS OF WLRN, INC PO BOX 01-9731 MIAMI, FL 33101	23-7365001	501(C)(3)	21,631.				GENERAL SUPPORT

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(1) BETH JACOB HIGH SCHOOL 1110 N.E. 163RD ST N MIAMI BEACH, FL 33162	59-2335606	501(C)(3)	21,200.				GENERAL SUPPORT
(2) INSTITUTE OF CONTEMPORARY ART 61 NE 41ST STREET MIAMI, FL 33137	47-1251523	501(C)(3)	21,000.				GENERAL SUPPORT
(3) P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVE NEW YORK, NY 10017	13-6104086	501(C)(3)	20,500.				GENERAL SUPPORT
(4) BET SHIRA CONGREGATION (MIAMI) 7500 S.W. 120TH STREET PINECREST, FL 33156	59-2500437	501(C)(3)	20,447.				GENERAL SUPPORT
(5) JEWISH MUSEUM OF FLORIDA - FIU 301 WASHINGTON AVE. MIAMI BEACH, FL 33139	65-0198264	501(C)(3)	20,320.				GENERAL SUPPORT
(6) SIMON WIESENTHAL CENTER (CA) 1399 S. ROXBURY DR LOS ANGELES, CA 90035	95-3964928	501(C)(3)	20,280.				GENERAL SUPPORT
(7) UNIVERSITY OF TEXAS AT AUSTIN P.O. BOX 7458 AUSTIN, TX 78713	74-1587488	501(C)(3)	20,000.				GENERAL SUPPORT
(8) OVERTOWN OPTIMIST CLUB P.O. BOX 12895 MIAMI, FL 33101	81-0990745	501(C)(3)	20,000.				GENERAL SUPPORT
(9) HOLOCAUST HEROES WORLDWIDE, INC 3575 NE 207TH ST AVENTURA, FL 33180	83-4405338	501(C)(3)	20,000.				GENERAL SUPPORT
(10) MIND & MELODY INC 11301 SOUTH DIXIE HWY. MIAMI, FL 33256	47-2714159	501(C)(3)	20,000.				GENERAL SUPPORT
(11) AVENTURA TURNBERRY JEWISH CENTER (MIAMI) 20400 NE 30TH AVE. AVENTURA, FL 33180	59-1673246	501(C)(3)	19,716.				GENERAL SUPPORT
(12) ANTI-DEFAMATION LEAGUE (NY) 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	19,360.				GENERAL SUPPORT

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(1) FUENTE LATINA 7300 BISCAYNE BLVD MIAMI, FL 33138	47-1624899	501(C)(3)	19,000.				GENERAL SUPPORT
(2) GABLESTAGE 1200 ANASTASIA AVE CORAL GABLES, FL 33134	59-1972774	501(C)(3)	18,100.				GENERAL SUPPORT
(3) HILLEL TORAH NORTH SUBURBAN DAY SCHOOL 7120 LARAMIE AVE SKOKIE, IL 60077	36-2436314	501(C)(3)	18,000.				GENERAL SUPPORT
(4) CHABAD AT UNIVERSITY OF MIAMI 1251 HARDEE ROAD CORAL GABLES, FL 33146	41-2035841	501(C)(3)	18,000.				GENERAL SUPPORT
(5) YEDIDIM USA, INC. 5410 NW 12TH AVE. FT. LAUDERDALE, FL 33309	85-0909206	501(C)(3)	18,000.				GENERAL SUPPORT
(6) HILLEL AT FLORIDA INTERNATIONAL UNIVERSITY C/O GREATER MIAMI JEWISH FED, MIAMI FL	47-4532260	501(C)(3)	17,800.				GENERAL SUPPORT
(7) JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE, NY 11570	13-1659627	501(C)(3)	17,500.				GENERAL SUPPORT
(8) CHABAD RUSSIAN CENTER 252 SUNNY ISLES BLVD SUNNY ISLES BEACH FL	04-3758388	501(C)(3)	17,000.				GENERAL SUPPORT
(9) KESHET, INC. 284 AMORY STREET SUITE 4 BOSTON, MA 02130	48-1278664	501(C)(3)	16,900.				GENERAL SUPPORT
(10) AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH ST VIRGINIA GARDENS, FL 33166	65-0610872	501(C)(3)	16,800.				GENERAL SUPPORT
(11) SAY STUTTERING ASSOCIATION FOR THE YOUNG 36 WESTWOOD CIRCLE IRVINGTON, NY 10533	33-1049070	501(C)(3)	16,500.				GENERAL SUPPORT
(12) YESHIVAS DORESH 2636 NW 205TH STREET AVENTURA, FL 33180	20-3273423	501(C)(3)	16,300.				GENERAL SUPPORT

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(1) RIVIERA PARLIAMENT INC 2241 NE 197TH STREET MIAMI, FL 33180	30-0716222	501(C)(3)	16,300.				GENERAL SUPPORT
(2) PARDES INSTITUTE OF JEWISH STUDIES 228 PARK AVENUE SOUTH SUITE 35858	22-2594099	501(C)(3)	16,000.				GENERAL SUPPORT
(3) SHEARIM CORP 1031 IVES DAIRY RD MIAMI, FL 33179	45-3569596	501(C)(3)	16,000.				GENERAL SUPPORT
(4) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 2200 NW CORPORATE BLVD BOCA RATON, FL 33431	52-1309391	501(C)(3)	16,000.				GENERAL SUPPORT
(5) FRIENDS OF ISRAEL SCOUTS, INC. ATTENTION: DANA NUCHAMOVITZ	13-3843506	501(C)(3)	16,000.				GENERAL SUPPORT
(6) MESIVTA OF LONG BEACH 205 W BEECH ST. LONG BEACH, NY 11561	11-2818825	501(C)(3)	15,800.				GENERAL SUPPORT
(7) MATANAH B'SESSER OF SOUTH FLORIDA, INC 17340 NE 12TH AVE N MIAMI BEACH, FL 33162	65-0705354	501(C)(3)	15,530.				GENERAL SUPPORT
(8) CHABAD LUBAVITCH OF WESTPORT 79 NEWTOWN TURNPIKE WESTPORT, CT 06880	22-3484390	501(C)(3)	15,362.				GENERAL SUPPORT
(9) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501(C)(3)	15,200.				GENERAL SUPPORT
(10) ISRAELI AMERICAN COUNCIL 2580 RAMPART WAY N. COOPER CITY, FL 33026	22-3951652	501(C)(3)	15,000.				GENERAL SUPPORT
(11) SEPHARDI VOICES 3273 ALLAMANDA STREET MIAMI, FL 33133	46-3186852	501(C)(3)	15,000.				GENERAL SUPPORT
(12) CORPORATION OF ST TIMOTHYS SCHOOL 8400 GREENSPRING AVE STEVENSON, MD 21153	52-0591488	501(C)(3)	15,000.				GENERAL SUPPORT

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(1) JEWISH INSTITUTE FOR NATIONAL SECURITY AFFA 1101 14TH STREET WASHINGTON, DC 20005	52-1233683	501(C)(3)	15,000.				GENERAL SUPPORT
(2) MILLER CENTER FOR CONTEMPORARY JUDAIC STUDI P. O. BOX 248161 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	15,000.				GENERAL SUPPORT
(3) MIAMI BEACH COMMUNITY KOLLEL 3767 CHASE AVENUE MIAMI BEACH, FL 33140	65-0458857	501(C)(3)	15,000.				GENERAL SUPPORT
(4) FRIENDS OF CHABAD MORUMBI BRAZIL CHARITABLE 17662 W GAGES LAKE RD GRAYSLAKE, IL 60030	83-3751613	501(C)(3)	15,000.				GENERAL SUPPORT
(5) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO CAROL FRANC BUCK BREAST CARE CENTER	94-2829914	501(C)(3)	15,000.				GENERAL SUPPORT
(6) CATHOLIC CHARITIES OF THE ARCHDIOCESE 1505 NE 26TH ST WILTON MANORS, FL 33305	59-1279497	501(C)(3)	15,000.				GENERAL SUPPORT
(7) HAITIAN NEIGHBORHOOD CENTER, SANT LA INC. 13390 WEST DIXIE HWY NORTH MIAMI, FL 33161	65-1080680	501(C)(3)	15,000.				GENERAL SUPPORT
(8) STUDENTS CARE INC 1010 N BODINE ST. PHILADELPHIA, PA 19123	46-3644602	501(C)(3)	15,000.				GENERAL SUPPORT
(9) SUITED FOR SUCCESS, INC. ATTN: MS. SONIA JACOBSON MIAMI, FL 33136	65-0508106	501(C)(3)	15,000.				GENERAL SUPPORT
(10) KSPACE 3575 NE 207 STREET AVENTURA, FL 33180	74-3062098	501(C)(3)	14,600.				GENERAL SUPPORT
(11) CONCUSSION LEGACY FOUNDATION 361 NEWBURY STREET BOSTON, MA 02115	77-0689904	501(C)(3)	13,800.				GENERAL SUPPORT
(12) BETH ISRAEL CONGREGATION 770 WEST 40TH STREET MIAMI BEACH, FL 33140	59-0823935	501(C)(3)	13,730.				GENERAL SUPPORT

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(1) BROTHERS FOR LIFE 270 SOUTH HANFORD STREET SEATTLE, WA 98134	91-2105756	501(C)(3)	13,600.				GENERAL SUPPORT
(2) TEMPLE ISRAEL OF GREATER MIAMI 137 NE 19TH STREET MIAMI, FL 33132	59-0683270	501(C)(3)	13,448.				GENERAL SUPPORT
(3) UNIVERSITY OF MICHIGAN 3003 S. STATE ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	13,000.				GENERAL SUPPORT
(4) CHABAD CENTER OF KENDALL 8700 S. W. 112TH STREET MIAMI, FL 33176	65-0667380	501(C)(3)	12,860.				GENERAL SUPPORT
(5) ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DR NEW YORK, NY 10115	13-6217087	501(C)(3)	12,840.				GENERAL SUPPORT
(6) BREAKTHROUGH MIAMI 3250 SW THIRD AVE MIAMI, FL 33129	26-2105534	501(C)(3)	12,800.				GENERAL SUPPORT
(7) HASBARA FELLOWSHIPS 228 PARK AVE S #94319 NEW YORK, NY 10003	13-3740640	501(C)(3)	12,600.				GENERAL SUPPORT
(8) ALEPH INSTITUTE 9540 COLLINS AVENUE SURFSIDE, FL 33154	59-2291627	501(C)(3)	12,600.				GENERAL SUPPORT
(9) UNION FOR REFORM JUDAISM 633 THIRD AVENUE FL 7 NEW YORK, NY 10017	13-1663143	501(C)(3)	12,565.				GENERAL SUPPORT
(10) AMERICAN COMMITTEE FOR SHAARE ZEDEK MEDICAL 55 WEST 39TH STREET 4TH FLOOR NY, NY 10018	13-5645878	501(C)(3)	12,565.				GENERAL SUPPORT
(11) BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	12,500.				GENERAL SUPPORT
(12) FRIENDSHIP CIRCLE OF MIAMI BEACH & NORTH DA PO BOX 402113 MIAMI BEACH, FL 33140	27-1027169	501(C)(3)	12,500.				GENERAL SUPPORT

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(1) DAVID POSNACK JEWISH DAY SCHOOL 5810 S PINE ISLAND RD DAVIE, FL 33328	59-1606514	501(C)(3)	12,500.				GENERAL SUPPORT
(2) FILM INDEPENDENT INC. 5670 WILSHIRE BLVD LOS ANGELES, CA 90036	95-3943485	501(C)(3)	12,500.				GENERAL SUPPORT
(3) THE CONSERVATIVE SYNAGOGUE 30 HILLSPOINT ROAD WESTPORT, CT 06880	06-1203591	501(C)(3)	11,709.				GENERAL SUPPORT
(4) NATIONAL JEWISH HEALTH PO BOX 17169 DENVER, CO 80217	74-2044647	501(C)(3)	11,628.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF MAGEN DAVID ADOM 4371 NORTHLAKE BLVD, PALM BEACH GARDENS FL	13-1790719	501(C)(3)	11,460.				GENERAL SUPPORT
(6) BOYS TOWN JERUSALEM, SE REGION 5846 S. FLAMINGO RD COOPER CITY, FL 33330	11-5324002	501(C)(3)	11,360.				GENERAL SUPPORT
(7) CHAI LIFELINE 2699 STIRLING RD FORT LAUDERDALE, FL 33312	11-2940331	501(C)(3)	11,300.				GENERAL SUPPORT
(8) NACHALAT MOSHE, INC. 1548 EAST 10TH STREET BROOKLYN, NY 11230	11-2668887	501(C)(3)	11,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF SHEVACH INC 5014 16TH AVE SUITE #209 BROOKLIN, NY 11204	46-3329848	501(C)(3)	11,000.				GENERAL SUPPORT
(10) HEBREW IMMIGRANT AID SOCIETY 1300 SPRING ST SILVER SPRING, MD 20910	13-5633307	501(C)(3)	11,000.				GENERAL SUPPORT
(11) BNOS YISROEL OF BALTIMORE INC 6300 PARK HEIGHTS AVE. BALTIMORE, MD 21215	52-2231272	501(C)(3)	10,975.				GENERAL SUPPORT
(12) LUBAVITCH YOUTH ORGANIZATION 770 EASTERN PARKWAY BROOKLYN, NY 11213	13-4101112	501(C)(3)	10,800.				GENERAL SUPPORT

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YAD DAVID 1002 QUENTIN ROAD BROOKLYN, NY 11223	45-4301089	501(C)(3)	10,720.				GENERAL SUPPORT
(2) YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVENUE SURFSIDE, FL 33154	65-0905878	501(C)(3)	10,400.				GENERAL SUPPORT
(3) IMAGINATION PRODUCTIONS 11110 W OAKLAND PARK BLVD SUNRISE, FL 33351	26-1264680	501(C)(3)	10,360.				GENERAL SUPPORT
(4) FOSTER CARE REVIEW 155 NW 3RD STREET MIAMI, FL 33128	65-0118944	501(C)(3)	10,300.				GENERAL SUPPORT
(5) PRESIDENTIAL SYNAGOGUE 19582 EMBASSY CT N MIAMI BEACH, FL 33179	46-4404979	501(C)(3)	10,240.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 8 WEST 40TH STREET NEW YORK, NY 10018	13-1996126	501(C)(3)	10,000.				GENERAL SUPPORT
(7) THE SHALOM HARTMAN INSTITUTE OF N AMERICA 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-3014387	501(C)(3)	10,000.				GENERAL SUPPORT
(8) WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 950 THIRD AVE. #2803 NEW YORK, NY 10022	13-3041381	501(C)(3)	10,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF KOLLEL OITZER SHASS CAN 543 BEDFORD AVE BROOKLYN, NY 11211	13-3915423	501(C)(3)	10,000.				GENERAL SUPPORT
(10) COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	10,000.				GENERAL SUPPORT
(11) AMERICAN FRIENDS OF SHOBU YISROEL 1551 E 7TH STREET BROOKLYN, NY 11230	20-1901828	501(C)(3)	10,000.				GENERAL SUPPORT
(12) SWARTHMORE COLLEGE 500 COLLEGE AVE. SWARTHMORE, PA 19081	23-1352683	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) LUBAVITCH CHABAD OF EVANSTON, INC. 2014 ORRINGTON AVENUE EVANSTON, IL 60201	36-3912238	501(C)(3)	10,000.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF BEIT RUTH 2 JERICHO PLAZA, JERICHO, NY 11753	45-5626260	501(C)(3)	10,000.				GENERAL SUPPORT
(3) GOUCHER COLLEGE 1021 DULANEY VALLEY RD BALTIMORE, MD 21204	52-0591613	501(C)(3)	10,000.				GENERAL SUPPORT
(4) SPECIAL OPERATIONS WARRIOR FOUNDATION P.O. BOX 89367 TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.				GENERAL SUPPORT
(5) OOLITE ARTS 924 LINCOLN ROAD MIAMI BEACH, FL 33139	59-2423867	501(C)(3)	10,000.				GENERAL SUPPORT
(6) THE BUDDY PROGRAM INC 110 E. HALLAM ST. APEN, CO 81611	74-2594693	501(C)(3)	10,000.				GENERAL SUPPORT
(7) FATHERS MIA INC 3600 S STATE ROAD MIRAMAR, FL 33023	81-2216792	501(C)(3)	10,000.				GENERAL SUPPORT
(8) CONGREGATION OHEL YISHAK INC 1061 OCEAN PARKWAY BROOKLYN, NY 11230	83-1569565	501(C)(3)	10,000.				GENERAL SUPPORT
(9) TELLURIDE FOUNDATION 220 E. COLORADO AVE TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF FONDATION BEYELER C/O FITZ CO NEW YORK, NY 10022	56-2396274	501(C)(3)	10,000.				GENERAL SUPPORT
(11) AYITI COMMUNITY TRUST 20514 SW 88TH AVE. MIAMI, FL 33189	81-4814751	501(C)(3)	10,000.				GENERAL SUPPORT
(12) BIT-BY-BIT, INC. 3141 SW 118TH TERRACE DAVIE, FL 33330	03-0468799	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) CANINE ASSISTED THERAPY, INC. 1040 NE 45TH STREET OAKLAND PARK, FL 33334	27-0700622	501(C)(3)	10,000.				GENERAL SUPPORT
(2) STORM KING ART CENTER DEVELOPMENT DEPART. NEW WINDSOR, NY 12553	14-1457573	501(C)(3)	10,000.				GENERAL SUPPORT
(3) THE JERUSALEM INTERNATIONAL BASKETBALL SPOR 322 WEST 72ND ST NEW YORK, NY 10023	13-4150608	501(C)(3)	10,000.				GENERAL SUPPORT
(4) YODEAH, INC 2834 REGATTA AVE MIAMI BEACH, FL 33140	83-1822649	501(C)(3)	10,000.				GENERAL SUPPORT
(5) NCSY SUMMER PROGRAMS (NEW YORK) 40 RECTOR STREET, 4TH FL NEW YORK, NY 10006	13-5623717	501(C)(3)	9,861.				GENERAL SUPPORT
(6) NATIONAL COUNCIL OF JEWISH WOMEN, INC (FL) ATTENTION: AMY BLOOM MIAMI BEACH, FL 33140	59-6192641	501(C)(3)	9,700.				GENERAL SUPPORT
(7) GOLD COAST CAMP 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	59-1474258	501(C)(3)	9,500.				GENERAL SUPPORT
(8) FRIENDS OF BEIS CHANA TZFAS INC 486 CROWN ST. BROOKLYN, NY 11225	81-4793999	501(C)(3)	9,400.				GENERAL SUPPORT
(9) RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133	59-0659070	501(C)(3)	9,250.				GENERAL SUPPORT
(10) YCT RABBINICAL SCHOOL 3700 HENRY HUDSON PKWY RIVERDALE, NY 10463	13-4159739	501(C)(3)	9,000.				GENERAL SUPPORT
(11) CHABAD JEWISH CENTER OF OAKLAND 3014 LAKESHORE AVE OAKLAND, CA 94610	20-5631408	501(C)(3)	8,800.				GENERAL SUPPORT
(12) ESHEL 115 E 23RD STREET NEW YORK, NY 10010	46-0539206	501(C)(3)	8,800.				GENERAL SUPPORT

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59-0624404

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(1) KESHET, INC 284 AMORY STREET BOSTON, MA 02130	48-1278664	501(C)(3)	8,766.				GENERAL SUPPORT
(2) JEWISH ELECTORATE INSTITUTE PO BOX 14411 WASHINGTON, DC 20044	83-1758049	501(C)(3)	8,500.				GENERAL SUPPORT
(3) NCSEJ 1120 20TH STREET WASHINGTON, DC 20036	13-2700517	501(C)(3)	8,500.				GENERAL SUPPORT
(4) AT THE WELL PROJECT, INC ATTN: SARAH WAXMAN WASHINGTON, DC 20016	83-2697895	501(C)(3)	8,300.				GENERAL SUPPORT
(5) CAMP COLEMAN (ATLANTA) 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143	501(C)(3)	8,250.				GENERAL SUPPORT
(6) AMERICAN JEWISH COMMITTEE (MIAMI CHAPTER) PO BOX 164706 MIAMI, FL 33116	13-5563393	501(C)(3)	8,100.				GENERAL SUPPORT
(7) CROWN HEIGHTS CHEVRA SIMCHAS SHABBOS 593 MONTGOMERY STREET BROOKLYN, NY 11213	20-0780201	501(C)(3)	8,000.				GENERAL SUPPORT
(8) JEWISH LEADERSHIP INSTITUTE 925 ARTHUR GODFREY RD MIAMI BEACH, FL 33140	65-0180927	501(C)(3)	8,000.				GENERAL SUPPORT
(9) RUTH K BROAD BAY HARBOR ELEM PTA 1155 93RD ST BAY HARBOR ISLANDS, FL 33154	23-7102528	501(C)(3)	7,701.				GENERAL SUPPORT
(10) BROWARD COUNTRY FILM SOCIETY INC 1314 E LAS OLAS BLVD FORT LAUDERDALE, FL	59-2701676	501(C)(3)	7,700.				GENERAL SUPPORT
(11) UNIVERSITY OF MIAMI 6200 SAN AMARO DR CORAL GABLES, FL 33146	59-0624458	501(C)(3)	7,680.				GENERAL SUPPORT
(12) CHAI LIFELINE (NEW YORK) 151 WEST 30TH ST NEW YORK, NY 10001	11-2940331	501(C)(3)	7,500.				GENERAL SUPPORT

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(1) AMERICAN CONFERENCE OF CANTORS 1375 REMINGTON RD SCHAUMBURG, IL 60173	13-2666627	501(C)(3)	7,500.				GENERAL SUPPORT
(2) NORTH MIAMI BEACH COMMUNITY KOLLEL 990 NE 175TH ST NORTH MIAMI BEACH, FL 33162	46-4360732	501(C)(3)	7,500.				GENERAL SUPPORT
(3) BAPTIST HOSPITAL FOUNDATION 8900 N. KENDALL DRIVE MIAMI, FL 33176	59-1923401	501(C)(3)	7,500.				GENERAL SUPPORT
(4) BAIS CHABAD OF KALKASKA, INC 14100 W NINE MILE RD OAK PARK, MI 48237	45-2302915	501(C)(3)	7,400.				GENERAL SUPPORT
(5) GIFT OF LIFE MARROW REGISTRY 5901 BROKEN SOUND PKWY NW BOCA RATON, FL	22-3131232	501(C)(3)	7,300.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF MIGDAL OHR 1325 AVE OF THE AMERICAS NEW YORK, NY 10019	13-3389558	501(C)(3)	7,200.				GENERAL SUPPORT
(7) JEWISH RESOURCE CENTER CHABAD OF VAIL INC. 450 E LIONSHEAD CIRCLE VAIL, CO 81657	20-4379239	501(C)(3)	7,200.				GENERAL SUPPORT
(8) PROJECT EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 11559	36-4428246	501(C)(3)	7,200.				GENERAL SUPPORT
(9) AGUDATH ISRAEL OF SOUTH FLORIDA, INC. 20735 NE 31ST PLACE AVENTURA, FL 33180	65-0879644	501(C)(3)	7,200.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF SANHEDRIA JERUSALEM INC 1121 W LAURELTON PKWY TEANECK, NJ 07666	20-3094503	501(C)(3)	7,000.				GENERAL SUPPORT
(11) QUALITY OF LIFE IN MEMORY OF SHILOM NEUMAN 130 LEE AVE UNIT 407 BROOKLYN, NY 11211	37-1759391	501(C)(3)	7,000.				GENERAL SUPPORT
(12) CONGREGATION DOR CHADASH 9560 SW 107 AVENUE STE 202 MIAMI, FL 33176	81-2934842	501(C)(3)	7,000.				GENERAL SUPPORT

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(1) NEW LIFE CHURCH OF ALAMO 6444 SIERRA CT DUBLIN, CA 94568	94-3306559	501(C)(3)	7,000.				GENERAL SUPPORT
(2) NICKLAUS CHILDREN'S HOSPITAL FOUNDATION, LL 3100 SW 62ND AVENUE MIAMI, FL 33155	46-1784918	501(C)(3)	6,900.				GENERAL SUPPORT
(3) TOMCHEI SHABBOS OF FLORIDA CORP 1728 NE MIAMI GARDENS DR, N MIAMI BEACH, FL	83-2155012	501(C)(3)	6,800.				GENERAL SUPPORT
(4) CHABAD HOUSE ON WHEELS, INC. 3134 ROYAL PALM AVE MIAMI BEACH, FL 33140	65-1159467	501(C)(3)	6,600.				GENERAL SUPPORT
(5) COLUMBIA COLLEGE FUND (NEW YORK) 622 WEST 113TH ST NEW YORK, NY 10025	13-5598093	501(C)(3)	6,500.				GENERAL SUPPORT
(6) JEWISH EDUCATIONAL LOAN FUND, INC. 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30338	58-0568686	501(C)(3)	6,500.				GENERAL SUPPORT
(7) FRIENDS OF THE MARCH OF THE LIVING PO BOX 560248 MIAMI, FL 33256	65-1058975	501(C)(3)	6,500.				GENERAL SUPPORT
(8) TORAH INSTITUTE OF BALTIMORE INC 35 ROSEWOOD LANE OWINGS MILLS, MD 21117	23-7304990	501(C)(3)	6,458.				GENERAL SUPPORT
(9) CHABAD HOUSE OF CONN. INC 2352 ALBANY AVENUE WEST HARTFORD, CT 06117	06-1030000	501(C)(3)	6,200.				GENERAL SUPPORT
(10) CHAI LIFELINE 2699 STIRLING RD FT. LAUDERDALE, FL 33312	11-2940331	501(C)(3)	6,000.				GENERAL SUPPORT
(11) BLYTHEDALE CHILDREN'S HOSPITAL 95 BRADHURST AVENUE VALHALLA, NY 10128	13-1739922	501(C)(3)	6,000.				GENERAL SUPPORT
(12) MIAMI MUSIC PROJECT, INC 2000 S DIXIE HWY MIAMI, FL 33133	26-4084871	501(C)(3)	6,000.				GENERAL SUPPORT

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(1) HELPING HANDS KOSHER FOOD KO-OP 4000 ALTON ROAD MIAMI BEACH, FL 33140	27-0556674	501(C)(3)	6,000.				GENERAL SUPPORT
(2) CHAI SENIORS INC ATTENTION: RACHEL FEDERMAN MIAMI, FL 33180	46-0519603	501(C)(3)	6,000.				GENERAL SUPPORT
(3) NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE PARAMUS, NJ 07652	13-2752418	501(C)(3)	6,000.				GENERAL SUPPORT
(4) RABBINICAL COLLEGE OF AMERICA P.O. BOX 1996 MORRISTOWN, NJ 07962	22-6017975	501(C)(3)	5,800.				GENERAL SUPPORT
(5) MOISHE HOUSE 441 SAXONY ROAD, BARN 2 ENCINITAS, CA 92024	26-2599786	501(C)(3)	35,260.				GENERAL SUPPORT
(6) FIU FOUNDATION, INC. 11200 SW 8TH STREET MIAMI, FL 33199	23-7047106	501(C)(3)	5,750.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36 ST SUITE 1100 NEW YORK, NY 10018	13-1790719	501(C)(3)	5,600.				GENERAL SUPPORT
(8) JEWISH NATIONAL FUND PO BOX 971054 BOCA RATON, FL 33497	13-1659627	501(C)(3)	5,500.				GENERAL SUPPORT
(9) FEDERATION OF JEWISH COMMUNITIES OF THE CIS 445 PARK AVE, 9TH FLOOR NEW YORK, NY 10022	13-3970940	501(C)(3)	5,500.				GENERAL SUPPORT
(10) TIKVAH CHILDRENS HOME 8 HENDERSON DRIVE WEST CALDWELL, NJ 07006	22-3779212	501(C)(3)	5,500.				GENERAL SUPPORT
(11) CHABAD CHAYIL 2601 NE 211 TERRACE MIAMI, FL 33180	32-0156218	501(C)(3)	5,403.				GENERAL SUPPORT
(12) AMERICAN FRIENDS OF INSTITUTION NOAM HATORA 16 WESLEY CHAPEL SUFFERN, NY 10901	11-3232441	501(C)(3)	5,400.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH STUDENT ENRICHMENT CENTER 780 COLLEGE AVENUE HAVERFORD, PA 19041	26-1753729	501(C)(3)	5,400.				GENERAL SUPPORT
(2) CHABAD OF THE LOOP 1236 NORTH DEARBORN PKWY CHICAGO, IL 60610	36-3854889	501(C)(3)	5,400.				GENERAL SUPPORT
(3) UT CHABAD HOUSE 2101 NUECES ST AUSTIN, TX 78705	45-2530523	501(C)(3)	5,400.				GENERAL SUPPORT
(4) SHARSHERET, INC 3389 SHERIDAN STREET HOLLYWOOD, FL 33021	13-4198529	501(C)(3)	5,300.				GENERAL SUPPORT
(5) CAMP GAN ISRAEL NORTHEAST, INC. 10 HIDDEN GLEN LN AIRMONT, NY 10952	27-5457003	501(C)(3)	5,300.				GENERAL SUPPORT
(6) CAMP MATZIV INC. 17585 MCKENZIE ST. CASSOPOLIS, MI 49031	83-2249214	501(C)(3)	5,300.				GENERAL SUPPORT
(7) NEW WORLD SYMPHONY 500 17TH ST MIAMI, FL 33139	59-2809056	501(C)(3)	5,150.				GENERAL SUPPORT
(8) BETH DAVID CONGREGATION (MIAMI) 2625 S. W. 3RD AVENUE MIAMI, FL 33129	59-0637812	501(C)(3)	5,100.				GENERAL SUPPORT
(9) YESHIVA TORAS CHAIM 1025 N.E. MIAMI GARDENS DR N MIAMI BEACH FL	59-2462426	501(C)(3)	5,100.				GENERAL SUPPORT
(10) FUNDING ARTS NETWORK P.O. BOX 331864 MIAMI, FL 33233	65-0630460	501(C)(3)	5,100.				GENERAL SUPPORT
(11)							
(12)							

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

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

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SURFSIDE - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	142	2,450,770.			
2 CAMP SCHOLARSHIPS/ NEED BASED & INCENTIVE US	224	147,800.			
3 COVID - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	100	117,490.			
4 OTHER - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	64	74,430.			
5 TZEDAKAH - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	35	28,246.			
6					
7					

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:

WHEN FUNDS ARE GRANTED FOR A SPECIFIC PROJECT, THERE IS USUALLY A GRANT AGREEMENT OR LETTER OF DIRECTION, WHICH INCLUDES REPORTING REQUIREMENTS. FOR GENERAL SUPPORT GRANTS, THERE ARE NO REPORTING REQUIREMENTS. THE TAX STATUS AND PUBLIC CHARITY CLASSIFICATION OF ALL GRANTEEES ARE VERIFIED. IF ADVERSE INFORMATION ABOUT POSSIBLE MISUSE OF FUNDS BY A GRANTEE IS OBTAINED, E.G., THROUGH REPORTS IN THE MEDIA, GRANTS TO THAT ORGANIZATION ARE SUBJECT TO FURTHER SCRUTINY AND ADDITIONAL INFORMATION MAY BE REQUIRED. GRANTS FOR GENERAL ASSISTANCE ARE MONITORED BY THE PLANNING AND

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

DISTRIBUTION DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA

INDICATING HOW FUNDS ARE UTILIZED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACOB SOLOMON PRESIDENT AND CEO	(i)	403,142.	NONE	186,859.	269,389.	26,171.	885,561.	186,859.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 OKSANA CARDINI CHIEF FINANCIAL OFFICER	(i)	204,101.	NONE	NONE	8,207.	13,937.	226,245.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JEFFREY LEVIN CHIEF DEVELOPMENT OFFICER	(i)	239,921.	NONE	NONE	20,734.	14,387.	275,042.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 BONNIE MECOULLAM CHIEF MARKETING AND COMMUNICAT	(i)	210,761.	NONE	NONE	21,613.	13,158.	245,532.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 SCOTT KAPLAN FOUNDATION DIRECTOR	(i)	206,208.	NONE	NONE	5,704.	13,937.	225,849.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 MICHELLE LABGOLD CHIEF PLANNING OFFICER	(i)	205,227.	NONE	NONE	10,298.	4,916.	220,441.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ABBEY FEINBERG ANNUAL CAMPAIGN DIRECTOR	(i)	153,141.	NONE	NONE	8,072.	14,387.	175,600.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 SIMON KAMINETSKY PHILANTHROPIC GIFT DIRECTOR	(i)	170,801.	NONE	NONE	8,501.	10,655.	189,957.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 JILL HAGLER DIRECTOR OF FOUNDATION DEVELOP	(i)	144,078.	NONE	NONE	7,220.	10,470.	161,768.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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 1A:

THE CHIEF EXECUTIVE OFFICER IS ALLOWED TWO INTERNATIONAL TRIPS WITH HIS SPOUSE AND THOSE TRIPS ARE TO ISRAEL FOR BUSINESS PURPOSES.

FORM 990 PART VII, COLUMN (D) AND SCHEDULE J, PART II, COLUMN (B)(III):

THE CHIEF EXECUTIVE OFFICER'S REPORTABLE COMPENSATION LISTED IN COLUMN (D) OF PART VII AND IN COLUMN (B)(III) OF SCHEDULE J INCLUDES A ONE-TIME PAYMENT OF PREVIOUSLY REPORTED DEFERRED COMPENSATION OF \$186,859 AND ALSO INCLUDES A ONE-TIME PAYMENT OF PREVIOUSLY UNDISTRIBUTED DEFERRED COMPENSATION THAT WAS REPORTED ON THE PRIOR FORM 990 AND PAID CURRENTLY.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	39	3,466,039.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

59-0624404

FORM 990, PART I, LINE 1:

OF THE JEWISH PEOPLE IN MIAMI, IN ISRAEL AND AROUND THE WORLD.

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

MATTHEW L. ADLER (SON OF MICHAEL M. ADLER); MICHAEL M. ADLER (FATHER OF
MATTHEW ADLER); MARISSA AMUIAL (STEP-DAUGHTER OF ISAAC K. FISHER); LARRY
S. BASSUK (SON-IN-LAW OF ROBERT HERTZBERG); ELISE BONWITT (DAUGHTER OF
RAQUEL AND MICHAEL SCHECK; SISTER OF JEFFREY AND STEVEN SCHECK); NORMAN
BRAMAN (FATHER OF DEBRA BRAMAN WECHSLER; SHELLY BRODIE (WIFE OF STEVEN
BRODIE); STEVEN J. BRODIE (HUSBAND OF SHELLY BRODIE); AMY N. DEAN (MOTHER
OF LISA J. JERLES); ISAAC K. FISHER (STEP-FATHER OF MARISSA AMUIAL);
ROBYN C. FISHER (DAUGHTER OF DONALD LEFTON); STEVEN GRETENSTEIN (HUSBAND
OF BARBARA SHRUT); ALEX HALBERSTEIN (FATHER OF DANIEL HALBERSTEIN);
DANIEL HALBERSTEIN (SON OF ALEX HALBERSTEIN); ROBERT D. HERTZBERG
(FATHER-IN-LAW OF LARRY BASSUK); LISA J. JERLES (DAUGHTER OF AMY N.
DEAN); RUBEN KLODA (FATHER OF HEDY WHITEBOOK); LAURA P. KOFFSKY (DAUGHTER
OF AARON AND DOROTHY PODHURST); DONALD E. LEFTON (FATHER OF RABBI ROBYN
FISHER); NANCY LIPOFF (WIFE OF NORMAN LIPOFF); NORMAN LIPOFF (HUSBAND OF
NANCY LIPOFF); MARK E. OREN (HUSBAND OF NEDRA OREN; BROTHER-IN-LAW OF
RICHARD YULMAN); NEDRA OREN (WIFE OF DR. MARK OREN; SISTER OF RICHARD
YULMAN); AARON PODHURST (FATHER OF LAURA KOFFSKY; HUSBAND OF DOROTHY
PODHURST); DOROTHY PODHURST (MOTHER OF LAURA KOFFSKY; WIFE OF AARON
PODHURST); JEFFREY SCHECK (SON OF MICHAEL AND RAQUEL SCHECK; BROTHER OF
STEVEN SCHECK AND ELISE SCHECK BONWITT); MICHAEL SCHECK (HUSBAND OF
RAQUEL SCHECK; FATHER OF JEFFREY AND STEVEN SCHECK; FATHER OF ELISE
SCHECK BONWITT); RAQUEL SCHECK (WIFE OF MICHAEL SCHECK; MOTHER OF JEFFREY

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

59-0624404

AND STEVEN SCHECK; MOTHER OF ELISE SCHECK BONWITT); STEVEN SCHECK (SON OF
MICHAEL AND RAQUEL SCHECK; BROTHER OF JEFFREY SCHECK AND ELISE SCHECK
BONWITT); ELIZABETH F. SCHWARTZ (DAUGHTER OF MAXINE SCHWARTZ); MAXINE E.
SCHWARTZ (MOTHER OF ELIZABETH SCHWARTZ); BARBARA SHRUT (WIFE OF STEVEN
GRETENSTEIN); MICHAEL TABACINIC (NEPHEW OF EVELYN KATZ); MICHAEL S.
WAGNER (SON OF STEVEN WAGNER); STEVEN WAGNER (FATHER OF MICHAEL S.
WAGNER); DEBRA B. WECHSLER (DAUGHTER OF NORMAN BRAMAN; COUSIN OF DAVID
LEIBOWITZ); HEDY WHITEBOOK (DAUGHTER OF RUBEN KLODA); RAY ELLEN YARKIN
(NIECE OF NANCY AND NORMAN LIPOFF); RICHARD YULMAN (BROTHER OF NEDRA
OREN; BROTHER-IN-LAW OF DR. MARK OREN).

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH
THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE COMPLETED FORM 990 IS
REVIEWED BY THE CFO, THEN BY THE CEO AND THEN BY THE AUDIT COMMITTEE. IT
IS THEN MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE
IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST
THAT WOULD ARISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

AN INDEPENDENT COMPENSATION COMMITTEE REVIEWS AND APPROVES THE CEO'S
COMPENSATION ANNUALLY. THE COMMITTEE UTILIZES COMPARABLE DATA FROM
NON-PROFIT EXECUTIVE COMPENSATION SURVEYS TO EVALUATE THE COMPENSATION.
SUCH DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES.
OTHER OFFICERS' COMPENSATION IS EVALUATED, APPROVED AND DOCUMENTED IN A

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

SIMILAR MANNER.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON
REQUEST. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

FORM 990, PART III - PROGRAM SERVICE
=====

LINE 4A, PROGRAM SERVICE

EDUCATION, CULTURE AND YOUTH SERVICES - THE GREATER MIAMI JEWISH FEDERATION IS WORKING TO SECURE A STRONG JEWISH FUTURE. THE FEDERATION ANNUAL CAMPAIGN FUNDS OVER 160 AGENCIES, PROGRAMS AND SERVICES IN MIAMI, NATIONALLY, IN ISRAEL AND IN MORE THAN 70 OTHER COUNTRIES AROUND THE WORLD.

FEDERATION SUPPORTS ORGANIZATIONS AND PROGRAMS THAT EDUCATE AND BUILD JEWISH IDENTITY BY PROVIDING FUNDING FOR FORMAL AND INFORMAL EDUCATIONAL PROGRAMS, ENSURING THAT NEW GENERATIONS OF JEWS WILL BE HERE TO CARE FOR OUR COMMUNITY IN THE FUTURE.

IN FISCAL 2021-2022, \$7.2 MILLION+ WAS DIRECTED FROM THE ANNUAL FEDERATION/UJA CAMPAIGN TOWARD MULTIPLE FORMAL AND INFORMAL JEWISH EDUCATION AND IDENTITY INITIATIVES SERVING ADULTS AND CHILDREN IN THE COMMUNITY. MORE THAN \$2.2 MILLION IN GRANTS AND SCHOLARSHIPS WERE ALLOCATED TO 10 JEWISH DAY SCHOOLS AND NINE CONGREGATIONAL SCHOOLS IN MIAMI-DADE COUNTY, IMPACTING 5,090 STUDENTS, ENHANCING THEIR UNDERSTANDING AND APPRECIATION OF OUR RICH JEWISH HERITAGE. OUR THREE MIAMI JEWISH COMMUNITY CENTERS RECEIVED OVER \$2.1 MILLION IN DIRECT GRANTS TO PROVIDE SERVICES TO MORE THAN 10,000 PEOPLE OF ALL AGES AND ABILITIES THROUGH QUALITY EARLY CHILDHOOD EDUCATION AND AFTER SCHOOL PROGRAMS, SUMMER CAMP, CULTURAL ARTS AND SPORTS AND RECREATION PROGRAMMING. FEDERATION AWARDED 221 SCHOLARSHIPS TO CHILDREN TO ATTEND JEWISH OVERNIGHT CAMPS ACROSS THE US, STRENGTHENING THEIR JEWISH IDENTITY.

HAVING A STRONG, WELCOMING JEWISH PRESENCE ON COLLEGE CAMPUSES IS CRITICAL TODAY FOR STUDENTS. FEDERATION FUNDING SUPPORTS SEVEN HILLEL PROGRAMS ON MULTIPLE UNIVERSITY CAMPUSES THROUGHOUT FLORIDA, PROVIDING PROGRAMMING FOR MORE THAN 8,000 JEWISH STUDENTS. ADDITIONALLY, THE MIAMI MOISHE HOUSES AND MOISHE POD, WHO RECEIVE FUNDING FROM FEDERATION, CONDUCTED 125 PROGRAMS FOR 668 YOUNG JEWISH ADULTS IN 2021.

OVER 35,000 PEOPLE - INCLUDING STUDENTS FROM SCHOOLS, COLLEGES AND UNIVERSITIES - VISITED THE HOLOCAUST MEMORIAL MIAMI BEACH, A PROGRAM OF THE GREATER MIAMI JEWISH FEDERATION. THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER YOUNG LION OF JUDAH PROGRAM, PRE-BAR/BAT MITZVAH STUDENTS WERE PAIRED WITH MIAMI AREA HOLOCAUST SURVIVORS TO SHARE EXPERIENCES.

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

FORM 990, PART III - PROGRAM SERVICE
=====

PJ LIBRARY OF MIAMI, A PROGRAM OF FEDERATION, AND ITS IMPLEMENTING PARTNERS HOSTED VIRTUAL AND IN PERSON FAMILY PROGRAMS ON JEWISH VALUES AND CELEBRATIONS. THIS IS IN ADDITION TO THE BOOKS AND MUSIC SENT TO OVER 4,480 CHILDREN THROUGH LOCAL FUNDING. SINCE ITS INCEPTION, PJ LIBRARY HAS DELIVERED OVER 473,617 BOOKS IN MIAMI.

ADDITIONALLY, GRANTS FROM THE FOUNDATION OF THE GREATER MIAMI JEWISH FEDERATION THROUGH DONOR- ADVISED FUNDS AND OTHER DESIGNATED FUNDS HELPED THE FOUNDATION ACHIEVE ITS CHARITABLE OBJECTIVES, PROVIDE FUNDS FOR EMERGENCIES, AND DEVELOP RESOURCES NECESSARY TO ADDRESS FUTURE OPPORTUNITIES AND NEEDS FOR THE COMMUNITY.

LINE 4B, PROGRAM SERVICE

OVERSEAS PROGRAMS AND SERVICES - FOR OVER 80 YEARS, THE FEDERATION HAS BEEN COMMITTED TO THE WELFARE AND AID OF THE JEWISH PEOPLE WORLDWIDE, CONNECTING PEOPLE TO JEWISH LIFE, AND CREATING STRONG CONNECTIONS TO ISRAEL PROVIDING \$7,193,569 TO ORGANIZATIONS THAT FOCUS ON THESE ISSUES.

IN THE ISRAEL, THE FORMER SOVIET UNION (FSU), THROUGHOUT LATIN AMERICA AND EUROPE AND IN MORE THAN 70 OTHER COUNTRIES AROUND THE WORLD, FEDERATION HAS SUPPORTED PROGRAMS AND SERVICES THAT CARE FOR THE VULNERABLE, FOSTER JEWISH RENEWAL AMONG YOUNGER GENERATIONS, AND CREATE STRONG CONNECTIONS TO ISRAEL. FEDERATION WORKS WITH THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) AND ITS OVERSEAS PARTNERS, THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) THE JEWISH AGENCY FOR ISRAEL (JAFI), AND WORLD ORT.

THE JEWISH AGENCY LAUNCHED THE COVID-19 LOAN FUND FOR COMMUNITIES IN CRISIS WHERE 23 COUNTRIES WERE RECIPIENTS. THIS EMERGENCY INITIATIVE HELPED BRIDGE IMMEDIATE GAPS IN CASH FLOW AMID THE CORONAVIRUS. THE LOANS WERE USED FOR JEWISH DAY SCHOOL TUITION SUBSIDIES, FOOD ASSISTANCE AND MEDICATIONS FOR FAMILIES IN NEED, THE PURCHASE OF COVID-19 MEDICAL SUPPLIES, TO PAY THE SALARIES OF TEACHERS AND COMMUNITY STAFF, TO DEVELOP ONLINE PROGRAMMING AND ACTIVITIES THROUGHOUT THE PANDEMIC AND MORE.

FSU: NEARLY 60,000 PEOPLE ARE PARTICIPATING IN JDC-SPONSORED

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RENEWAL ACTIVITIES ACROSS THE FORMER SOVIET UNION PARTICULARLY IN JEWISH COMMUNITY CENTERS THAT HAVE BECOME A CORNERSTONE OF THIS EFFORT. FEDERATION FUNDING SUPPORTS WELFARE RELIEF THAT REACHES OVER 80,000 ELDERLY JEWISH CLIENTS IN THE FSU IN MORE THAN 2,000 LOCATIONS, PROVIDING FOOD, MEDICINE AND MEDICAL CARE, HOME CARE, WINTER HEATING AND SOCIAL SERVICES FROM A NETWORK OF MORE THAN 60 HESED SOCIAL WELFARE CENTERS, OPERATED BY JDC: 70,076 SENIORS RECEIVED FOOD ASSISTANCE, 25,226 SENIORS RECEIVED HOME CARE, 20,719 RECEIVED MEDICINE OR MEDICAL ASSISTANCE, 7,345 RECEIVED WINTER RELIEF, AND 13,522 WERE HELPED IN EMERGENCY SITUATIONS. IN THE FORMER SOVIET UNION, JDC FURNISHED CRITICAL NUTRITIONAL AND MEDICAL ASSISTANCE TO MORE THAN 30,000 JEWISH CHILDREN AND THEIR FAMILIES. THE JEWISH AGENCY FOR ISRAEL OPERATED SUMMER CAMPS IN THE FSU, AS WELL AS SUNDAY SCHOOLS AND PROVIDED YOUNG ADULTS WITH LEADERSHIP ACTIVITIES.

UKRAINE: IN RESPONSE TO THE WAR IN UKRAINE, AIDED 35,000 JEWS IN UKRAINE AND 39,000 JEWISH REFUGEES. ASSISTED IN HELPING EVACUATING THOSE AT RISK, PROVIDING SHELTER TO THE DISPLACED AND REFUGEES, PROVIDING HUMANITARIAN AID (FOOD, MEDICAL SUPPLIES), AND TRAUMA RELIEF.

ARGENTINA: JDC WORKS IN CLOSE COOPERATION WITH JEWISH COMMUNAL LEADERS TO IDENTIFY THE INDIVIDUALS AND FAMILIES AT HIGHEST RISK, AND TO ENSURE THAT VULNERABLE CHILDREN, ADULTS AND ELDERLY RECEIVE FOOD, MEDICINE, CLOTHING AND OTHER ESSENTIAL AID. JDC HELPED 617 PEOPLE WITH FOOD ASSISTANCE, 105 PEOPLE WITH HOUSING SUPPORT, 67 PEOPLE WITH CRUCIAL MEDICINE, 4,184 OF THE "NEW POOR," DEVASTATED BY THE EFFECTS OF THE COVID-19 CRISIS, 40 COLLEGE STUDENTS WITH CRITICAL ANCILLARY EXPENSES.

VENEZUELA: ASSISTED 308 FAMILIES AND 28 SENIORS WITH DELIVERIES OF NUTRITIOUS FOOD. 120 JEWS WITH CHRONIC ILLNESS WITH MEDICATION. 308 FAMILIES AND 28 SENIORS WITH HOLIDAY FOOD PACKAGES.

CUBA: PROVIDED 150 VULNERABLE FAMILIES WITH FOOD, MILK AND SPECIAL SHABBAT MEALS. 450 VULNERABLE JEWS WITH MEDICINE SUPPLIES. HELP THE COMMUNITY BE CONNECTED VIRTUALLY DURING THE PANDEMIC THROUGH TECHNOLOGY.

EUROPE: JDC PROVIDED FOOD AND ESSENTIAL WELFARE SERVICES FOR ELDERLY JEWS. JDC ALSO HELPED ECONOMICALLY VULNERABLE JEWISH CHILDREN, CONNECTING THEM AND THEIR FAMILIES TO JEWISH LIFE.

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JEWISH COMMUNITIES IN MOROCCO, TUNISIA, TURKEY AND INDIA RECEIVE SUPPORT TO CARE FOR ELDERLY IN FACILITIES THAT PROVIDE RESIDENTIAL CARE, FULL MEDICAL SERVICES, RECREATIONAL AND THERAPEUTIC SERVICES, EXCURSIONS, AND HOLIDAY EVENTS FOR RESIDENTS.

ISRAEL: TO FOSTER STRONG CONNECTIONS WITH THE PEOPLE OF ISRAEL, FEDERATION MAINTAINS A SUCCESSFUL PARTNERSHIP WITH THE CITY OF YERUCHAM IN THE NEGEV IN ADDITION TO PROGRAMMING CONNECTING MIAMI AND YERUCHAM, WE ARE HELPING YOUTH AT RISK ACHIEVE GREATER ACADEMIC SUCCESS AND MATURITY THROUGH THE YOUTH FUTURES IN YERUCHAM PROGRAM. IN 36 LOCATIONS ACROSS ISRAEL'S SOCIOECONOMIC AND GEOGRAPHIC PERIPHERY, YOUTH FUTURES PROVIDES INTERVENTIONS AND EMPOWERMENT ENABLING THEM TO TAKE THEIR PLACE AS INDEPENDENT, PRODUCTIVE MEMBERS OF SOCIETY.

WE ARE ALSO WORKING ON PROJECTS FOR THE NEGEV- SOUTHERN ISRAEL - IN COLLABORATION WITH OTHER COMMUNITIES IN THE AREA OF HEALTHY PLACEMAKING AND CREATIVE PLACEMAKING.

FEDERATION ASSISTS THE ETHIOPIAN-ISRAELI COMMUNITY BY PROVIDING STUDENTS WITH SCHOLASTIC ASSISTANCE WITH AFTER SCHOOL TUTORING AND WORKSHOPS. WE PROVIDE THE OPPORTUNITY FOR THE ETHIOPIAN-ISRAELI COMMUNITY TO GAIN VALUABLE SKILLS IN THE FIELD OF HIGH TECH THROUGH EDUCATIONAL ASSISTANCE, MENTORING AND ENRICHMENT THROUGH THE ETHIOPIAN NATIONAL PROJECT, AS WELL AS ORGANIZATIONS THAT PROVIDE FREE LEGAL ASSISTANCE TO ETHIOPIAN-ISRAELIS AND ASSIST ETHIOPIAN-ISRAELI EDUCATORS TO FIND JOBS AS TEACHERS IN THE SCHOOL SYSTEM.

FEDERATION'S WOMEN'S AMUTOT INITIATIVE FUNDS NON-PROFIT ORGANIZATIONS FOCUSING EXCLUSIVELY ON THE WELFARE OF MARGINALIZED, VOICELESS AND AT-RISK WOMEN AND GIRLS IN ISRAEL. THESE ORGANIZATIONS FOCUS ON ECONOMIC EMPOWERMENT, SOCIAL EMPOWERMENT, PROTECTION AGAINST VIOLENCE, PREVENTION OF VIOLENCE, AND LEADERSHIP DEVELOPMENT.

IN RESPONSE TO THE COVID PANDEMIC AND ISRAELIS FACING UNEMPLOYMENT , ASSISTED THE UNEMPLOYED WITH RETRAINING AND RE-ENTERING THE WORKFORCE FOR THOSE IN ISRAEL'S GEOGRAPHIC AND SOCIOECONOMIC PERIPHERY AND OLDER ADULTS BY CREATING NEW TYPES OF COURSES FOR A DIGITAL CAREER SCHOOL, PROVIDING ONLINE TRAINING THAT BUILDS PARTICIPANTS' DIGITAL SKILLS AND EQUIPS THEM WITH UPDATED SKILLS FOR THE WORKPLACE; AND EXPANDING MIDDLE OF THE ROAD JOB CENTERS

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FOR ISRAELIS AGE 45+ BY ADDING NEW PHYSICAL EMPLOYMENT CENTERS, CREATING A VIRTUAL EMPLOYMENT WORKSHOP CENTER AND WORKING WITH EMPLOYERS TO ENCOURAGE EMPLOYMENT OF OLDER ADULTS.

FEDERATION ALSO SUPPORTS PROJECTS TO ALLEVIATE FOOD INSECURITY, AS WELL AS PROGRAMS THAT SERVE SPECIAL NEEDS POPULATIONS, PROVIDE EMERGENCY MEDICAL ASSISTANCE AND TRAUMA RELIEF, AND PROGRAMS THAT PROMOTE RELIGIOUS DIVERSITY AND PLURALISM. IN ADDITION, FEDERATION SUPPORTS PROGRAMS THAT ENABLE JEWISH YOUNG ADULTS FROM AROUND THE WORLD TO PARTICIPATE IN LONG-TERM ISRAEL EXPERIENCES THAT STRENGTHEN THEIR JEWISH IDENTITY AND CONNECTION TO ISRAEL.

LINE 4C, PROGRAM SERVICE

HUMAN SERVICES PROGRAMS, GENERAL/OTHER - THE GREATER MIAMI JEWISH FEDERATION, THROUGH ITS NETWORK OF BENEFICIARY AGENCIES AND SERVICES, PROVIDES FOR THE HUMANITARIAN NEEDS OF PEOPLE OF ALL AGES. IN 21-22, \$3.3+ MILLION WAS ALLOCATED LOCALLY FROM THE ANNUAL FEDERATION/UJA CAMPAIGN TO CARE FOR THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY. FROM THE START OF THE COVID-19 PANDEMIC AND THROUGH THE END OF FY 21-22, FEDERATION COMMITTED AN ADDITIONAL \$10.4+ MILLION IN EMERGENCY FUNDING TO ADDRESS NEW NEEDS CREATED BY THE CORONAVIRUS CRISIS. WE HELPED THE MOST VULNERABLE AMONG US INCLUDING MANY HUNDREDS OF INDIVIDUALS AND FAMILIES WHO WERE NEWLY - AND SUDDENLY - IN NEED OF SIGNIFICANT CRITICAL ASSISTANCE. AT THE SAME TIME, WE SECURED THE FINANCIAL WELL-BEING OF OUR LARGEST PARTNER AGENCIES AND SCHOOLS.

WHEN THE CHAMPLAIN TOWERS SOUTH CONDOMINIUM IN SURFSIDE COLLAPSED, FEDERATION MOBILIZED IMMEDIATELY, ACTIVATING VARIOUS PARTNERS TO PROVIDE SHORT-TERM DISASTER RESPONSE SERVICES TO VICTIMS' FAMILIES, FIRST RESPONDERS AND ALL THOSE AFFECTED BY THE DEVASTATION. FEDERATION'S MISHKAN MIAMI RABBIS AND CHAPLAINS WERE DISPATCHED TO OFFER SPIRITUAL AND GRIEF COUNSELING. OUR PRIMARY HUMAN SERVICES PARTNER, JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA (JCS), WAS ON-SITE THROUGHOUT THE CRISIS TO PROVIDE TRAUMA COUNSELING AND TO HELP SURVIVORS ACCESS BENEFITS, INSURANCE, LEGAL ADVICE AND RELIEF PROGRAMS. FEDERATION ALSO SUPPLIED - AND CONTINUES TO PROVIDE - FINANCIAL HELP TO PEOPLE WHO LOST ALL THEIR POSSESSIONS, AS WELL AS THOSE WHO LOST BELOVED FAMILY MEMBERS. AS OF THE END OF FY 21-22, FEDERATION PROVIDED DIRECT FINANCIAL ASSISTANCE TO VICTIMS AND FAMILIES TOTALING MORE THAN \$2.4

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MILLION. ADDITIONALLY, \$244,000 WAS GRANTED TO JEWISH ORGANIZATIONS WHO WERE ACTIVE IN SURFSIDE RECOVERY EFFORTS. THE INFRASTRUCTURE, THE PARTNERSHIPS AND THE RELATIONSHIPS FEDERATION HAS DEVELOPED OVER DECADES ENABLED US TO PLAY A MEANINGFUL ROLE IN BRINGING COMFORT AND ASSISTANCE TO INDIVIDUALS AND TO A COMMUNITY DEEPLY SCARRED BY TRAUMA AND LOSS.

MORE THAN 1 IN 5 JEWISH PEOPLE IN MIAMI CONTINUE TO DEPEND ON FEDERATION FOR SOME FORM OF FINANCIAL ASSISTANCE - INCLUDING NUTRITIOUS KOSHER FOOD, EMERGENCY FINANCIAL AID, CRISIS AND EMPLOYMENT COUNSELING, EDUCATIONAL AND CAMP SCHOLARSHIPS, AND MUCH MORE.

THE JEWISH COMMUNITY'S 24-HOUR ACCESS AND INFORMATION HOTLINE OPERATED BY JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA RECEIVED 9,718 REQUESTS FOR ASSISTANCE, MANY OF WHICH RESULTED IN DIRECT AID, REFERRALS, COUNSELING AND EMERGENCY GRANTS FROM FEDERATION AND OUR PARTNER AGENCIES. OVER \$250,000 IN EMERGENCY ASSISTANCE GRANTS WERE PROVIDED FOR PEOPLE EXPERIENCING HARDSHIP, MANY DUE TO COVID-19. THE HEBREW FREE LOAN ASSOCIATION OF MIAMI, A FEDERATION PROGRAM, DISBURSED \$250,950 IN LOANS, TO ASSIST WITH MEDICAL BILLS, TUITION COSTS, IVF TREATMENT, HOUSING ASSISTANCE, AUTO EXPENSES AND OTHER EMERGENCY NEEDS DUE TO THE PANDEMIC.

JWORKS MIAMI, FEDERATION'S COMMUNITY EMPLOYMENT PROGRAM, HELPED 111 PEOPLE FIND EMPLOYMENT. THERE WERE 4,182 VISITS TO THE JEWISH COMMUNITY SERVICES (JCS) KOSHER FOOD BANK. THROUGH JCS HOME DELIVERED AND CONGREGATE MEAL PROGRAMS, 285,459 KOSHER MEALS WERE PROVIDED TO HOMEBOUND SENIORS. THESE MEALS PROVIDED IMPORTANT NUTRITION AND A COMMUNITY CONNECTION FOR SENIORS ABLE TO LIVE INDEPENDENTLY IN THEIR HOMES. NEARLY 550 HOLOCAUST SURVIVORS IN MIAMI-DADE COUNTY RECEIVED PERSONALIZED AND COMPREHENSIVE CASE MANAGEMENT SERVICES THROUGH JCS TO ASSIST WITH COORDINATING CARE, OBTAINING BENEFITS AND GENERAL SUPPORT. THERE WERE OVER 550,000 HOURS OF IN-HOME CARE PROVIDED TO THIS POPULATION LAST YEAR, TO ENSURE THAT OUR SURVIVOR COMMUNITY IS ABLE TO LIVE SAFELY AND INDEPENDENTLY. WITH FEDERATION SUPPORT, JCS PROVIDED 180 ADULTS AND CHILDREN, SURVIVORS OF DOMESTIC ABUSE, WITH SERVICES THROUGH JCS' SHALOM BAYIT DOMESTIC VIOLENCE PREVENTION PROGRAM, HELPING TRANSITION THE ADULTS AND CHILDREN TO A LIFE FREE OF FEAR AND INTIMIDATION. 512 ADULTS, SENIORS AND CHILDREN BENEFITTED FROM 7,247 COUNSELING SESSIONS AND OTHER PSYCHOLOGICAL SERVICES FROM THE PROFESSIONAL CLINICAL STAFF OF JCS' BEHAVIORAL HEALTH

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SERVICES. FEDERATION'S MIAMI JEWISH ABILITIES ALLIANCE CONTINUED TO LINK INDIVIDUALS WITH DISABILITIES, AND THEIR FAMILIES, TO RESOURCES, SERVICES, SUPPORT GROUPS, WORKSHOPS AND CLINICS AND RECREATIONAL PROGRAMS WITHIN THE COMMUNITY.

THROUGH THE JEWISH CHAPLAINCY PROGRAM'S REFUAT HA'NEFESH JEWISH SPIRITUAL CARE VISITING PROGRAM, CHAPLAINS AND VOLUNTEERS PROVIDED COMFORT, SOLACE AND JOY TO THOUSANDS OF PEOPLE EXPERIENCING A VARIETY OF PERSONAL DIFFICULTIES. WITH THE SUPPORT OF FEDERATION, 38 JEWISH CHILDREN - VICTIMS OF ABUSE OR NEGLECT - RECEIVED CHILD WELFARE SERVICES FROM JEWISH ADOPTION AND FAMILY CARE OPTIONS (JAFCO). THROUGH THE JEWISH COMMUNITY CENTERS AND FRIENDSHIP CIRCLES, OVER 900 CHILDREN AND YOUNG ADULTS WITH SPECIAL NEEDS PARTICIPATED IN A VARIETY OF PROGRAMS.

THE PURPOSE OF THESE PROGRAMS AND SIMILAR TYPES OF PROGRAMS IS TO PROVIDE A MECHANISM TO ENSURE THE FUTURE VIABILITY OF MIAMI'S ORGANIZED JEWISH COMMUNITY. AS PART OF THIS COMMUNITY OUTREACH, FEDERATION'S JEWISH VOLUNTEER CENTER (JVC) PROMOTES GREATER VOLUNTEER PARTICIPATION IN THE DELIVERY OF DIRECT SERVICES, TO EXPAND THE SERVICES AGENCIES COULD PROVIDE AT A LOWER COST, AND TO PROMOTE VOLUNTEERISM AS A WAY OF ENHANCING JEWISH IDENTIFICATION AND INVOLVEMENT. IN ADDITION, THERE ARE PROGRAMS THAT ENHANCE VOLUNTEER INVOLVEMENT BY ASSESSING ORGANIZATIONAL NEEDS, UNDERSTANDING CURRENT TRENDS AND ISSUES, CREATING MEANINGFUL OPPORTUNITIES FOR VOLUNTEERS, EXPLORING VOLUNTEERISM BY INFUSING JEWISH VALUES, EXAMINING HIGH QUALITY MODELS FOR VOLUNTEER RECRUITMENT, RETENTION, AND ENHANCEMENT. OFFERING ONE-TIME FAMILY FRIENDLY PROGRAMS AND ONGOING INDIVIDUAL ACTIVITIES, IN 21-22, FEDERATION'S JVC ENABLED 2,225 PEOPLE TO VOLUNTEER 3,848 TIMES TO BENEFIT COMMUNITY ORGANIZATIONS THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER, TOTALING ALMOST 15,400 HOURS OF VOLUNTEERING AND EQUALING NEARLY \$440,000 IN PAID TIME.

ADVOCATING ON BEHALF OF MIAMI-DADE COUNTY'S MOST VULNERABLE JEWISH POPULATIONS, THE JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) WORKED TIRELESSLY WITH GOVERNMENTAL LEADERS TO ENSURE THAT DIRECT GOVERNMENT FUNDING OF SOCIAL SERVICES WAS PROVIDED TO FEDERATION PARTNER AGENCIES. JCRC AND WOMEN'S PHILANTHROPY CREATED THE TASK FORCE TO COMBAT HUMAN TRAFFICKING IN 2015 TO INCREASE PUBLIC AWARENESS AND CONCERN ABOUT THE DANGERS OF THIS MODERN FORM OF SLAVERY AND ITS PREVALENCE IN MIAMI-DADE COUNTY AND FLORIDA. FEDERATION HAS PROGRAMS TO INCREASE COMMUNITY DEVELOPMENT AND

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LEADERSHIP BY REACHING OUT TO ALL CONSTITUENCIES. THE PURPOSE OF THE PROGRAMS IS TO BUILD COMMUNITY INVOLVEMENT IN FEDERATION, EDUCATE FUTURE VOLUNTEER LEADERS, AND BUILD A CORE OF FUTURE LEADERS TO LEAD FEDERATION AND OUR COMMUNITY AGENCIES. EDUCATING THE NEXT GENERATION OF LEADERS AND PROVIDING OVERSIGHT OF PROGRAM DELIVERY SYSTEMS HAVE ALWAYS BEEN FOCAL POINTS OF FEDERATION.

SINCE MARCH 2011, FEDERATION HAS SENT WEEKLY EMAILS TO MORE THAN 60,000 PEOPLE, HIGHLIGHTING SELECT RESOURCES AND NEWS EVENTS IN THE JEWISH COMMUNITY. YEARS AGO, FEDERATION EMBARKED ON A BOLD INITIATIVE THROUGH THE CREATION OF THE FOUNDATION FOR JEWISH RENEWAL AND A VARIETY OF PROGRAMS WERE DEVELOPED, INCLUDING THE HIGH HOLIDAY WELCOME PROJECT, WHICH PROVIDES WORSHIP OPPORTUNITIES AT NO COST TO THOUSANDS OF PEOPLE ANNUALLY. THROUGH THE ELEVATE LEADERSHIP DEPARTMENT, FEDERATION OFFERS SKILLS-BASED, MULTI-SESSION LEADERSHIP PROGRAMS. IN GENERAL, THE PROGRAMS CONSIST OF ABOUT SIX, THREE-HOUR SESSIONS AND INCLUDE INTERACTIVE LEARNING COVERING GENERAL LEADERSHIP, JEWISH VALUES AND SPECIFICS ABOUT OUR ORGANIZATIONAL STRUCTURE, PHILOSOPHY AND METHODOLOGY, OUR PARTNER AGENCIES, AND LOCAL DEMOGRAPHICS.

IN 21-22, WE AWARDED \$70,000 IN INCUBATOR GRANTS TO HELP JEWISH NONPROFITS BUILD CAPACITY, SPUR INNOVATION AND SERVE UNMET LOCAL NEEDS. WE ALSO AWARDED \$80,500 IN WOMEN'S IMPACT INITIATIVE GRANTS TO ORGANIZATIONS IN MIAMI THAT HAVE THE POTENTIAL TO INSPIRE AND EMPOWER JEWISH WOMEN AND GIRLS, IMPROVE OUR LOCAL COMMUNITY AND ACHIEVE SOCIAL, ECONOMIC, RELIGIOUS AND POLITICAL EQUALITY.

ADDITIONALLY, BY GRANTS FROM THE FOUNDATION OF THE GREATER MIAMI JEWISH FEDERATION THROUGH DONOR-ADVISED FUNDS AND OTHER DESIGNATED FUNDS, THE FOUNDATION IS ABLE TO FULFILL ITS CHARITABLE OBJECTIVES, PROVIDE FUNDS FOR EMERGENCIES, AND DEVELOP RESOURCES NECESSARY TO ADDRESS FUTURE OPPORTUNITIES AND NEEDS FOR THE COMMUNITY.

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARQUITECTONICA INTERNATIONAL CORPORATION 2900 OAK AVENUE MIAMI, FL 33133	ARCHITECTURAL SVCS.	515,602.
GIANT LEAPS CONTENT ACTIVITIES LTD P.O. BOX 3794 MEVASERET TZION ISRAEL 9080500	MISSION GROUND SVCS	427,277.
MEDIA STAGE INC. 350 INTERNATIONAL PARKWAY SUNRISE, FL 33325	AUDIO VISUAL	402,429.
RENAISSANCE 8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268	FOUNDATION ADMIN SVC	341,179.
CLIFFWATER LLC 4640 ADMIRALTY WAY, 11TH FLOOR MARINA DEL RAY, CA 90292	INVEST ADVISORY SVCS	250,000.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

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.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
SAMUEL I. ADLER FAMILY SUPPORTING FOUND. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0688643	FL	501(C)(3)	12D	N/A		X
L. JULES ARKIN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0817973	FL	501(C)(3)	12D	N/A		X
SHIRLEY FELDMAN ARKIN FOUNDATION INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0840870	FL	501(C)(3)	12D	N/A		X
HELENE & ADOLPH BERGER FAMILY FOUNDATION 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0795652	FL	501(C)(3)	12D	N/A		X
THE FELDMAN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0421798	FL	501(C)(3)	12D	N/A		X
THE FUTERNICK FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0078657	FL	501(C)(3)	12D	N/A		X
THE GANZ FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0008368	FL	501(C)(3)	12D	N/A		X
SENIORS CARE FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPP. ELDERLY	65-0154991	FL	501(C)(3)	7	N/A		X
KAPLAN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0455791	FL	501(C)(3)	12D	N/A		X
PODHURST FAMILY SUPPORTING FOUND. INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0720334	FL	501(C)(3)	12D	N/A		X

Part VII Supplemental Information

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

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
CIVIE AND EARL PERTNOY FAMILY FOUNDATION 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	14-1944305	FL	501(C)(3)	12D	N/A		X
LEO ROSE JR. AND CHARLOTTE ROSE FAMILY 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	20-1819335	FL	501(C)(3)	12D	N/A		X
THE LYNN & DAVID RUSSIN FAMILY FOUND. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0884200	FL	501(C)(3)	12D	N/A		X
JESSIE AND BERNARD WOLFSON FAMILY FOUND. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0939041	FL	501(C)(3)	12D	N/A		X
HOLOCAUST MEMORIAL COMMITTEE 1933 MERIDIAN AVENUE MIAMI BEACH, FL 33139 PROVIDE INFO.	59-2659641	FL	501(C)(3)	7	N/A		X
CENTER FOR THE ADVANCEMENT OF JEWISH EDU 4200 BISCAYNE BLVD MIAMI, FL 33137 PROMOTE LEARN	59-0624373	FL	501(C)(3)	7	N/A		X
NOREEN GORDON SABLITSKY FAMILY SUPP. FDN 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	91-2106705	FL	501(C)(3)	12D	N/A		X