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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 07/01/2023 **and ending** 06/30/2024

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GREATER MIAMI JEWISH FEDERATION INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4200 BISCAYNE BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33137

D Employer identification number
59-0624404

E Telephone number
(305) 576-4000

G Gross receipts $ 229,073,569.

F Name and address of principal officer: OKSANA CARDINI
4200 BISCAYNE BOULEVARD, MIAMI, FL 33137

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JEWISHMIAMI.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation: 1938 | **M** State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: 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)

2 Check this box ▶ ☐ 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	173
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	173
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	105
6 Total number of volunteers (estimate if necessary)	6	2,042
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	532,606.
b Net unrelated business taxable income from Form 990-T, line 34	7b	239,818.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	69,971,255.	73,287,437.
9 Program service revenue (Part VIII, line 2g)	NONE	NONE
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,160,921.	28,744,338.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	608,661.	261,826.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	95,740,837.	102,293,601.

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Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	80,253,526.	71,871,406.
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)	10,102,323.	10,843,709.
16a Professional fundraising fees (Part IX, column (A), line 11e)	55,257.	57,980.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,698,272.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,207,419.	7,228,523.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	98,618,525.	90,001,618.
19 Revenue less expenses. Subtract line 18 from line 12	-2,877,688.	12,291,983.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	477,470,604.	487,215,783.
21 Total liabilities (Part X, line 26)	93,390,539.	88,817,490.
22 Net assets or fund balances. Subtract line 21 from line 20	384,080,065.	398,398,293.

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

Oksana Cardini — Signature of officer — 05/15/2025 Date

Oksana Cardini, CFO — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	05/15/2025		P01384178

Firm's name ▶ BDO USA — Firm's EIN ▶ 13-5381590

Firm's address ▶ 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166 — Phone no. 212-885-8000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

JSA
3E1065 1.000

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 43,275,712. including grants of $ 39,777,224.) (Revenue $ NONE)

SEE SCHEDULE O

4b (Code:) (Expenses $ 17,815,439. including grants of $ 16,375,206.) (Revenue $ 261,826.)

SEE SCHEDULE O

4c (Code:) (Expenses $ 17,101,492. including grants of $ 15,718,976.) (Revenue $ NONE)

SEE SCHEDULE O

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

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

4e Total program service expenses 78,192,643.

Part IV Checklist of Required Schedules

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

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? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		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	38	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	1a	189		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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 105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b	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)?	4a		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?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		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?	12a		
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? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a		
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?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b		
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 173		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	1b 173		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O.*	9		X

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

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

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.

X Own website ☐ Another's website X Upon request ☐ Other *(explain on Schedule O)*

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 . . . . . ☐

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, box 6 of 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 (THRU 6/30/24)	40.00									
PRESIDENT AND CEO	NONE			X				2,328,882.	NONE	64,957.
(2) BONNIE MECHOULLAM	40.00									
CHIEF MKTG & COMMUN. OFFICER	NONE			X				287,993.	NONE	40,592.
(3) JEFFREY LEVIN	40.00									
CHIEF DEVELOPMENT OFFICER	NONE			X				287,489.	NONE	40,581.
(4) OKSANA CARDINI	37.00									
CHIEF FINANCIAL OFFICER	3.00			X				244,054.	NONE	27,485.
(5) MICHELLE LABGOLD	40.00									
CHIEF PLANNING OFFICER	NONE			X				227,287.	NONE	26,635.
(6) SCOTT KAPLAN	40.00									
FOUNDATION DIRECTOR	NONE			X				221,575.	NONE	21,511.
(7) ABBEY FEINBERG	40.00									
ANNUAL CAMPAIGN DIRECTOR	NONE			X				193,344.	NONE	25,819.
(8) SIMON KAMINETSKY	40.00									
PHILANTHROPIC GIFT DIRECTOR	NONE					X		184,019.	NONE	22,516.
(9) MIMI KLIMBERG	40.00									
CHIEF TECHNOLOGY AND ANALYTICS	NONE			X				154,704.	NONE	22,880.
(10) NAOMI NIXON	40.00									
SENIOR MAJOR GIFTS OFFICER	NONE					X		162,742.	NONE	12,220.
(11) JILL HAGLER	40.00									
DIR. OF FOUNDATION DEVELOPMENT	NONE					X		154,620.	NONE	19,874.
(12) DAHLIA BENDAVID	40.00									
DIRECTOR OF ISRAEL & OVERSEAS	NONE					X		150,552.	NONE	21,526.
(13) JOSHUA SAYLES	40.00									
DIRECTOR OF JEWISH COMMUNITY	NONE					X		147,868.	NONE	15,818.
(14) ARIEL BENTATA	5.00									
CHAIR OF THE BOARD	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) ISAAC K. FISHER	5.00									
IMMEDIATE PAST BOARD CHAIR	NONE	X		X				NONE	NONE	NONE
(16) ROBERT C. GILBERT	5.00									
ASSOCIATE SECRETARY	NONE	X		X				NONE	NONE	NONE
(17) ELIZABETH SCHWARTZ	5.00									
ASSOCIATE TREASURER	NONE	X		X				NONE	NONE	NONE
(18) ROBERT HERTZBERG	5.00									
TREASURER	NONE	X		X				NONE	NONE	NONE
(19) MICHELLE BEN-AVIV	5.00									
SECRETARY	NONE	X		X				NONE	NONE	NONE
(20) ELISE SCHECK BONWITT	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(21) STEVEN J. BRODIE	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(22) AMY BERGER CHAFETZ	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(23) MOJDEH KHAGHAN DANIAL	5.00									
VICE CHAIR	5.00	X		X				NONE	NONE	NONE
(24) MICHELLE DIENER	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(25) LAURA KOFFSKY	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
1b Sub-total ▶								4,745,129.	NONE	362,414.
c Total from continuation sheets to Part VII, Section A ▶								NONE	NONE	NONE
d Total (add lines 1b and 1c) ▶								4,745,129.	NONE	362,414.

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 ▶ 20

		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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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) SIDNEY PERTNOY	5.00									
VICE CHAIR	2.00	X		X				NONE	NONE	NONE
(27) LILY SERVIANSKY	5.00									
VICE CHAIR	5.00	X		X				NONE	NONE	NONE
(28) TRACEY SPIEGELMAN	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(29) ELISE UDELSON	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(30) MICHAEL WAGNER	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(31) RAY ELLEN YARKIN	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(32) RICHARD YULMAN	5.00									
VICE CHAIR	NONE	X		X				NONE	NONE	NONE
(33) MATTHEW L. ADLER	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(34) REP. ELAINE BLOOM	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(35) ADRIAN DUBOW	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(36) JENNIFER FINE	2.00									
STANDING COMMITTEE	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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) J. JOSEPH GIVNER	2.00									
STANDING COMMITTEE	5.00	X						NONE	NONE	NONE
(38) AMIR GOLD	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(39) LISA GOLDSTEIN	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(40) STEVEN HURWITZ	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(41) ROBIN JACOBS	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(42) MATILDE D. BERAJA JAMAL	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(43) JESSICA KATZ	2.00									
STANDING COMMITTEE	2.00	X						NONE	NONE	NONE
(44) PAUL KRUSS	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(45) ELYSSA LEWIS	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(46) JANICE LIPTON	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(47) ISAAC MIZRAHI	2.00									
STANDING COMMITTEE	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(48) ARI NEWMAN	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(49) RABBI GAYLE POMERANTZ	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(50) DANA YEMIN SCHRAGER	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(51) BARBARA SHRUT	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(52) ANDREW WOLF	2.00									
STANDING COMMITTEE	NONE	X						NONE	NONE	NONE
(53) LEONARD ABESS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(54) JOE ACKERMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(55) DANIEL ADES	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(56) AMANDA ADLER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(57) VICKI AGRON	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(58) ISAAC ALMOSNY	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(59) MARISSA AMUIAL	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(60) TOBI ASH	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(61) TERRI BACHOW	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(62) RYAN BAILINE	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(63) SABY BEHAR	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(64) EDWARD BEINER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(65) SARA BEJAR	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(66) LESLIE G. BENITAH	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(67) EVAN BERGER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(68) HELENE BERGER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(69) JACLYN BERGMAN	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(70) PAUL BERKOWITZ	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(71) RICHARD BERNSTEIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(72) FRAN BERRIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(73) ROBERT G. BERRIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(74) BRIAN L. BILZIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(75) JOEL BIRNBAUM	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(76) ANDREW BLANK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(77) JERRY BLANK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(78) ALEX BLAVATNIK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(79) NORMAN BRAMAN	2.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(80) NOAH BREAKSTONE	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(81) SHELLY BRODIE	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(82) MELISSA BUCKNER	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(83) JOHN BUSSEL	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(84) AMY N. DEAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(85) REBECA DELASTER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(86) DAVID DEUTCH	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(87) SUSAN DIAMOND	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(88) BETH ERTEL	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(89) GEORGE FELDENKREIS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(90) SUSAN WEISS FIRESTONE	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(91) RABBI ROBYN FISHER	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(92) STEVE FOLDES	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(93) JULIE FRANKLIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(94) MICHAEL FRIEDMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(95) DANIEL FUJITA	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(96) MIKKI FUTERNICK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(97) ELLIE GANZ	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(98) HAROLD GERNSBACHER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(99) GARY GERSON	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(100) DR. JAIME GHITELMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(101) BELINDA GILBERT	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(102) BARBARA BLACK GOLDFARB	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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) STEVEN GRETENSTEIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(104) SHELLEY NICELEY GROFF	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(105) BARRY GURLAND	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(106) JASON HAIM	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(107) ADRIANA HALAC	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(108) MARK HILDEBRANDT	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(109) LISA JERLES	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(110) LARRY JOSEPH	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(111) IAN KAPLAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(112) CLARITA KASSIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(113) MICHAEL KATZ	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(114) EVELYN KATZ	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(115) EZRA KATZ	2.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(116) JOSI KIBLISKY	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(117) JOSHUA KLIGLER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(118) RUBEN KLODA	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(119) DR. BRUCE KOHRMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(120) ILENE KOSSMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(121) MARK KRAVITZ	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(122) STEVEN J. KRAVITZ	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(123) ALEX KRYS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(124) ISRAEL LAPCIUC	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	4		
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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) EDIE LAQUER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(126) MURRAY LAULICHT	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(127) DONALD E. LEFTON	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(128) WILLIAM LEHMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(129) ALEXANDRA LEHSON	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(130) DAVID LEIBOWITZ	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(131) LAUREN LEICHTMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(132) MARC LEVIN	2.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(133) JEFFREY LEVINE	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(134) MAYRA LICHTER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(135) DIANE LIEBERMAN	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	4		
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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) NANCY LIPOFF	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(137) NORMAN H. LIPOFF	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(138) MARK MELAND	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(139) ADRIENNE MESSING	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(140) GAIL MEYERS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(141) LLOYD MYERS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(142) GAIL NEWMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(143) JEFFREY NEWMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(144) DR. MARK OREN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(145) NEDRA OREN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(146) JONATHAN PLUTZIK	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(147) AARON S. PODHURST	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(148) DOROTHY PODHURST	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(149) TINA PRICE	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(150) IRWIN RAIJ	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(151) MICHELE RATZAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(152) JOHN RICHARD	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(153) BRIAN RIEMER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(154) RABBI MARIO ROJZMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(155) LECIA ROTHMAN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(156) MICHAEL RUDD	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(157) DR. JOEL SANDBERG	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(158) SHEREE SAVAR	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(159) DAVID SCHARLIN	2.00									
BOARD MEMBER	2.00	X						NONE	NONE	NONE
(160) LINDA SCHECHTER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(161) JEFFREY SCHECK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(162) RAQUEL SCHECK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(163) MICHAEL SCHECK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(164) MAXINE E. SCHWARTZ	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(165) YOSEF SHWEDEL	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(166) MORRIE SIEGEL	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(167) MYTYL SIMANCAS-BISTER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(168) JACQUELINE SIMKIN	2.00									
BOARD MEMBER	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*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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			
(169) MICHAEL SIMKINS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(170) DR. JOSEPH SINGER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(171) SCOTT SINGER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(172) BRAD SOKOL	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(173) JOHN SUMBERG	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(174) MICHAEL TABACINIC	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(175) DENISE TAMIR	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(176) OFER TAMIR	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(177) MICHAEL TOBIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(178) STEVEN WAGNER	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(179) DEBRA BRAMAN WECHSLER	2.00									
BOARD MEMBER	1.00	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*	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? *If "Yes," complete Schedule J for such individual*	4		
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(180) STANLEY WEINSTEIN	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(181) HEDY WHITEBOOK	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(182) BROOKE WILENSKY	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(183) MELANIE WISNIACKI	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(184) TAMMY WOLDENBERG	2.00									
BOARD MEMBER	5.00	X						NONE	NONE	NONE
(185) GARY YARUS	2.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
(186) RABBI ARIEL YESHURUN	2.00									
BOARD MEMBER	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 ▶ 13

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 55,827,734.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 128,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 17,331,703.				
	g	Noncash contributions included in lines 1a-1f	1g $ 7,550,583.				
	h	**Total.** Add lines 1a-1f		73,287,437.			
Program Service Revenue			Business Code				
	2a						
	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)		10,660,655.		532,606.	10,128,049.
	4	Income from investment of tax-exempt bond proceeds		NONE			
	5	Royalties		NONE			
			(i) Real / (ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c	NONE / NONE				
	d	Net rental income or (loss)		NONE			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	143,616,185.				
	b	Less: cost or other basis and sales expenses 7b	125,532,502.				
	c	Gain or (loss) 7c	18,083,683.				
	d	Net gain or (loss)		18,083,683.			18,083,683.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a	1,247,466.				
	b	Less: direct expenses 8b	1,247,466.				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less returns and allowances 10a	NONE				
	b	Less: cost of goods sold 10b	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
Miscellaneous Revenue			Business Code				
	11a	OTHER INCOME	900099	261,826.	261,826.		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		261,826.			
	12	**Total revenue.** See instructions		102,293,601.	261,826.	532,606.	28,211,732.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	71,481,023.	71,481,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	317,778.	317,778.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	72,605.	72,605.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	2,795,154.	1,157,205.	702,497.	935,452.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	5,826,336.	2,411,816.	1,466,186.	1,948,334.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,957.	98,680.	50,119.	95,158.
9 Other employee benefits	1,424,941.	576,386.	292,741.	555,814.
10 Payroll taxes	553,321.	223,817.	113,675.	215,829.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	242,257.	136,132.	28,373.	77,752.
c Accounting	96,936.		96,936.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	57,980.			57,980.
f Investment management fees	2,558,782.		2,558,782.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	NONE			
12 Advertising and promotion	97,394.		50,761.	46,633.
13 Office expenses	364,397.	136,964.	139,726.	87,707.
14 Information technology	417,681.	85,283.	99,364.	233,034.
15 Royalties	NONE			
16 Occupancy	685,774.	398,277.	80,392.	207,105.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	185,974.	110,703.	25,126.	50,145.
20 Interest	103,506.		103,506.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	106,800.	48,925.	15,073.	42,802.
23 Insurance	265,071.	92,775.	26,507.	145,789.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN & COMMUN. OUTREACH	1,453,078.	546,096.	159,795.	747,187.
b PUBLIC RELATIONS & EDUCATION	316,672.	62,872.	73,265.	180,535.
c DUES & SUBSCRIPTIONS	197,985.	166,863.	10,303.	20,819.
d MISCELLANEOUS	136,216.	68,443.	17,576.	50,197.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	90,001,618.	78,192,643.	6,110,703.	5,698,272.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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	5,613,623.	1	5,932,034.
	2	Savings and temporary cash investments	55,266,645.	2	23,642,756.
	3	Pledges and grants receivable, net	15,886,104.	3	19,683,099.
	4	Accounts receivable, net	2,089,363.	4	2,373,734.
	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: 10,722,922.			
	b	Less: accumulated depreciation — 10b: 7,109,107.	3,509,772.	10c	3,613,815.
	11	Investments - publicly traded securities	195,433,429.	11	216,009,453.
	12	Investments - other securities. See Part IV, line 11	186,114,263.	12	204,251,351.
	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	13,557,405.	15	11,709,541.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	477,470,604.	16	487,215,783.
Liabilities	17	Accounts payable and accrued expenses	5,216,082.	17	2,875,420.
	18	Grants payable	25,120,244.	18	26,416,218.
	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	NONE
	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	59,824,213.	25	59,525,852.
	26	**Total liabilities.** Add lines 17 through 25	93,390,539.	26	88,817,490.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	314,674,665.	27	322,157,493.
	28	Net assets with donor restrictions	69,405,400.	28	76,240,800.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	384,080,065.	32	398,398,293.
	33	Total liabilities and net assets/fund balances	477,470,604.	33	487,215,783.

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	102,293,601.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,001,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,291,983.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	384,080,065.
5	Net unrealized gains (losses) on investments	5	2,026,245.
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	398,398,293.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ 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?	2c	X	
	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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	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

2023

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	93,307,943.	128,492,823.	43,344,990.	69,971,255.	73,287,437.	408,404,448.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 **Total.** Add lines 1 through 3	93,307,943.	128,492,823.	43,344,990.	69,971,255.	73,287,437.	408,404,448.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						79,406,855.
6 **Public support.** Subtract line 5 from line 4						328,997,593.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	93,307,943.	128,492,823.	43,344,990.	69,971,255.	73,287,437.	408,404,448.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,449,741.	6,823,411.	6,038,872.	7,393,893.	10,660,655.	35,366,572.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 **Total support.** Add lines 7 through 10						443,771,020.

12 Gross receipts from related activities, etc. (see instructions)	12	3,277,494.

13 **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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	74.14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	65.36 %

16a **33 1/3 % support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3 % support test - 2022.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
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? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

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? *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.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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? *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.*	2a		
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? *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.*	2b		
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? *If "Yes" or "No," provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in **Part VI**):*			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 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 ☐ 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 - *provide details in* ***Part VI***)	5	
6	Other distributions (*describe in* ***Part VI***). 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 (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule B (Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number: 59-0624404

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	$ 3,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number: 59-0624404

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047

2023

Open to Public Inspection

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	Employer identification number
GREATER MIAMI JEWISH FEDERATION INC.	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)					

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.		
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-		

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.

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? ☐ **Yes** ☐ **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)** 2020	**(b)** 2021	**(c)** 2022	**(d)** 2023	**(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)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		36.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		30,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			30,036.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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).

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

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."

1	Dues, assessments and similar amounts from members	**1**	
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	**2a**	
b	Carryover from last year	**2b**	
c	Total	**2c**	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	**3**	
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 expenditures next year?	**4**	
5	Taxable amount of lobbying and political expenditures. See instructions	**5**	

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	297	
2	Aggregate value of contributions to (during year)	14,272,110.	
3	Aggregate value of grants from (during year)	27,491,346.	
4	Aggregate value at end of year	183,392,454.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . $ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 . . . . . $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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 in 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	68,287,055.	66,675,133.	68,169,141.	61,889,938.	64,945,990.
b Contributions	1,316,387.	964,112.	5,026,262.	750,845.	558,146.
c Net investment earnings, gains, and losses	6,743,790.	5,809,024.	-3,184,876.	14,093,215.	874,811.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,256,770.	5,161,214.	3,335,394.	2,952,667.	4,489,009.
f Administrative expenses					
g End of year balance	73,090,462.	68,287,055.	66,675,133.	73,781,331.	61,889,938.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 7.2500 %
- b Permanent endowment 26.6900 %
- c Term endowment 66.0600 %

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		3,623,720.	2,742,097.	881,623.
d Equipment		3,256,352.	3,184,111.	72,241.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,613,815.

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	190,563,493.	FMV
(B) STATE OF ISRAEL BOND	13,687,858.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	204,251,351.	

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, line 13, col. (B))*		

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, line 15, col. (B))*	

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	57,595,405.
(3) SPLIT INTEREST AGREEMENTS	1,930,447.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	59,525,852.

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 . X

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.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information *(continued)*

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

BEGINNING OF YEAR ENDOWMENT FUND BALANCE AT JULY 1, 2022 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, 2024, 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 ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY.

Part XIII Supplemental Information *(continued)*

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 2021.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

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	NONE	NONE	GRANTMAKING		72,605.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			72,605.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	NONE	NONE			72,605.

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	44	72,605.	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 the Instructions for Form 926)*	[X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	[ ] Yes	[X] No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)*	[ ] Yes	[X] 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 the Instructions for Form 8621)*	[ ] Yes	[X] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)*	[X] 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 the Instructions for Form 5713; don't file with Form 990)*	[ ] Yes	[X] No

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				167,925.	57,980.	109,945.

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

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 MAIN/PACESETTER (event type)	(b) Event #2 WOMEN'S EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,007,110.	240,356.		1,247,466.
	2 Less: Contributions	NONE	NONE		NONE
	3 Gross income (line 1 minus line 2)	1,007,110.	240,356.		1,247,466.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	285,375.	94,349.		379,724.
	7 Food and beverages	538,982.	76,244.		615,226.
	8 Entertainment	58,489.	43,000.		101,489.
	9 Other direct expenses	124,264.	26,763.		151,027.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,247,466.
	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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 FARWELL AVENUE, SUITE 300
MILWAUKEE, WI 53202

ACTIVITY :
PHONE ACTIVITY

CUSTODY OR CONTROL OF CONTRIBUTION?
NO

GROSS RECEIPTS FROM ACTIVITY :	167,925.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	57,980.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	109,945.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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? . . . . . [X] 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 noncash 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 NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	33,193,160.				GENERAL SUPPORT & ISRAEL EMERGENCY FND
(2) HOLOCAUST MEMORIAL COMMITTEE 1933 MERIDIAN MIAMI BEACH, FL 33139-1817	59-2659641	501(C)(3)	3,317,137.				CONSTRUCTION AND GENERAL SUPPORT
(3) JEWISH COMMUNITY SERVICES 12000 BISCAYNE BLVD MIAMI, FL 33181	59-0637867	501(C)(3)	2,954,931.				GENERAL SUPPORT
(4) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	2,471,500.				GENERAL SUPPORT
(5) TALMUDIC COLLEGE OF FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-1571122	501(C)(3)	1,962,860.				GENERAL SUPPORT
(6) CENTER FOR THE ADVANCEMENT OF JEWISH EDU. 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624373	501(C)(3)	1,829,156.				GENERAL SUPPORT
(7) DAVE & MARY ALPER JCC 11155 SW 112TH AVENUE MIAMI, FL 33176	59-2736411	501(C)(3)	1,344,524.				GENERAL SUPPORT
(8) AMERICAN COMMITTEE FOR SHAARE ZEDEK MEDICAL 1040 AVE OF THE AMERICAS NEW YORK, NY 10018	13-5645878	501(C)(3)	1,006,580.				GENERAL SUPPORT
(9) MICHAEL-ANN RUSSELL JCC 18900 NE 25TH NORTH MIAMI BEACH, FL 33180	59-2791269	501(C)(3)	1,003,780.				GENERAL SUPPORT
(10) FRIENDS OF THE ISRAEL DEFENSE FORCES P.O. BOX 4224 NEW YORK, NY 10163	13-3156445	501(C)(3)	880,058.				GENERAL SUPPORT
(11) JEWISH AGENCY FOR ISRAEL NORTH AMERICA 633 THIRD AVENUE NEW YORK, NY 10017	23-0053483	501(C)(3)	874,723.				GENERAL SUPPORT
(12) ISRAEL HEART2HEART, INC. 1302 E LAS OLAS FORT LAUDERDALE, FL 33301	87-2051130	501(C)(3)	670,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 392

3 Enter total number of other organizations listed in the line 1 table . . . . . NONE

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MIAMI BEACH JEWISH COMMUNITY CENTER 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	620,324.				GENERAL SUPPORT
(2) HEBREW FREE LOAN SOCIETY 675 THIRD AVENUE NEW YORK, NY 10017	13-5562239	501(C)(3)	510,000.				GENERAL SUPPORT
(3) BETH TORAH CONGREGATION 20350 N.E. 26TH NORTH MIAMI BEACH, FL 33180	59-2750308	501(C)(3)	509,438.				GENERAL SUPPORT
(4) SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH NORTH MIAMI BEACH, FL 33180	59-1296635	501(C)(3)	499,226.				GENERAL SUPPORT
(5) FLORIDA HILLEL COUNCIL KATZ BUILDING UJCBC DAVIE, FL 33328	47-4532260	501(C)(3)	463,963.				GENERAL SUPPORT
(6) CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501(C)(3)	453,568.				GENERAL SUPPORT
(7) TORAS EMES ACADEMY OF MIAMI, INC. 1025 NE MIAMI GARDEN MIAMI, FL 33179-4615	59-1870702	501(C)(3)	440,132.				GENERAL SUPPORT
(8) SHUL OF BAL HARBOUR 9540 COLLINS AVENUE SURFSIDE, FL 33154	59-2302315	501(C)(3)	433,820.				GENERAL SUPPORT
(9) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO, 25 WEST 45TH STREET NEW YORK, NY 10036	13-3434781	501(C)(3)	425,500.				GENERAL SUPPORT
(10) BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE NEW YORK, NY 10017	13-4092050	501(C)(3)	377,511.				GENERAL SUPPORT
(11) YEDIDIM USA, INC. 872 EAST CIR. PLANTATION, FL 33324	85-0909206	501(C)(3)	327,500.				GENERAL SUPPORT
(12) COMMUNITY SECURITY SERVICE 100 CROSSWAYS PARK WEST WOODBURY, NY 11797	26-0803826	501(C)(3)	288,950.				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)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD MIAMI, FL 33129-2712	59-0830840	501(C)(3)	288,200.				GENERAL SUPPORT
(2) LEHRMAN COMMUNITY DAY SCHOOL 727 77TH STREET MIAMI BEACH, FL 33141	65-1119268	501(C)(3)	275,146.				GENERAL SUPPORT
(3) GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	265,757.				GENERAL SUPPORT
(4) CHILDRENS HOSPITAL OF PHILADELPHIA 34TH ST&CIVIC CENTER PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	250,000.				GENERAL SUPPORT
(5) LOTUS ENDOWMENT FUND 1311 CAPRI STREET CORAL GABLES, FL 33134	92-0233563	501(C)(3)	250,000.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 4371 NORTHLAKE PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	240,359.				GENERAL SUPPORT
(7) INSTITUTE OF CONTEMPORARY ART 61 NE 41ST STREET MIAMI, FL 33137	47-1251523	501(C)(3)	240,000.				GENERAL SUPPORT
(8) FRIENDS OF UNITED HATZALAH, INC. 442 5TH AVENUE NEW YORK, NY 10018	11-3533002	501(C)(3)	239,986.				GENERAL SUPPORT
(9) UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DRIVE CORAL GABLES, FL 33146	52-1758796	501(C)(3)	227,430.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF LIBI 2001 BEACON STREET BRIGHTON, MA 02135	32-0081620	501(C)(3)	198,000.				GENERAL SUPPORT
(11) KESHER LD 18900 NE 25TH AVENUE MIAMI, FL 33180	65-0591858	501(C)(3)	191,278.				GENERAL SUPPORT
(12) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTE 220 EAST 42ND STREET NEW YORK, NY 10017	13-1656634	501(C)(3)	181,750.				GENERAL SUPPORT

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(1) HAROLD GRINSPOON FOUNDATION 67 HUNT STREET AGAWAM, MA 01001	04-6685725	501(C)(3)	172,090.				GENERAL SUPPORT
(2) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	163,553.				GENERAL SUPPORT
(3) YESHIVA ELEMENTARY SCHOOL 7902 CARLYLE AVENUE MIAMI BEACH, FL 33141	65-0063045	501(C)(3)	158,866.				GENERAL SUPPORT
(4) NATIONAL ROAD SAFETY FOUNDATION INC 18 E 50TH STREET NEW YORK, NY 10022	13-6128274	501(C)(3)	150,000.				GENERAL SUPPORT
(5) UPWELLING FOUNDATION 10150 NW 10TH PLANTATION, FL 33322-6526	47-2140216	501(C)(3)	150,000.				GENERAL SUPPORT
(6) TEMPLE BETH AM DAY SCHOOL - MIAMI 5950 N. KENDALL DRIVE MIAMI, FL 33156	59-0855408	501(C)(3)	149,642.				GENERAL SUPPORT
(7) TEMPLE BETH SHOLOM-MIAMI BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-0714828	501(C)(3)	137,547.				GENERAL SUPPORT
(8) ASSOCIATED JEWISH CHARITIES OF BALTIMORE 101 W MOUNT ROYAL AVE. BALTIMORE, MD 21201	52-6024192	501(C)(3)	136,000.				GENERAL SUPPORT
(9) MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501(C)(3)	135,680.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF SOROKA MEDICAL CENTER P.O. BOX 184H SCARSDALE, NY 10583-8684	13-5866593	501(C)(3)	133,600.				GENERAL SUPPORT
(11) TEMPLE JUDEA (CORAL GABLES) 5500 GRANADA BLVD. CORAL GABLES, FL 33146	59-0791048	501(C)(3)	132,016.				GENERAL SUPPORT
(12) TEMPLE BETH AM (MIAMI) 5950 N. KENDALL DR PINECREST, FL 33156-2068	59-0855408	501(C)(3)	131,864.				GENERAL SUPPORT

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

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(1) BEIT DAVID HIGHLAND LAKES SHUL 2600 NE 209TH STREET MIAMI, FL 33180-1100	65-0394819	501(C)(3)	131,210.				GENERAL SUPPORT
(2) AMERICAN ISRAEL EDUCATION FOUNDATION, INC. 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	130,100.				GENERAL SUPPORT
(3) TRUSTEES OF COLUMBIA UNIVERSITY 516 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	125,000.				GENERAL SUPPORT
(4) GRAJEWSKI LYRA FDN. FOR PEDIATRIC & INFANTI 5979 NW 151 STREET MIAMI LAKES, FL 33014	65-0789753	501(C)(3)	125,000.				GENERAL SUPPORT
(5) HILLEL THE FDN. FOR JEWISH CAMPUS LIFE 11200 SW 8TH STREET MIAMI, FL 33199-2516	47-4532260	501(C)(3)	116,800.				GENERAL SUPPORT
(6) MIAMI JEWISH HEALTH SYSTEMS 5200 NE 2ND AVENUE MIAMI, FL 33137	59-0624414	501(C)(3)	107,943.				GENERAL SUPPORT
(7) TEMPLE MENORAH 620 75TH STREET MIAMI BEACH, FL 33141	59-0737893	501(C)(3)	106,207.				GENERAL SUPPORT
(8) WYOMING SEMINARY 201 NORTH SPRAGUE AVE. KINGSTON, PA 18704	24-0795509	501(C)(3)	105,000.				GENERAL SUPPORT
(9) HADASSAH FOUNDATION, INC. 40 WALL STREET NEW YORK, NY 10005	13-4022483	501(C)(3)	103,000.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY,INC 160 E 56TH STREET NEW YORK, NY 10022	46-4198975	501(C)(3)	103,000.				GENERAL SUPPORT
(11) WIZO FLORIDA 1150 KANE BAY HARBOUR ISLANDS, FL 33154	13-3041381	501(C)(3)	102,160.				GENERAL SUPPORT
(12) JERUSALEM FOUNDATION, INC. 420 LEXINGTON AVE. NEW YORK, NY 10170	13-2563745	501(C)(3)	100,000.				GENERAL SUPPORT

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(1) JEWISH THEOLOGICAL SEMINARY OF AMERICA 3080 BROADWAY NEW YORK, NY 10027	13-0887640	501(C)(3)	100,000.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF GALILEE MEDICAL 101 GREENWOOD AVE. JENKINTOWN, PA 19046	26-0572473	501(C)(3)	100,000.				GENERAL SUPPORT
(3) RENE MOAWAD FOUNDATION 1732 CONNECTICUT AVE. WASHINGTON, DC 20009	52-1801228	501(C)(3)	100,000.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF THE RAMBAM MEDICAL CTR. 442 FIFTH AVE. NEW YORK, NY 10018	23-7049727	501(C)(3)	100,000.				GENERAL SUPPORT
(5) BRAUSER MAIMONIDES ACADEMY 5300 SW 40TH FORT LAUDERDALE, FL 33314-6504	65-0213879	501(C)(3)	100,000.				GENERAL SUPPORT
(6) MEI HADAAS, INC. 14 INDIANA AVE. JACKSON, NJ 08527	88-1241168	501(C)(3)	100,000.				GENERAL SUPPORT
(7) P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVENUE NEW YORK, NY 10017	13-6104086	501(C)(3)	97,545.				GENERAL SUPPORT
(8) HOCHBERG PREPARATORY 412 SW 11TH HALLANDALE BEACH, FL 33009	81-3641913	501(C)(3)	86,124.				GENERAL SUPPORT
(9) MECHINA OF SOUTH FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-6045452	501(C)(3)	84,036.				GENERAL SUPPORT
(10) AMERICAN COMMITTEE FOR LEHOSHEET YAD 10101 FONDREN ROAD HOUSTON, TX 77096	47-2683708	501(C)(3)	84,000.				GENERAL SUPPORT
(11) THE GIVING BACK FUND, INC. 500 COMMERCIAL STREET BOSTON, MA 02109	04-3367888	501(C)(3)	82,300.				GENERAL SUPPORT
(12) ANTI-DEFAMATION LEAGUE (NY) 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	76,140.				GENERAL SUPPORT

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(1) AMERICAN JEWISH COMMITTEE (MIAMI CHAPTER) P.O. BOX 164706 MIAMI, FL 33116	13-5563393	501(C)(3)	75,750.				GENERAL SUPPORT
(2) SAY STUTTERING ASSOCIATION FOR THE YOUNG 333 WEST 39TH STREET NEW YORK, NY 10018	33-1049070	501(C)(3)	75,750.				GENERAL SUPPORT
(3) AMERICAN FRIENDS OF SHANTI HOUSE, INC. 8740 SAINT IVES DRIVE LOS ANGELES, CA 90069	46-2548190	501(C)(3)	75,000.				GENERAL SUPPORT
(4) KEREN HAYESHIVOT TRUST 1616 EAST 10TH STREET BROOKLYN, NY 11223	13-3702251	501(C)(3)	74,340.				GENERAL SUPPORT
(5) BAPTIST HEALTH FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143	59-1923401	501(C)(3)	70,361.				GENERAL SUPPORT
(6) FRIENDSHIP CIRCLE OF MIAMI, INC. 9700 SOUTH DIXIE HWY MIAMI, FL 33156	20-5467741	501(C)(3)	70,000.				GENERAL SUPPORT
(7) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE FT. LAUDERDALE, FL 33314-7721	59-1083502	501(C)(3)	69,300.				GENERAL SUPPORT
(8) CHABAD JEWISH COMMUNITY CENTER ASPEN VALLEY 435 W MAIN STREET ASPEN, CO 81611-1615	22-3787221	501(C)(3)	69,200.				GENERAL SUPPORT
(9) FMW NONPROFIT SOLUTIONS 13033 RIDGEDALE DRIVE HOPKINS, MN 55305	84-3753672	501(C)(3)	64,980.				GENERAL SUPPORT
(10) JEWISH NATIONAL FUND 78 RANDALL AVE. ROCKVILLE, NY 11570	13-1659627	501(C)(3)	64,050.				GENERAL SUPPORT
(11) THE SHUL OF DOWNTOWN 35 SE 9TH STREET MIAMI, FL 33131	20-2253547	501(C)(3)	63,700.				GENERAL SUPPORT
(12) ISRAEL CANCER SUPPORT NETWORK, INC. 111 CARLTON AVENUE LAKEWOOD, NJ 08701	47-5142912	501(C)(3)	62,000.				GENERAL SUPPORT

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(1) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	61,800.				GENERAL SUPPORT
(2) HILLEL INTERNATIONAL 800 EIGHTH STREET WASHINGTON, DC 20001	52-1844823	501(C)(3)	60,000.				GENERAL SUPPORT
(3) MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	58,500.				GENERAL SUPPORT
(4) CONG STRIKOV OF USA 5614 15TH AVENUE BROOKLYN, NY 11219-4707	84-3241889	501(C)(3)	58,000.				GENERAL SUPPORT
(5) JCC ASSOCIATION 520 8TH AVENUE NEW YORK, NY 10018	13-5599486	501(C)(3)	57,000.				GENERAL SUPPORT
(6) AMERICA GIVES, INC. 228 PARK AVENUE NEW YORK, NY 10003-1502	26-3383926	501(C)(3)	55,000.				GENERAL SUPPORT
(7) AMERICAN JEWISH COMMITTEE (NY) 165 E. 56TH STREET NEW YORK, NY 10022	13-5563393	501(C)(3)	55,000.				GENERAL SUPPORT
(8) THE EDUCATION FUND, INC. 6713 MAIN STREET MIAMI LAKES, FL 33014	59-2468114	501(C)(3)	54,000.				GENERAL SUPPORT
(9) GREATER MIAMI COUNCIL BBYO 2020 K STREET WASHINGTON, DC 20006	31-1794932	501(C)(3)	53,940.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF SHOVU YISROEL 1551 E 7TH STREET BROOKLYN, NY 11230	20-1901828	501(C)(3)	52,018.				GENERAL SUPPORT
(11) UNIVERSITY OF MIAMI 6200 SAN AMARO DRIVE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	51,250.				GENERAL SUPPORT
(12) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	50,250.				GENERAL SUPPORT

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(1) ATLANTA JEWISH FEDERATION, INC. 1440 SPRING STREET ATLANTA, GA 30309-2837	58-1021791	501(C)(3)	50,000.				GENERAL SUPPORT
(2) DEEDLY, INC. 2700 BAY AVENUE MIAMI BEACH, FL 33140	81-1337436	501(C)(3)	50,000.				GENERAL SUPPORT
(3) NATIONAL AUDUBON SOCIETY, INC. 225 VARICK STREET NEW YORK, NY 10014	13-1624102	501(C)(3)	50,000.				GENERAL SUPPORT
(4) CURTIS INSTITUTE OF MUSIC 1726 LOCUST ST PHILADELPHIA, PA 19103-6107	23-1585611	501(C)(3)	50,000.				GENERAL SUPPORT
(5) CANES INITIATIVE, INC. 1825 PONCE DE LEON CORAL GABLES, FL 33134	92-1542863	501(C)(3)	50,000.				GENERAL SUPPORT
(6) FRIENDS OF TASHEMA 15020 SW 75TH CT PALMETTO BAY, FL 33158	84-2263555	501(C)(3)	50,000.				GENERAL SUPPORT
(7) MINCHAS ASHER FOUNDATION 586 SUNDERLAND ROAD TEANECK, NJ 07666-2027	83-0422942	501(C)(3)	50,000.				GENERAL SUPPORT
(8) NATIONAL JEWISH POLICY CENTER 50 F ST NW WASHINGTON, DC 20001-1530	52-1433850	501(C)(3)	50,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF THE JERUSALEM KOLLEL 190 GLEN AVENUE LAKEWOOD, NJ 08701-2953	20-1320557	501(C)(3)	50,000.				GENERAL SUPPORT
(10) MECHON HADAR P.O. BOX 2052 TEANECK, NJ 07666	26-4412164	501(C)(3)	50,000.				GENERAL SUPPORT
(11) THE BEACH MINYAN 1245 PRESIDENT STREET BROOKLYN, NY 11225	26-0202282	501(C)(3)	50,000.				GENERAL SUPPORT
(12) JEMICY SCHOOL 11 CELADON ROAD OWINGS MILLS, MD 21117-3009	52-0976194	501(C)(3)	50,000.				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 . . . . . _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FLORENCE MELTON SCHOOL OF ADULT JEWISH LEAR 520 8TH AVENUE NEW YORK, NY 10018	01-0725179	501(C)(3)	49,140.				GENERAL SUPPORT
(2) THE MIAMI FOUNDATION, INC. 40 NW 3RD STREET MIAMI, FL 33128	65-0350357	501(C)(3)	46,798.				GENERAL SUPPORT
(3) YEHUDI, INC. 3790 ROYAL PALM MIAMI BEACH, FL 33140	47-1768554	501(C)(3)	45,780.				GENERAL SUPPORT
(4) JEWISH LEADERSHIP ACADEMY, INC. 21500 BISCAYNE BLVD. AVENTURA, FL 33180	86-2513535	501(C)(3)	45,635.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF BATSHEVA DANCE COMPANY, P.O. BOX 750974 FOREST HILLS, NY 11375	03-0434419	501(C)(3)	45,000.				GENERAL SUPPORT
(6) BARRINGTON STAGE COMPANY 122 NORTH STREET PITTSFIELD, MA 01201	04-3263298	501(C)(3)	42,400.				GENERAL SUPPORT
(7) STAND WITH US P.O. BOX 341069 LOS ANGELES, CA 90034	01-0566033	501(C)(3)	42,060.				GENERAL SUPPORT
(8) FRIENDS OF LUBAVITCH OF FLORIDA, INC. 1140 ALTON ROAD MIAMI BEACH, FL 33139	51-0188269	501(C)(3)	42,050.				GENERAL SUPPORT
(9) JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	41,000.				GENERAL SUPPORT
(10) CAMP JUDAEA (ATLANTA) 1440 SPRING STREET NW ATLANTA, GA 30309	58-6014651	501(C)(3)	38,650.				GENERAL SUPPORT
(11) JOURNALISM FUNDING PARTNERS 1731 HOWE AVENUE SACRAMENTO, CA 95825	84-2968843	501(C)(3)	37,500.				GENERAL SUPPORT
(12) REPAIR THE WORLD 25 BROADWAY NEW YORK, NY 10004	36-4524686	501(C)(3)	36,500.				GENERAL SUPPORT

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(1) FRIENDS OF UNITED HATZALAH, INC. 208 EAST 51ST STREET NEW YORK, NY 10022	11-3533002	501(C)(3)	36,000.				GENERAL SUPPORT
(2) WORLD CONFEDERATION OF UNITED ZIONISTS 1301 AVENUE NEW YORK CITY, NY 10019	13-1876351	501(C)(3)	36,000.				GENERAL SUPPORT
(3) AVENTURA TURNBERRY JEWISH CENTER (MIAMI) 20400 NE 30TH AVE. AVENTURA, FL 33180	59-1673246	501(C)(3)	35,135.				GENERAL SUPPORT
(4) HILLEL: THE FDN. FOR JEWISH CAMPUS LIFE 800 - EIGHTH STREET WASHINGTON, DC 20001	52-1844823	501(C)(3)	35,000.				GENERAL SUPPORT
(5) CHABAD OF NORTH BROOKLYN, INC. 132 NORTH 5TH STREET BROOKLYN, NY 11249	20-4891983	501(C)(3)	35,000.				GENERAL SUPPORT
(6) SKYLAKE CHABAD 2045 NE 186TH NORTH MIAMI BEACH, FL 33179	45-1646602	501(C)(3)	34,900.				GENERAL SUPPORT
(7) CAMP RAMAH DAROM 6400 POWERS FERRY ROAD ATLANTA, GA 30339	58-2146741	501(C)(3)	34,725.				GENERAL SUPPORT
(8) FRIENDSHIP CIRCLE OF GREATER MIAMI, INC. P.O. BOX 402113 MIAMI BEACH, FL 33140	27-1027169	501(C)(3)	34,658.				GENERAL SUPPORT
(9) RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133	59-0659070	501(C)(3)	34,100.				GENERAL SUPPORT
(10) US FRIENDS OF YAD EZRAH 12A N AIRMONT ROAD SUFFERN, NY 10901	13-3887075	501(C)(3)	33,600.				GENERAL SUPPORT
(11) BETH JACOB HIGH SCHOOL 1110 NE 163RD NORTH MIAMI BEACH, FL 33162	59-2335606	501(C)(3)	33,510.				GENERAL SUPPORT
(12) CENTRO JUDAICO DE MIAMI, INC. 18550 NE 20 COURT MIAMI, FL 33179	85-2470305	501(C)(3)	33,250.				GENERAL SUPPORT

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(1) CAMP GAN ISRAEL FLORIDA 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	65-0200283	501(C)(3)	31,850.				GENERAL SUPPORT
(2) TEMPLE SINAI OF NORTH DADE 18801 NE 22ND AVENUE MIAMI, FL 33180	59-0903811	501(C)(3)	31,410.				GENERAL SUPPORT
(3) JEWISH COUNCIL FOR PUBLIC AFFAIRS 443 PARK AVENUE SOUTH NEW YORK, NY 10016	13-1624104	501(C)(3)	31,000.				GENERAL SUPPORT
(4) ISRAEL GUIDE DOG CENTER FOR THE BLIND 968 EASTON ROAD WARRINGTON, PA 18976	23-2519029	501(C)(3)	31,000.				GENERAL SUPPORT
(5) LUBAVITCH ON THE PALISADES 11 HAROLD STREET TENAFLY, NJ 07670	22-3410413	501(C)(3)	30,850.				GENERAL SUPPORT
(6) ISRAELNOW EDUCATION FOUNDATION 30 SOUTH WELLS STREET CHICAGO, IL 60606	84-3917846	501(C)(3)	29,750.				GENERAL SUPPORT
(7) HASBARA FELLOWSHIPS 1463 E 17TH STREET BROOKLYN, NY 11230	20-1651102	501(C)(3)	29,500.				GENERAL SUPPORT
(8) KSPACE 3575 NE 207 STREET AVENTURA, FL 33180	74-3062098	501(C)(3)	29,400.				GENERAL SUPPORT
(9) NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217	74-2044647	501(C)(3)	29,203.				GENERAL SUPPORT
(10) ADVANCING ISRAEL EDUCATION, INC. 25 DAKOTA STREET PASSAIC, NJ 07055	92-1293521	501(C)(3)	28,434.				GENERAL SUPPORT
(11) TALKISRAEL FOUNDATION 15910 VENTURA BLVD. ENCINO, CA 91436-2808	87-3194268	501(C)(3)	28,000.				GENERAL SUPPORT
(12) OR HADDASH INSTITUTION, INC. 10510 MARSH ST WELLINGTON, FL 33414-3156	20-4958881	501(C)(3)	28,000.				GENERAL SUPPORT

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(1) KESHET, INC. 1860 WASHINGTON STREET NEWTON, MA 02466	48-1278664	501(C)(3)	27,860.				GENERAL SUPPORT
(2) JGIVE- FRIENDS OF ASOR FUND USA, INC. 43 LUBLIN TR. LAKEWOOD, NJ 08107	81-0757923	501(C)(3)	27,700.				GENERAL SUPPORT
(3) FRIENDS OF ISRAEL SCOUTS, INC. 3284 NE 211 TERRACE AVENTURA, FL 33180	13-3843506	501(C)(3)	27,675.				GENERAL SUPPORT
(4) SPRINGFIELD JEWISH COMMUNITY CENTER, INC. 1160 DICKINSON STREET SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	27,338.				GENERAL SUPPORT
(5) HILLEL AT THE UNIVERSITY OF FLORIDA 2020 W. UNIV. AVE. GAINESVILLE, FL 32603	65-1090524	501(C)(3)	26,958.				GENERAL SUPPORT
(6) SEPHARDI VOICES 3273 ALLAMANDA STREET MIAMI, FL 33133	46-3186852	501(C)(3)	26,500.				GENERAL SUPPORT
(7) BAIS HAVAAD LINYONEI MISHPAT 290 RIVER AVE. LAKEWOOD, NJ 08701	26-3711474	501(C)(3)	26,380.				GENERAL SUPPORT
(8) YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVENUE SURFSIDE, FL 33154-5985	65-0905878	501(C)(3)	26,150.				GENERAL SUPPORT
(9) UM SYLVESTER COMPREHENSIVE CANCER CENTER P.O. BOX 248106 CORAL GABLES, FL 33124	59-0624458	501(C)(3)	25,500.				GENERAL SUPPORT
(10) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET WASHINGTON, DC 20036	52-1376034	501(C)(3)	25,500.				GENERAL SUPPORT
(11) YESHIVA ACHEI TMIMIM OF SPRINGFIELD MA, INC 1148 CONVERSE STREET LONGMEADOW, MA 01106	04-6004494	501(C)(3)	25,500.				GENERAL SUPPORT
(12) ZIONIST RABBINIC COALITION, INC. 10621 SOUTH GLEN ROAD POTOMAC, MD 20854	86-3602445	501(C)(3)	25,250.				GENERAL SUPPORT

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(1) BET SHIRA CONGREGATION (MIAMI) 7500 S.W. 120TH STREET PINECREST, FL 33156	59-2500437	501(C)(3)	25,125.				GENERAL SUPPORT
(2) HATZALAH OF MIAMI-DADE 20201 NE 16TH PLACE MIAMI, FL 33179	26-2219376	501(C)(3)	25,080.				GENERAL SUPPORT
(3) SUITED FOR SUCCESS, INC. 1600 NW 3RD AVENUE MIAMI, FL 33136	65-0508106	501(C)(3)	25,000.				GENERAL SUPPORT
(4) CALIFORNIA HOSPITAL MEDICAL CENTER FDN. 1401 S. GRAND AVENUE LOS ANGELES, CA 90015	95-4000909	501(C)(3)	25,000.				GENERAL SUPPORT
(5) THE ELIE WIESEL FOUNDATION FOR HUMANITY 555 MADISON AVENUE NEW YORK, NY 10022	13-3398151	501(C)(3)	25,000.				GENERAL SUPPORT
(6) NY POLICE & FIRE WIDOWS & CHILDREN'S BENEFI 156 W 56TH STREET NEW YORK, NY 10019-3926	13-3340675	501(C)(3)	25,000.				GENERAL SUPPORT
(7) THE SUNDARI FOUNDATION, INC. 217 NW 15 STREET MIAMI, FL 33136	81-0652266	501(C)(3)	25,000.				GENERAL SUPPORT
(8) AMERICAN FRIENDS OF BAR ILAN UNIVERSITY 160 E 56TH STREET NEW YORK, NY 10022	13-6192275	501(C)(3)	25,000.				GENERAL SUPPORT
(9) CHABAD JEWISH CTR FOR STUDENTS OF THE ARTS 1601 LOMBARD ST. PHILADELPHIA, PA 19146	46-3396917	501(C)(3)	25,000.				GENERAL SUPPORT
(10) JEWISH STUDENT ENRICHMENT CENTER 780 COLLEGE AVE. HAVERFORD, PA 19041-1205	26-1753729	501(C)(3)	25,000.				GENERAL SUPPORT
(11) FRIENDS OF ELNET 400 SKOKIE BLVD. NORTHBROOK, IL 60062	45-2212393	501(C)(3)	25,000.				GENERAL SUPPORT
(12) UNIVERSITY OF FLORIDA FOUNDATION, INC. P.O. BOX 115800 GAINESVILLE, FL 32611	59-0974739	501(C)(3)	25,000.				GENERAL SUPPORT

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(1) UNIV. OF MIAMI - MILLER SCHOOL OF MEDICINE 1501 NW 9 AVENUE MIAMI, FL 33136	59-0624458	501(C)(3)	25,000.				GENERAL SUPPORT
(2) TOWN OF BAY HARBOR ISLANDS 9665 TERRACE BAY HARBOR ISLANDS, FL 33154	59-6000273	501(C)(3)	25,000.				GENERAL SUPPORT
(3) MERONA LEADERSHIP FOUNDATION 15910 VENTURA BLVD. ENCINO, CA 91436	47-1603664	501(C)(3)	25,000.				GENERAL SUPPORT
(4) NEW ISRAEL FUND (NEW YORK) 6 E 39TH STREET NEW YORK, NY 10016	94-2607722	501(C)(3)	25,000.				GENERAL SUPPORT
(5) WORLD TZURBA INSTITUTE, INC. 4101 PINE TREE MIAMI BEACH, FL 33140-3617	87-3229619	501(C)(3)	25,000.				GENERAL SUPPORT
(6) GORDON DAY SCHOOL 2625 S.W. THIRD AVENUE MIAMI, FL 33129	59-0637812	501(C)(3)	24,470.				GENERAL SUPPORT
(7) COLEL CHABAD 806 EASTERN PKWY BROOKLYN, NY 11213	11-3254483	501(C)(3)	24,100.				GENERAL SUPPORT
(8) OCEAN STATE JOB LOT CHARITABLE FOUNDATION 375 COMMERCE PARK NORTH KINGSTOWN, RI 02852	20-0959438	501(C)(3)	23,000.				GENERAL SUPPORT
(9) CHABAD LUBAVITCH OF WESTPORT 79 NEWTOWN TURNPIKE WESTPORT, CT 06880	22-3484390	501(C)(3)	21,995.				GENERAL SUPPORT
(10) JEWISH ADOPTION AND FOSTER CARE OPTIONS,INC 4200 NORTH UNIV. DR SUNRISE, FL 33351	20-0898587	501(C)(3)	21,800.				GENERAL SUPPORT
(11) THE SHALOM HARTMAN INSTI. OF NORTH AMERICA 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-3014387	501(C)(3)	21,000.				GENERAL SUPPORT
(12) BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550	501(C)(3)	20,850.				GENERAL SUPPORT

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(1) JEWISH NATIONAL FUND (NEW YORK) 42 EAST 69TH STREET NEW YORK, NY 10021-5093	13-1659627	501(C)(3)	20,600.				GENERAL SUPPORT
(2) HILLEL AT FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FL 33199	47-4532260	501(C)(3)	20,575.				GENERAL SUPPORT
(3) SOUTHERN NCSY 7200 CAMINO REAL BOCA RATON, FL 33433	13-5623717	501(C)(3)	20,360.				GENERAL SUPPORT
(4) JEWISH MUSEUM OF FLORIDA - FIU 301 WASHINGTON AVE. MIAMI BEACH, FL 33139	65-0198264	501(C)(3)	20,250.				GENERAL SUPPORT
(5) JAFCO CHILDRENS FOUNDATION, INC. 4200 N UNIVERSITY SUNRISE, FL 33351-6210	65-0334267	501(C)(3)	20,240.				GENERAL SUPPORT
(6) SIMON WIESENTHAL CENTER (CA) 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	20,180.				GENERAL SUPPORT
(7) ISRAEL TENNIS CENTERS FOUNDATION 3275 WEST DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	20,000.				GENERAL SUPPORT
(8) VOICES FOR CHILDREN FOUNDATION, INC. 601 NW 1ST COURT MIAMI, FL 33136	59-2746076	501(C)(3)	20,000.				GENERAL SUPPORT
(9) JEWISH COMMUNITY SYNAGOGUE, INC. 844 PROSPERITY NORTH PALM BEACH, FL 33408	84-4962676	501(C)(3)	20,000.				GENERAL SUPPORT
(10) JEWISH CREATIVITY INTERNATIONAL 912 S CORONA STREET DENVER, CO 80209	95-4328467	501(C)(3)	20,000.				GENERAL SUPPORT
(11) FUENTE LATINA 7300 BISCAYNE BLVD. MIAMI, FL 33138	47-1624899	501(C)(3)	20,000.				GENERAL SUPPORT
(12) UM MILLER CENTER FOR CONTEMPORARY JUDAIC P.O. BOX 248161 CORAL GABLES, FL 33124-2018	59-0624458	501(C)(3)	20,000.				GENERAL SUPPORT

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59-0624404

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH FLORIDA JEWISH CEMETERY 6081 S CONGRESS AVE. LAKE WORTH, FL 33462	46-5013957	501(C)(3)	19,000.				GENERAL SUPPORT
(2) AEERA SHACHAR, INC. 1778 E. 7TH STREET BROOKLYN, NY 11223	92-1471247	501(C)(3)	19,000.				GENERAL SUPPORT
(3) RENEWAL OF LIFE, INC. 4721 NEW UTRECHT AVE. BROOKLYN, NY 11219	90-0772896	501(C)(3)	18,900.				GENERAL SUPPORT
(4) GABLESTAGE 1200 ANASTASIA CORAL GABLES, FL 33134	59-1972774	501(C)(3)	18,800.				GENERAL SUPPORT
(5) TEMPLE BETH EL 979 DICKINSON STREET SPRINGFIELD, MA 01108	04-2149322	501(C)(3)	18,405.				GENERAL SUPPORT
(6) SINAI HOSPITAL OF BALTIMORE 2401 WEST BELVEDERE BALTIMORE, MD 21215	52-0486540	501(C)(3)	18,000.				GENERAL SUPPORT
(7) TOV, INC. 16 DOLSON ROAD MONSEY, NY 10952	11-3117317	501(C)(3)	18,000.				GENERAL SUPPORT
(8) JACKSON HEALTH FOUNDATION 1500 NW 12TH AVENUE MIAMI, FL 33136	65-0077727	501(C)(3)	18,000.				GENERAL SUPPORT
(9) PRESIDENTIAL SYNAGOGUE 19582 EMBASSY NORTH MIAMI BEACH, FL 33179	46-4404979	501(C)(3)	18,000.				GENERAL SUPPORT
(10) OR HACHAYIM, INC. 2132 84TH STREET BROOKLYN, NY 11214	13-6181949	501(C)(3)	18,000.				GENERAL SUPPORT
(11) MATTEH MOSHE, INC. 1115 OCEAN PARKWAY BROOKLYN, NY 11230	20-0290776	501(C)(3)	18,000.				GENERAL SUPPORT
(12) QUALITY OF LIFE IN MEMORY OF SHALOM NEUMAN, 130 LEE AVENUE BROOKLYN, NY 11211	37-1759391	501(C)(3)	18,000.				GENERAL SUPPORT

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

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(1) UNITED MASHADI JEWISH COMMUNITY OF AMERICA, 54 STEAMBOAT ROAD GREAT NECK, NY 11024	11-3216392	501(C)(3)	18,000.				GENERAL SUPPORT
(2) THE MILKEN INSTITUTE 1250 FOURTH STREET SANTA MONICA, CA 90401	95-4240775	501(C)(3)	17,716.				GENERAL SUPPORT
(3) CHABAD OF MID MIAMI BEACH 17330 NW 7TH AVE. MIAMI, FL 33169-5407	45-3717381	501(C)(3)	17,650.				GENERAL SUPPORT
(4) DORESH 2665 NE 205TH STREET MIAMI, FL 33180	20-3273423	501(C)(3)	17,500.				GENERAL SUPPORT
(5) FRIENDS OF WLRN, INC. P.O. BOX 01-9731 MIAMI, FL 33101	23-7365001	501(C)(3)	16,857.				GENERAL SUPPORT
(6) CHABAD SERVING NORTHWESTERN 2020 ORRINGTON AVENUE EVANSTON, IL 60201	82-1501469	501(C)(3)	16,800.				GENERAL SUPPORT
(7) CHABAD OF LAKEVIEW, INC. 17330 NW 7TH AVE. MIAMI, FL 33169	87-2295205	501(C)(3)	16,800.				GENERAL SUPPORT
(8) STUDENTS CARE, INC. 10840 SW 113 PLACE MIAMI, FL 33176	46-3644602	501(C)(3)	16,500.				GENERAL SUPPORT
(9) SOUTH FLORIDA PBS P.O. BOX 610002 MIAMI, FL 33181	59-0737868	501(C)(3)	16,200.				GENERAL SUPPORT
(10) BROTHERS FOR LIFE 270 SOUTH HANFORD STREET SEATTLE, WA 98134	91-2105756	501(C)(3)	16,100.				GENERAL SUPPORT
(11) TEMPLE ISRAEL OF GREATER MIAMI 137 NE 19TH STREET MIAMI, FL 33132	59-0683270	501(C)(3)	16,035.				GENERAL SUPPORT
(12) MIAMI THEATER CENTER 9806 NE 2ND AVENUE MIAMI SHORES, FL 33138	61-1535545	501(C)(3)	16,000.				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
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(1) MOMENTUM UNLIMITED, INC. 6101 EXECUTIVE BLVD. ROCKVILLE, MD 20852	38-3852989	501(C)(3)	15,840.				GENERAL SUPPORT
(2) TEMPLE EMANU-EL OF GREATER MIAMI 1701 WASHINGTON AVE. MIAMI BEACH, FL 33139	59-0711180	501(C)(3)	15,300.				GENERAL SUPPORT
(3) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501(C)(3)	15,100.				GENERAL SUPPORT
(4) ADRIENNE ARSHT CENTER 1300 BISCAYNE BLVD. MIAMI, FL 33132	65-0353695	501(C)(3)	15,100.				GENERAL SUPPORT
(5) JEWBELONG, INC. P.O. BOX 3013 UPPER MONTCLAIR, NJ 07043	81-3739789	501(C)(3)	15,000.				GENERAL SUPPORT
(6) BEIT CHABAD ALMAGRO 9800 W BAY HARBOR ISLANDS, FL 33154-1563	27-0039602	501(C)(3)	15,000.				GENERAL SUPPORT
(7) THE SCHECHTER INSTITUTES, INC. P.O. BOX #8500 PHILADELPHIA, PA 19178	22-3342043	501(C)(3)	15,000.				GENERAL SUPPORT
(8) PARDES INSTITUTE OF JEWISH STUDIES 228 PARK AVENUE NEW YORK, NY 10003	22-2594099	501(C)(3)	15,000.				GENERAL SUPPORT
(9) OHR HATZAFUN PRODUCTIONS 5281 S EMPORIA GREENWOOD VILLAGE, CO 80111	82-0709603	501(C)(3)	15,000.				GENERAL SUPPORT
(10) CHABAD RUSSIAN CENTER 252 SUNNY ISLES SUNNY ISLES BEACH, FL 33160	04-3758388	501(C)(3)	14,500.				GENERAL SUPPORT
(11) LUBAVITCH YOUTH ORGANIZATION 770 EASTERN PARKWAY BROOKLYN, NY 11213	13-4101112	501(C)(3)	14,400.				GENERAL SUPPORT
(12) AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 8 WEST 40TH STREET NEW YORK, NY 10018	13-1996126	501(C)(3)	14,400.				GENERAL SUPPORT

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SCHEDULE I
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Department of the Treasury
Internal Revenue Service

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

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Name of the organization

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(1) THE SHABBAT PROJECT, INC. 79 MADISON AVENUE NEW YORK, NY 10016	46-4715368	501(C)(3)	13,860.				GENERAL SUPPORT
(2) CAMP COLEMAN (ATLANTA) 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143	501(C)(3)	13,800.				GENERAL SUPPORT
(3) SHAKESPEARE AND COMPANY 70 KEMBLE STREET LENOX, MA 01240	04-2666826	501(C)(3)	13,750.				GENERAL SUPPORT
(4) BETH DAVID CONGREGATION (MIAMI) 2625 S. W. 3RD AVENUE MIAMI, FL 33129-2314	59-0637812	501(C)(3)	13,740.				GENERAL SUPPORT
(5) HILLEL OF BROWARD AND PALM BEACH 777 GLADES ROAD BOCA RATON, FL 33431	56-2472825	501(C)(3)	13,500.				GENERAL SUPPORT
(6) JEWISH LEADERSHIP INSTITUTE 925 ARTHUR MIAMI BEACH, FL 33140-3337	65-0180927	501(C)(3)	13,300.				GENERAL SUPPORT
(7) CHAI LIFELINE SOUTHEAST 2699 STIR. FORT LAUDERDALE, FL 33312	11-2940331	501(C)(3)	13,213.				GENERAL SUPPORT
(8) UNIV. OF MIAMI OFFICE OF STUDENT ACCOUNTS P.O. BOX 025551 MIAMI, FL 33102	59-0624458	501(C)(3)	13,200.				GENERAL SUPPORT
(9) UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	13,000.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF TIFERET REFAEL 5285 NATORP BLVD. MASON, OH 45040-2683	31-1695185	501(C)(3)	13,000.				GENERAL SUPPORT
(11) AISH GLOBAL 915 CLIFTON AVENUE CLIFTON, NJ 07013	13-3548993	501(C)(3)	13,000.				GENERAL SUPPORT
(12) TEMPLE B'NAI ISRAEL (FL) 1685 S. BELCHER ROAD CLEARWATER, FL 33764	86-6053612	501(C)(3)	12,630.				GENERAL SUPPORT

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(1) YCT RABBINICAL SCHOOL 3700 HENRY HUDSON PKWY RIVERDALE, NY 10463	13-4159739	501(C)(3)	12,600.				GENERAL SUPPORT
(2) CHABAD HOUSE AT HARVARD 38 BANKS STREET CAMBRIDGE, MA 02138	04-3425635	501(C)(3)	12,600.				GENERAL SUPPORT
(3) ANTI-DEFAMATION LEAGUE 5295 TOWN CENTER ROAD BOCA RATON, FL 33486	13-1818723	501(C)(3)	12,540.				GENERAL SUPPORT
(4) BETH TORAH 20350 N.E. 26TH AVE. MIAMI, FL 33163-0429	59-2750308	501(C)(3)	12,535.				GENERAL SUPPORT
(5) ISRAELI AMERICAN COUNCIL 6530 WINNETKA AVE. WOODLAND HILLS, CA 91367	22-3951652	501(C)(3)	12,500.				GENERAL SUPPORT
(6) JEWISH FEDERATION OF THE BERKSHIRES 196 SOUTH STREET PITTSFIELD, MA 01201	04-2131409	501(C)(3)	12,050.				GENERAL SUPPORT
(7) GOLD COAST CAMP 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	59-1474258	501(C)(3)	12,000.				GENERAL SUPPORT
(8) AGUDATH ISRAEL OF SOUTH FLORIDA, INC. 633 NE 167TH STREET MIAMI, FL 33162-2443	65-0879644	501(C)(3)	12,000.				GENERAL SUPPORT
(9) LARGER THAN LIFE USA 54-15 35TH LONG ISLAND CITY, NY 11101	26-1338858	501(C)(3)	12,000.				GENERAL SUPPORT
(10) CHAYEI OLAM COMMUNITY KOLLEL, INC. 5 OSSMAN DRIVE POMONA, NY 10970-2651	82-2902689	501(C)(3)	12,000.				GENERAL SUPPORT
(11) YESHIVA CHAYEI OLAM 14 11TH STREET LAKEWOOD, NJ 08701-1907	20-8508320	501(C)(3)	12,000.				GENERAL SUPPORT
(12) CHABAD OF GOLDEN BEACH FLORIDA 19201 COLLINS AVENUE SUNNY ISLES, FL 33160	65-0833192	501(C)(3)	12,000.				GENERAL SUPPORT

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(1) ESHEL 60 BROAD STREET NEW YORK, NY 10004	46-0539206	501(C)(3)	11,880.				GENERAL SUPPORT
(2) ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-6217087	501(C)(3)	11,800.				GENERAL SUPPORT
(3) FOSTER CARE REVIEW 155 NW 3RD STREET MIAMI, FL 33128	65-0118944	501(C)(3)	11,500.				GENERAL SUPPORT
(4) JEMS ACADEMY, INC. 1117 NE 163 ST. NORTH MIAMI BEACH, FL 33162	88-1602076	501(C)(3)	11,400.				GENERAL SUPPORT
(5) CHABAD JEWISH CENTER OF OAKLAND 3014 LAKESHORE AVE. OAKLAND, CA 94610	20-5631408	501(C)(3)	11,100.				GENERAL SUPPORT
(6) MIND & MELODY, INC. 11301 SOUTH DIXIE HWY. MIAMI, FL 33256	47-2714159	501(C)(3)	11,000.				GENERAL SUPPORT
(7) MASORTI FDN. FOR CONSERVATIVE JUDAISM IN IS 3080 BROADWAY NEW YORK, NY 10027	13-3137586	501(C)(3)	11,000.				GENERAL SUPPORT
(8) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MI 1505 NE 26TH STREET WILTON MANORS, FL 33305	59-1279497	501(C)(3)	11,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF SHEVACH, INC. 3516 FLATLANDS AVE. BROOKLYN, NY 11204	46-3329848	501(C)(3)	11,000.				GENERAL SUPPORT
(10) HAITIAN NEIGHBORHOOD CENTER, SANT LA, INC. 13390 WEST DIXIE HWY. NORTH MIAMI, FL 33161	65-1080680	501(C)(3)	11,000.				GENERAL SUPPORT
(11) JEWISH FEDERATION OF GREATER ATLANTA 1440 SPRING STREET ATLANTA, GA 30309	58-1021791	501(C)(3)	11,000.				GENERAL SUPPORT
(12) HOLOCAUST HEROES WORLDWIDE, INC. 3575 NE 207TH STREET AVENTURA, FL 33180	83-4405338	501(C)(3)	11,000.				GENERAL SUPPORT

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(1) MAGEN DAVID CONGREGATION OF SURFSIDE, INC. 9348 HARDING AVENUE SURFSIDE, FL 33154	59-1222714	501(C)(3)	11,000.				GENERAL SUPPORT
(2) AMERICANS FOR IMMIGRANT JUSTICE 6355 NW 36TH STREET MIAMI, FL 33166	65-0610872	501(C)(3)	11,000.				GENERAL SUPPORT
(3) UT CHABAD HOUSE 2101 NUECES STREET AUSTIN, TX 78705-5508	45-2530523	501(C)(3)	11,000.				GENERAL SUPPORT
(4) HEBREW IMMIGRANT AID SOCIETY 1300 SPRING STREET SILVER SPRING, MD 20910	13-5633307	501(C)(3)	11,000.				GENERAL SUPPORT
(5) PEREZ ART MUSEUM MIAMI 1103 BISCAYNE BLVD. MIAMI, FL 33132	59-2048869	501(C)(3)	11,000.				GENERAL SUPPORT
(6) MIAMI HERALD CHARITIES, INC. 3511 NW 91ST AVENUE MIAMI, FL 33172	59-6138383	501(C)(3)	10,800.				GENERAL SUPPORT
(7) ALEPH INSTITUTE 9540 COLLINS AVENUE SURFSIDE, FL 33154	59-2291627	501(C)(3)	10,800.				GENERAL SUPPORT
(8) JACOB'S PILLOW DANCE FESTIVAL, INC. 358 GEORGE CARTER ROAD BECKET, MA 01223	04-6002993	501(C)(3)	10,750.				GENERAL SUPPORT
(9) THE VICTORY CENTER 18900 NW 25TH NORTH MIAMI BEACH, FL 33180	65-0968171	501(C)(3)	10,500.				GENERAL SUPPORT
(10) CONGREGATION MISCHKNOIS LAVIER YAKOV 191 RODNEY STREET BROOKLYN, NY 11211	31-1761339	501(C)(3)	10,018.				GENERAL SUPPORT
(11) THE WELLNESS INSTITUTE 832 EASTER PARKWAY BROOKLYN, NY 11213	43-2090061	501(C)(3)	10,000.				GENERAL SUPPORT
(12) JEWISH FEDERATION OF WESTERN MASSACHUSETTS 1160 DICKINSON STREET SPRINGFIELD, MA 01108	04-2127023	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) YODEAH, INC. 2834 REGATTA AVE. MIAMI BEACH, FL 33140	83-1822649	501(C)(3)	10,000.				GENERAL SUPPORT
(2) KIPP TEAM AND FAMILY SCHOOLS, INC. 60 PARK PLACE NEWARK, NJ 07102	46-2792701	501(C)(3)	10,000.				GENERAL SUPPORT
(3) HELPING HANDS KOSHER FOOD KO-OP 4000 ALTON ROAD MIAMI BEACH, FL 33140	27-0556674	501(C)(3)	10,000.				GENERAL SUPPORT
(4) JOHNS HOPKINS UNIVERSITY 3400 NORTH CHARLES BALTIMORE, MD 21218	52-0595110	501(C)(3)	10,000.				GENERAL SUPPORT
(5) NICKLAUS CHILDREN'S HOSPITAL FOUNDATION,LLC 3100 SW 62ND AVENUE MIAMI, FL 33155	46-1784918	501(C)(3)	10,000.				GENERAL SUPPORT
(6) GIRL SCOUTS OF CENTRAL MARYLAND 4806 SETON DRIVE BALTIMORE, MD 21215	52-0780207	501(C)(3)	10,000.				GENERAL SUPPORT
(7) YOTZER OHR, INC. 2621 NE 212TH TERRACE AVENTURA, FL 33180	83-2333748	501(C)(3)	10,000.				GENERAL SUPPORT
(8) TOWSON UNIVERSITY FOUNDATION 8000 YORK ROAD TOWSON, MD 21252	52-0939453	501(C)(3)	10,000.				GENERAL SUPPORT
(9) CANINE ASSISTED THERAPY, INC. 1040 NE 45TH STREET OAKLAND PARK, FL 33334	27-0700622	501(C)(3)	10,000.				GENERAL SUPPORT
(10) MIAS MIRACLES FOUNDATION, INC. P.O. BOX 3961 JUPITER, FL 33469	85-3538438	501(C)(3)	10,000.				GENERAL SUPPORT
(11) THE LAST ONES, INC. 4301 BAY POINT ROAD MIAMI, FL 33137	92-3058234	501(C)(3)	10,000.				GENERAL SUPPORT
(12) CONGREGATION IKVEI YOSEF, INC. 1368 55TH STREET BROOKLYN, NY 11219	13-3018840	501(C)(3)	10,000.				GENERAL SUPPORT

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ISRAELI-AMERICAN COUNCIL 6530 WINNETKA AVE. WOODLAND HILLS, CA 91367	22-3951652	501(C)(3)	10,000.				GENERAL SUPPORT
(2) AGAHOZO-SHALOM YOUTH VILLAGE 234 5TH AVENUE NEW YORK, NY 10001	27-3530769	501(C)(3)	10,000.				GENERAL SUPPORT
(3) COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	10,000.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF TEN YAD BRAZIL 553 MONTGOMERY STREET BROOKLYN, NY 11225	03-0385999	501(C)(3)	10,000.				GENERAL SUPPORT
(5) WOMEN'S LEAGUE FOR CONSERVATIVE JUDAISM 3080 BROADWAY NEW YORK, NY 10027	13-1681984	501(C)(3)	10,000.				GENERAL SUPPORT
(6) FRIENDS OF CASITA LINDA AC P.O. BOX 514 EAST FALMOUTH, MA 02536	82-1522035	501(C)(3)	10,000.				GENERAL SUPPORT
(7) TELLURIDE MEDICAL CENTER FOUNDATION P.O. BOX 1229 TELLURIDE, CO 81435	26-3556757	501(C)(3)	10,000.				GENERAL SUPPORT
(8) ACHIEVE MIAMI, INC. 220 MIRACLE MILE CORAL GABLES, FL 33134	47-5482321	501(C)(3)	10,000.				GENERAL SUPPORT
(9) INNOVATION: AFRICA P.O. BOX 412833 BOSTON, MA 02241-2833	33-1186746	501(C)(3)	10,000.				GENERAL SUPPORT
(10) DANA FARBER CANCER INSTITUTE P.O. BOX 849168 BOSTON, MA 02284-9168	04-2263040	501(C)(3)	10,000.				GENERAL SUPPORT
(11) CHABAD OF THE GROVE 3713 MAIN HWY MIAMI, FL 33133-5907	65-0132853	501(C)(3)	10,000.				GENERAL SUPPORT
(12) AMERICA-ISRAEL DEMOCRACY COALITION 543 FOXGLOVE LANE WYNNEWOOD, PA 19096	93-1616002	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) JOYCE THEATER FOUNDATION 175 8TH AVENUE NEW YORK, NY 10011	13-3038262	501(C)(3)	10,000.				GENERAL SUPPORT
(2) CHAVERIM ISRAEL FAMILY SERVICES, INC. 1360 CLIFTON AVENUE CLIFTON, NJ 07012-1453	20-1385707	501(C)(3)	10,000.				GENERAL SUPPORT
(3) CHABAD OF RIVER NORTH AND FULTON MARKET 405 WEST SUPERIOR CHICAGO, IL 60654-8559	82-4426647	501(C)(3)	10,000.				GENERAL SUPPORT
(4) THE SEED SCHOOL OF MIAMI 8004 NW 154 STREET MIAMI LAKES, FL 33016	45-3532587	501(C)(3)	10,000.				GENERAL SUPPORT
(5) STYLE SAVES, INC. 1800 N MIAMI AVENUE MIAMI, FL 33136-1716	30-0948238	501(C)(3)	10,000.				GENERAL SUPPORT
(6) AYITI COMMUNITY TRUST 201 S. BISCAYNE BLVD. MIAMI, FL 33131	81-4814751	501(C)(3)	10,000.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF LIVNOT ULEHIBANOT 406 RARITAN AVENUE HIGHLAND PARK, NJ 08904	13-3500786	501(C)(3)	10,000.				GENERAL SUPPORT
(8) AMERICAN FRIENDS OF CHABAD BY THE GALLERIES 7726 CLARIDGE DRIVE HOUSTON, TX 77071	82-2598108	501(C)(3)	10,000.				GENERAL SUPPORT
(9) ERIN LEVITAS FOUNDATION 8 RESERVOIR CIRCLE BALTIMORE, MD 21208	81-5183836	501(C)(3)	10,000.				GENERAL SUPPORT
(10) CANCER COMMONS 2625 MIDDLEFIELD ROAD PALO ALTO, CA 94306	45-3266802	501(C)(3)	10,000.				GENERAL SUPPORT
(11) CONGREGATION BETH ISRAEL OF SAN DIEGO 9001 TOWNE CENTER DRIVE SAN DIEGO, CA 92122	95-1660341	501(C)(3)	10,000.				GENERAL SUPPORT
(12) TELLURIDE FOUNDATION 220 E. COLORADO AVENUE TELLURIDE, CO 81435	84-1530768	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) FRIENDS OF CHABAD MORUMBI BRAZIL CHARITABLE 17662 W GAGES LAKE ROAD GRAYSLAKE, IL 60030	83-3751613	501(C)(3)	10,000.				GENERAL SUPPORT
(2) THE MOUNT 2 PLUNKETT STREET LENOX, MA 01240	04-2666846	501(C)(3)	10,000.				GENERAL SUPPORT
(3) YOUNG ISRAEL OF SCARSDALE 1313 WEAVER STREET SCARSDALE, NY 10583	23-7181169	501(C)(3)	10,000.				GENERAL SUPPORT
(4) RABBINICAL SEMINARY OF AMERICA 7601 147TH STREET FLUSHING, NY 11367	11-1752021	501(C)(3)	10,000.				GENERAL SUPPORT
(5) PILOT LIGHT 1516 W CARROLL AVE. CHICAGO, IL 60607-1037	45-5497499	501(C)(3)	10,000.				GENERAL SUPPORT
(6) KOLLEL SHAS KEREN HATORAH, INC. P.O. BOX 1175 HILLBURN, NY 10931	13-3911384	501(C)(3)	10,000.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF ALIN BEIT NOAM, INC. 556 WEST 254TH STREET RIVERDALE, NY 10471	32-0432818	501(C)(3)	10,000.				GENERAL SUPPORT
(8) IMPACTISRAEL 200 HIGHLAND AVENUE NEEDHAM, MA 02494	22-3090463	501(C)(3)	10,000.				GENERAL SUPPORT
(9) ORGANIZATION FOR THE RESOLUTION OF AGUNOT 551 W 181 STREET NEW YORK, NY 10033	81-0582070	501(C)(3)	9,600.				GENERAL SUPPORT
(10) BREAKTHROUGH MIAMI 3250 SW THIRD AVENUE MIAMI, FL 33129	26-2105534	501(C)(3)	9,600.				GENERAL SUPPORT
(11) SHEARIM CORP 1031 IVES DAIRY ROAD MIAMI, FL 33179	45-3569596	501(C)(3)	9,600.				GENERAL SUPPORT
(12) CATHOLIC HOSPICE, INC. 14875 NW 77TH AVENUE MIAMI LAKES, FL 33014	65-0062530	501(C)(3)	9,500.				GENERAL SUPPORT

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(1) CHABAD CHAYIL 2601 NE 211TH NORTH MIAMI BEACH, FL 33180	32-0156218	501(C)(3)	9,310.				GENERAL SUPPORT
(2) MIGDAL OHR INTERNATIONAL, INC. 3050 BISCAYNE BLVD MIAMI, FL 33137-4143	88-3157776	501(C)(3)	9,200.				GENERAL SUPPORT
(3) RABBINICAL COLLEGE OF AMERICA P.O. BOX 1996 MORRISTOWN, NJ 07962	22-6017975	501(C)(3)	9,100.				GENERAL SUPPORT
(4) BOYS TOWN JERUSALEM, SE REGION 209 W. 29TH STREET NEW YORK, NY 10001	11-5324002	501(C)(3)	9,000.				GENERAL SUPPORT
(5) HONEST REPORTING P.O. BOX 23858 NEW YORK, NY 10087-4658	06-1611859	501(C)(3)	9,000.				GENERAL SUPPORT
(6) CAMP MATZIV, INC. 17585 MCKENZIE STREET CASSOPOLIS, MI 49031	83-2249214	501(C)(3)	8,850.				GENERAL SUPPORT
(7) THE RHYTHM FOUNDATION, INC. P.O. BOX 414625 MIAMI BEACH, FL 33141	65-0102768	501(C)(3)	8,823.				GENERAL SUPPORT
(8) CONGREGATION DOR CHADASH 9560 SW 107TH AVENUE MIAMI, FL 33176	81-2934842	501(C)(3)	8,782.				GENERAL SUPPORT
(9) THE PARADIGM PROJECT 3622 N. RICHMOND STREET CHICAGO, IL 60618	47-5170127	501(C)(3)	8,689.				GENERAL SUPPORT
(10) THE GOOD PEOPLE FUND, INC. 384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501(C)(3)	8,500.				GENERAL SUPPORT
(11) NCSEJ 1120 20TH STREET WASHINGTON, DC 20036	13-2700517	501(C)(3)	8,500.				GENERAL SUPPORT
(12) BETH ISRAEL CONGREGATION 770 WEST 40TH STREET MIAMI BEACH, FL 33140	59-0823935	501(C)(3)	8,300.				GENERAL SUPPORT

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(1) BETH MOSHE CONGREGATION 2225 NE 121 STREET NORTH MIAMI, FL 33181	59-1009377	501(C)(3)	8,260.				GENERAL SUPPORT
(2) PENN HILLEL 215 S 39TH STREET PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	8,200.				GENERAL SUPPORT
(3) NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE PARAMUS, NJ 07652	13-2752418	501(C)(3)	8,000.				GENERAL SUPPORT
(4) MATANAH B'SESSER OF SOUTH FLORIDA, INC. 17340 NE 12TH AVENUE MIAMI, FL 33162	65-0705354	501(C)(3)	7,930.				GENERAL SUPPORT
(5) EARLY CHILDHOOD INITIATIVE, INC. 3250 SW 3RD AVENUE MIAMI, FL 33129	31-1626706	501(C)(3)	7,860.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF LUBAVITCH 2110 LEROY PLACE WASHINGTON, DC 20008	52-2193738	501(C)(3)	7,800.				GENERAL SUPPORT
(7) MOVING TRADITIONS 8380 OLD YORK ROAD ELKINS PARK, PA 19027	34-2015014	501(C)(3)	7,500.				GENERAL SUPPORT
(8) REUT USA 21550 OXNARD ST. WOODLAND HILLS, CA 91367	20-3585888	501(C)(3)	7,500.				GENERAL SUPPORT
(9) CHAI LIFELINE (33312) 2699 STIRLING ROAD FT. LAUDERDALE, FL 33312	11-2940331	501(C)(3)	7,500.				GENERAL SUPPORT
(10) KNESES HATORAH 494 E 2ND STREET BROOKLYN, NY 11218-4504	13-7153245	501(C)(3)	7,200.				GENERAL SUPPORT
(11) JEWISH RESOURCE CENTER CHABAD OF VAIL, INC. 450 E LIONSHEAD CIRCLE VAIL, CO 81657	20-4379239	501(C)(3)	7,200.				GENERAL SUPPORT
(12) CHABAD HOUSE OF CONN, INC. 2352 ALBANY AVENUE WEST HARTFORD, CT 06117	06-1030000	501(C)(3)	7,200.				GENERAL SUPPORT

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(1) YAD DAVID 1002 QUENTIN ROAD BROOKLYN, NY 11223	45-4301089	501(C)(3)	7,200.				GENERAL SUPPORT
(2) VERNON AVENUE PROJECT, INC. 233 W 21ST STREET NEW YORK, NY 10011	27-2995249	501(C)(3)	7,200.				GENERAL SUPPORT
(3) CHABAD LUBAVITCH OF PUERTO RICO, INC. 5900 ISLA VERDE AVENUE CAROLINA, PR 00979	66-0564786	501(C)(3)	7,200.				GENERAL SUPPORT
(4) BAIS CHABAD OF KALKASKA, INC. 14100 WEST 9 MILE RD OAK PARK, MI 48237	45-2302915	501(C)(3)	7,100.				GENERAL SUPPORT
(5) NU DECO ENSEMBLE, INC. 2100 BISCAYNE BLVD. MIAMI, FL 33137	46-2816614	501(C)(3)	7,000.				GENERAL SUPPORT
(6) NEVE YERUSHALAYIM 25 BROADWAY NEW YORK, NY 10004	13-3163148	501(C)(3)	7,000.				GENERAL SUPPORT
(7) FEEDING AMERICA 161 NORTH CLARK STREET CHICAGO, IL 60601	36-3673599	501(C)(3)	7,000.				GENERAL SUPPORT
(8) JEWISH RESOURCE CENTER 1335 HILL STREET ANN ARBOR, MI 48104	27-3448777	501(C)(3)	6,840.				GENERAL SUPPORT
(9) AISH HATORAH (SOUTH FLORIDA) 4010 NORTH 46TH AVENUE HOLLYWOOD, FL 33021	65-0159399	501(C)(3)	6,800.				GENERAL SUPPORT
(10) PROJECT EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 11559	36-4428246	501(C)(3)	6,800.				GENERAL SUPPORT
(11) CHABAD CENTER OF KENDALL 8700 S.W. 112TH STREET MIAMI, FL 33176	65-0667380	501(C)(3)	6,600.				GENERAL SUPPORT
(12) FOUNDATION FOR JEWISH CAMP 253 WEST 35TH STREET NEW YORK, NY 10001	22-3551013	501(C)(3)	6,500.				GENERAL SUPPORT

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(1) HILLEL AT FLORIDA STATE UNIVERSITY 834 W ST AUGUSTINE TALLAHASSEE, FL 32304	59-6194457	501(C)(3)	6,500.				GENERAL SUPPORT
(2) FRIENDS OF THE MARCH OF THE LIVING P.O. BOX 560248 PINECREST, FL 33156	65-1058975	501(C)(3)	6,500.				GENERAL SUPPORT
(3) FOUNDATION FOR THE DEFENSE OF DEMOCRACIES P.O. BOX 33249 WASHINGTON, DC 20033	13-4174402	501(C)(3)	6,500.				GENERAL SUPPORT
(4) FRIENDS OF CHABAD TZFAS, INC. 955 EASTERN PKWY BROOKLYN, NY 11213	46-3329144	501(C)(3)	6,400.				GENERAL SUPPORT
(5) MIAMI NEW DRAMA 1040 LINCOLN ROAD MIAMI BEACH, FL 33139	47-1690840	501(C)(3)	6,300.				GENERAL SUPPORT
(6) JEWISH INSTI. FOR NATIONAL SECURITY AFFAIR 1101 14TH STREET WASHINGTON, DC 20005	52-1233683	501(C)(3)	6,250.				GENERAL SUPPORT
(7) WOMAN'S CANCER ASSOCI. AT THE UNIV.OF MIAMI 1350 WEST FLAGLER STREET MIAMI, FL 33135	59-0871128	501(C)(3)	6,250.				GENERAL SUPPORT
(8) KETER ABRAHAM OF CHABAD 6100 PINE TREE DRIVE MIAMI BEACH, FL 33140	65-0263772	501(C)(3)	6,200.				GENERAL SUPPORT
(9) MICHIGAN HILLEL 1429 HILL STREET ANN ARBOR, MI 48104	38-6119964	501(C)(3)	6,180.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF SHALVA ISRAEL, INC. 315 FIFTH AVENUE NEW YORK, NY 10016	56-2676533	501(C)(3)	6,100.				GENERAL SUPPORT
(11) NESHAMA JFS, LLC 4213 N. FEDERAL HWY POMPANO BEACH, FL 33064	81-2152353	501(C)(3)	6,000.				GENERAL SUPPORT
(12) CONGREGATION KNESSET ISRAEL (PITTSFIELD,MA) 16 COLT ROAD PITTSFIELD, MA 01201	04-2214853	501(C)(3)	6,000.				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 . . . . . ____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CBN ISRAEL 977 CENTERVILLE VIRGINIA BEACH, VA 23463	54-0678752	501(C)(3)	6,000.				GENERAL SUPPORT
(2) SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	6,000.				GENERAL SUPPORT
(3) IMAGINATION PRODUCTIONS, INC. 11110 W OAKLAND PARK BLVD SUNRISE, FL 33351	26-1264680	501(C)(3)	6,000.				GENERAL SUPPORT
(4) JAFFA INSTITUTE 297 SOUTH WASHINGTON BERGENFIELD, NJ 07621	11-2697261	501(C)(3)	6,000.				GENERAL SUPPORT
(5) STUDENTS SUPPORTING ISRAEL P.O. BOX 46282 MINNEAPOLIS, MN 55447	46-5347153	501(C)(3)	5,880.				GENERAL SUPPORT
(6) JEWISH EDUCATIONAL LOAN FUND, INC. 6065 ROSWELL ROAD SANDY SPRINGS, GA 30328	58-0568686	501(C)(3)	5,860.				GENERAL SUPPORT
(7) CHABAD JEWISH CENTER OF RICHMOND 2641 VALE ROAD SAN PABLO, CA 94806	81-3863303	501(C)(3)	5,800.				GENERAL SUPPORT
(8) BIG BROTHERS, BIG SISTERS OF GREATER MIAMI 550 NW 42ND AVENUE MIAMI, FL 33126-5649	59-6166904	501(C)(3)	5,600.				GENERAL SUPPORT
(9) CAMP EMUNAH 824 EASTERN PARKWAY BROOKLYN, NY 11213	11-6264174	501(C)(3)	5,550.				GENERAL SUPPORT
(10) FRIENDS OF THE UNDERLINE, INC. 1800 SW 1ST AVENUE MIAMI, FL 33129	46-4028150	501(C)(3)	5,500.				GENERAL SUPPORT
(11) YOUNG JUDAEA GLOBAL, INC. 575 8TH AVENUE NEW YORK, NY 10018	45-2640858	501(C)(3)	5,500.				GENERAL SUPPORT
(12) SPRINGFIELD MUSEUMS 21 EDWARDS STREET SPRINGFIELD, MA 01103	04-6002239	501(C)(3)	5,500.				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 . . . . . _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HELPING ISRAEL FUND, INC. 3010 N. MILITARY TRAIL BOCA RATON, FL 33431	20-4981268	501(C)(3)	5,500.				GENERAL SUPPORT
(2) WOMEN'S INTERNATIONAL ZIONIST ORGANIZATION 950 THIRD AVENUE NEW YORK, NY 10022	13-3041381	501(C)(3)	5,500.				GENERAL SUPPORT
(3) FRIENDS OF LUBAVITCH OF FLORIDA, INC. 17330 N.W. 7TH AVENUE MIAMI, FL 33169	51-0188269	501(C)(3)	5,400.				GENERAL SUPPORT
(4) CENTRAL SYNAGOGUE 123 E 55TH STREET NEW YORK, NY 10022	13-1628161	501(C)(3)	5,400.				GENERAL SUPPORT
(5) GOODWILL INDUSTRIES OF SOUTH FLORIDA 2121 NW 21ST STREET MIAMI, FL 33142-7382	59-0866126	501(C)(3)	5,350.				GENERAL SUPPORT
(6) HOLOCAUST MEMORIAL 100 RAOUL WASHINGTON, DC 20024-2126	52-1309391	501(C)(3)	5,250.				GENERAL SUPPORT
(7) WOMEN'S EMERGENCY NETWORK P.O. BOX 566392 MIAMI, FL 33256	59-2985791	501(C)(3)	5,250.				GENERAL SUPPORT
(8) SAMI SEPHARDIC AMERICAN MIZRAHI INITIATIVE 4748 SHERIDAN STREET HOLLYWOOD, FL 33021	86-1569480	501(C)(3)	5,125.				GENERAL SUPPORT
(9)							
(10)							
(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 . . . . . ____

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	CAMP SCHOLARSHIPS/ NEED BASED & INCENTIVE US	219	174,979.			
2	OTHER - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	83	112,325.			
3	TZEDAKAH - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	58	30,474.			
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.

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 GRANTEES 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)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number: 59-0624404

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☒ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	X	
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?	**2**	X	
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**	X	
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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				
JACOB SOLOMON (THRU 6/	(i)	414,783.	NONE	1,914,099.	38,813.	26,144.	2,393,839.	1,681,473.
1 PRESIDENT AND CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
OKSANA CARDINI	(i)	244,054.	NONE	NONE	12,110.	15,375.	271,539.	NONE
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BONNIE MECHOULLAM	(i)	287,993.	NONE	NONE	27,556.	13,036.	328,585.	NONE
3 CHIEF MKTG & COMMUN. OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFFREY LEVIN	(i)	287,489.	NONE	NONE	25,206.	15,375.	328,070.	NONE
4 CHIEF DEVELOPMENT OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELLE LABGOLD	(i)	227,287.	NONE	NONE	11,260.	15,375.	253,922.	NONE
5 CHIEF PLANNING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT KAPLAN	(i)	221,575.	NONE	NONE	6,136.	15,375.	243,086.	NONE
6 FOUNDATION DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ABBEY FEINBERG	(i)	193,344.	NONE	NONE	10,444.	15,375.	219,163.	NONE
7 ANNUAL CAMPAIGN DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MIMI KLIMBERG	(i)	154,704.	NONE	NONE	7,505.	15,375.	177,584.	NONE
8 CHIEF TECHNOLOGY AND ANALYTICS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SIMON KAMINETSKY	(i)	184,019.	NONE	NONE	10,066.	12,450.	206,535.	NONE
9 PHILANTHROPIC GIFT DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
NAOMI NIXON	(i)	162,742.	NONE	NONE	NONE	12,220.	174,962.	NONE
10 SENIOR MAJOR GIFTS OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL HAGLER	(i)	154,620.	NONE	NONE	7,742.	12,132.	174,494.	NONE
11 DIR. OF FOUNDATION DEVELOPMENT	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAHLIA BENDAVID	(i)	150,552.	NONE	NONE	9,438.	12,088.	172,078.	NONE
12 DIRECTOR OF ISRAEL & OVERSEAS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSHUA SAYLES	(i)	147,868.	NONE	NONE	3,759.	12,059.	163,686.	NONE
13 DIRECTOR OF JEWISH COMMUNITY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(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 PRESIDENT AND CEO 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 I, LINE 4B:

AFTER SERVING WITH DISTINCTION FOR MORE THAN FOUR DECADES WITH THE GREATER MIAMI JEWISH FEDERATION, JACOB SOLOMON RETIRED AS PRESIDENT AND CEO ON JUNE 30, 2024. JOINING FEDERATION IN 1981 AS A PLANNING ASSOCIATE, HE ROSE TO SENIOR LEADERSHIP POSITIONS, TAKING ON THE TOP EXECUTIVE ROLE IN 1992. DURING THAT TIME, HE WAS A HIGHLY RESPECTED, TALENTED, AND INSPIRING COMMUNITY LEADER, GUIDING THE STRATEGIC RAISING AND DISTRIBUTION OF HUNDREDS OF MILLIONS OF DOLLARS TO SUPPORT HUMANITARIAN AND SOCIAL SERVICES FOR THE JEWISH PEOPLE IN MIAMI, IN ISRAEL, AND WORLDWIDE.

WELL-REGARDED THROUGHOUT THE DECADES FOR HIS DEEP KNOWLEDGE OF THE JEWISH

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.

WORLD, SOLOMON MAINTAINED THE SUPPORT OF NATIONAL AND INTERNATIONAL JEWISH AND NON-JEWISH LEADERS AS HE NAVIGATED MIAMI'S RESPONSE TO EXTRAORDINARY MOMENTS IN WORLDWIDE MODERN JEWISH HISTORY. AMONG THESE: THE RESCUE AND RESETTLEMENT OF NEARLY ONE MILLION JEWS FROM THE FORMER SOVIET UNION; THE SUCCESSFUL INTEGRATION OF ETHIOPIAN JEWS INTO ISRAELI SOCIETY; THE STEADFAST PARTNERSHIP WITH COMMUNITIES IN ISRAEL, INCLUDING OR AKIVA AND YERUCHAM, WHICH ENABLED THEM TO FLOURISH; EMERGENCY SUPPORT FOR THE PEOPLE OF ISRAEL DURING MULTIPLE YEARS OF TERROR ATTACKS AND WARS; AND INTRODUCING THE MIRACLES THE JEWISH SPIRITUAL HOMELAND TO PEOPLE OF ALL AGES THROUGH ORGANIZED MEGA MISSIONS AND SOLIDARITY TRIPS TO ISRAEL, TEEN EXPERIENCES, EDUCATIONAL AND COLLEGE PROGRAMS (SUCH AS BIRTHRIGHT ISRAEL). HIS PASSION FOR JEWISH MIAMI ALSO DROVE EFFORTS TO EXPAND AND BUILD THREE JEWISH COMMUNITY CENTERS THROUGHOUT THE COUNTY; CONSOLIDATE THREE VITAL SOCIAL-SERVICE AGENCIES INTO JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA; SUSTAIN THE JEWISH COMMUNITY SAFETY NET THROUGH COVID-19 AND SEVERAL DISTRESSING ECONOMIC DOWNTURNS; AND COALESCE THE COMMUNITY AROUND CARING FOR THE VICTIMS AND FAMILIES OF THE DEVASTATING SURFSIDE BUILDING COLLAPSE. WHILE HE WAS DOING ALL THIS,

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.

CLOSEST TO HIS HEART WAS ENSURING THAT MIAMI'S POPULATION OF HOLOCAUST SURVIVORS WAS ALWAYS ABLE TO LIVE OUT THEIR YEARS IN DIGNITY AND WITH PROPER COMMUNITY SERVICES, AND THAT THE HOLOCAUST MEMORIAL MIAMI BEACH CONTINUED TO SERVE AS A BEACON FOR EDUCATION AND MEMORY. IN ADDITION, SOLOMON WAS COMMITTED TO THE IDEALS THAT A COMMUNITY MUST ALWAYS CARE FOR THE MOST VULNERABLE AMONG US AND THAT THEY RECEIVE THE SUPPORT THEY NEED. IN THE MORE RECENT YEARS OF HIS TENURE, SOLOMON FOCUSED ON SECURING MIAMI'S JEWISH COMMUNITY AMID RISING WORLDWIDE ANTISEMITISM WITH THE ESTABLISHMENT OF THE MIAMI OFFICE OF COMMUNITY SECURITY AND STRONG PARTICIPATION IN NATIONAL ORGANIZATIONS TO COMBAT VIRULENT JEW HATRED ON COLLEGE CAMPUSES, AT JEWISH INSTITUTIONS, AND THROUGHOUT SOCIAL MEDIA.

A BUILDER OF RELATIONSHIPS, CONSENSUS, AND VISION WHOSE COMMITMENT TO SOCIAL JUSTICE HAS IMPROVED COUNTLESS LIVES, JACOB SOLOMON HAS EARNED THE ENDURING ADMIRATION OF THE FEDERATION LEADERSHIP AND OUR ENTIRE COMMUNITY THROUGHOUT HIS YEARS OF TIRELESS DEDICATION TO THE JEWISH PEOPLE AS THE CHIEF JEWISH COMMUNAL PROFESSIONAL IN MIAMI.

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.

THE PRESIDENT AND CEO'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 $1,681,473, WHICH WAS EARNED OVER THE PERIOD OF 6 YEARS AND BECAME FULLY VESTED AND WAS PAID OUT IN 2023. IT 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)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

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	96	7,550,583.	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	

			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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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.

FORM 990, PART I, LINE 1 (CONTINUATION):

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

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

MARISSA AMUIAL (STEP-DAUGHTER OF ISAAC K. FISHER); ELISE BONWITT (DAUGHTER OF RAQUEL AND MICHAEL SCHECK; SISTER OF JEFFREY 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); 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 ELISE SCHECK BONWITT); MICHAEL SCHECK (HUSBAND OF RAQUEL SCHECK; FATHER OF JEFFREY SCHECK; FATHER OF ELISE SCHECK BONWITT); RAQUEL SCHECK (WIFE OF MICHAEL SCHECK; MOTHER OF JEFFREY SCHECK; MOTHER OF 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); 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 DUE 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 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
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LINE 4A, PROGRAM SERVICE

OVERSEAS PROGRAMS AND SERVICES - FOR OVER 80 YEARS, THE FEDERATION HAS BEEN COMMITTED TO THE WELFARE OF THE JEWISH PEOPLE WORLDWIDE, CONNECTING PEOPLE TO JEWISH LIFE, AND CREATING STRONG CONNECTIONS TO ISRAEL. IN FISCAL 2023-2024 WE PROVIDED $8,655,746 TO ORGANIZATIONS THAT FOCUS ON THESE ISSUES.

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 IN THE FORMER SOVIET UNION (FSU), THROUGHOUT LATIN AMERICA AND EUROPE AND IN MORE THAN 70 OTHER COUNTRIES AROUND THE WORLD SUPPORTING PROGRAMS AND SERVICES THAT CARE FOR THE VULNERABLE, FOSTER JEWISH RENEWAL AMONG YOUNGER GENERATIONS, AND CREATE STRONG CONNECTIONS TO ISRAEL.

FSU: NEARLY 60,000 PEOPLE ARE PARTICIPATING IN JDC-SPONSORED 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 71,000 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: 64,992 SENIORS RECEIVED FOOD ASSISTANCE, 21,833 SENIORS RECEIVED HOME CARE, 18,092 RECEIVED MEDICINE OR MEDICAL ASSISTANCE, AND 11,179 WERE HELPED WITH EMERGENCY GRANTS. JDC FURNISHED CRITICAL NUTRITIONAL AND MEDICAL ASSISTANCE TO MORE THAN 30,000 JEWISH CHILDREN AND THEIR FAMILIES. JAFI ISRAEL OPERATED SUMMER CAMPS IN THE FSU, AS WELL AS SUNDAY SCHOOLS AND PROVIDED YOUNG ADULTS WITH LEADERSHIP ACTIVITIES.

UKRAINE: JDC HAS BEEN ON THE GROUND SINCE THE WAR BROKE OUT IN 2021 AND FOR DECADES BEFORE - OFFERING FOOD TO THE HUNGRY, MEDICAL AID TO THE SICK, AND HEAT FOR HOMES TO WITHSTAND THE COLD. THE EMOTIONAL TOLL OF THIS CRISIS HAS BEEN NO LESS DEVASTATING THAN THE PHYSICAL ONE. THIS PAST YEAR, JDC PIONEERED A GROUNDBREAKING TRAUMA RESPONSE PROGRAM TO SAFEGUARD THE EMOTIONAL WELL-BEING OF UKRAINIAN JEWS LIVING KNEE-DEEP IN DISTRESS. JDC LAUNCHED A NETWORK OF EIGHT TRAUMA SUPPORT CENTERS ACROSS UKRAINE IN KYIV, ZAPORIZHZHIA, DNIPRO, KHMELNYTSKYI, POLTAVA, LVIV,

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KHARKIV AND ODESA. EACH OFFERS PSYCHOLOGICAL SUPPORT THROUGH INDIVIDUAL AND GROUP SESSIONS, PARENTAL GUIDANCE, FAMILY THERAPY, AND COGNITIVE BEHAVIORAL THERAPY TO THOSE IN NEED.

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 287 FAMILIES WITH FOOD ASSISTANCE, 83 PEOPLE WITH HOUSING SUPPORT, AND EMERGENCY SUPPORT FOR 292 NEWLY POOR FAMILIES.

VENEZUELA: JDC ASSISTED 700 VENEZUELAN JEWS AND 28 SENIORS WITH DELIVERIES OF NUTRITIOUS FOOD, 120 JEWS WITH CHRONIC ILLNESS WITH MEDICATION, AND SOCIAL ACTIVITIES CONNECTING 70 ELDERLY JEWS.

CUBA: JDC PROVIDED 130 VULNERABLE FAMILIES WITH FOOD, MILK AND SPECIAL SHABBAT MEALS, 450 VULNERABLE JEWS WITH MEDICINE SUPPLIES, IN-PERSON AND VIRTUAL COMMUNITY ACTIVITIES, SENIOR DAY GET-TOGETHERS.

EUROPE AND NORTH AFRICA: 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. 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. YOUTH FUTURES IN YERUCHAM IS HELPING 97 AT-RISK CHILDREN.

FEDERATION IS ALSO WORKING ON PROJECTS FOR THE NEGEV- SOUTHERN ISRAEL - IN COLLABORATION WITH OTHER COMMUNITIES BY FOCUSING ON LOCAL INDUSTRIES, AGRICULTURE, ENTREPRENEURS AND THE UNIQUE SKILLS

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OF ITS RESIDENTS, TRANSFORMING THE NEGEV INTO A HUB OF GROWTH AND VIBRANCY, AND, IN THE AFTERMATH OF OCTOBER 7, RESILIENCE AND RADICAL RESTORATION. THE GROUP HAS FUNDED INNOVATIVE INITIATIVES AND PILOTED UNPRECEDENTED PROGRAMS. ONE RECENT EXAMPLE IS YERUCHAM'S PUBLIC POP-UP KITCHEN IN AN EXISTING COMMUNITY KITCHEN AND BAKERY, WHICH EMPOWERED DISPLACED ISRAELIS TO PREPARE MEALS FOR THEMSELVES AND THEIR FAMILIES. TO BOLSTER EMOTIONAL HEALING AND RESILIENCE, THE KITCHEN ALSO PROVIDED THERAPEUTIC CULINARY SESSIONS.

FEDERATION ASSISTS THE ETHIOPIAN-ISRAELI COMMUNITY BY PROVIDING STUDENTS 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 ADDRESS BIASES IN MUNICIPAL SERVICES.

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.

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.

AS A RESULT OF HAMAS TERRORIST ACTIVITIES ON OCTOBER 7, 2023, FEDERATION HAS INCREASED THE EMERGENCY ASSISTANCE THROUGH OUR COLLECTIVE SUPPORT OF THE JFNA TO SUPPORT EVACUEES, FOOD AND FINANCIAL ASSISTANCE FOR IMPACTED FAMILIES, THE ELDERLY, AND THE HOMEBOUND, INITIATIVES TO SUPPORT THE COORDINATION FOR ORGANIZATIONS TO SCALE EFFORTS EFFECTIVELY, IMMEDIATE CASH GRANTS TO FAMILIES AND INDIVIDUALS WHO HAVE BEEN IMPACTED BY ACTS OF TERROR AND VIOLENCE; TARGETED ASSISTANCE TO VULNERABLE POPULATIONS AND THEIR CAREGIVERS, INCLUDING THE ELDERLY, YOUNG CHILDREN, PEOPLE LIVING WITH DISABILITIES, RUSSIAN-SPEAKING ISRAELIS,

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ETHIOPIAN ISRAELIS, HOLOCAUST SURVIVORS, AND MARGINALIZED POPULATIONS, SUCH AS BEDOUIN COMMUNITIES, WIDE-SCALE TRAUMA RELIEF AND PSYCHOSOCIAL SUPPORT FOR FIRST RESPONDERS, SOLDIERS AND THEIR FAMILIES, REHABILITATION FOR THE INJURED, AND SUPPORT FOR FAMILIES WHOSE RELATIVES WERE MURDERED, INJURED, OR ABDUCTED.

LINE 4B, 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 2023-2024, MORE THAN $8.8 MILLION WAS DIRECTED TOWARD MULTIPLE FORMAL AND INFORMAL JEWISH EDUCATION AND IDENTITY INITIATIVES SERVING ADULTS AND CHILDREN IN THE COMMUNITY INCLUDING MORE THAN $2.1 MILLION IN GRANTS AND SCHOLARSHIPS TO 11 JEWISH DAY SCHOOLS AND NINE CONGREGATIONAL SCHOOLS IN MIAMI-DADE COUNTY, IMPACTING OVER 5,600 STUDENTS, ENHANCING THEIR UNDERSTANDING AND APPRECIATION OF OUR RICH JEWISH HERITAGE. OUR THREE MIAMI JEWISH COMMUNITY CENTERS RECEIVED OVER $2.3 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 219 SCHOLARSHIPS TO CHILDREN TO ATTEND JEWISH CAMPS ACROSS THE US, STRENGTHENING THEIR JEWISH IDENTITY.

HAVING A STRONG, WELCOMING JEWISH PRESENCE ON COLLEGE CAMPUSES IS PARTICULARLY CRITICAL TODAY. FEDERATION FUNDING SUPPORTS SEVEN HILLEL PROGRAMS THROUGHOUT FLORIDA, PROVIDING PROGRAMMING FOR MORE THAN 9,800 JEWISH STUDENTS. ADDITIONALLY, THE MIAMI MOISHE HOUSES AND MOISHE POD, WHICH ALSO RECEIVE FUNDING FROM FEDERATION, CONDUCTED 259 PROGRAMS FOR 1,291 YOUNG JEWISH ADULTS IN 2023.

STUDENTS WERE PART OF THE OVER 50,000 WHO VISITED THE HOLOCAUST

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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.

IN ADDITION TO THE BOOKS AND MUSIC SENT MONTHLY TO OVER 3,800 CHILDREN, PJ LIBRARY OF MIAMI, A PROGRAM OF FEDERATION, AND ITS IMPLEMENTING PARTNERS HOSTED VIRTUAL AND IN PERSON FAMILY PROGRAMS ON JEWISH VALUES AND CELEBRATIONS. SINCE INCEPTION, PJ LIBRARY HAS DELIVERED OVER 546,000 BOOKS IN MIAMI.

ADDITIONALLY, GRANTS FROM THE FOUNDATION OF THE GREATER MIAMI JEWISH FEDERATION THROUGH DONOR-ADVISED FUNDS AND OTHER DESIGNATED FUNDS PROVIDES FUNDS FOR EMERGENCIES, AND THE DEVELOPMENT OF RESOURCES NECESSARY TO ADDRESS FUTURE OPPORTUNITIES AND NEEDS FOR THE COMMUNITY.

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. OVER $3.6 MILLION WAS ALLOCATED FROM THE ANNUAL FEDERATION/UJA CAMPAIGN IN FISCAL 2023-2024 TO CARE FOR THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY.

MORE THAN 1 IN 5 JEWISH PEOPLE IN MIAMI CONTINUE TO DEPEND ON FEDERATION FOR SOME FORM OF 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 (JCS) RECEIVED 11,168 REQUESTS FOR ASSISTANCE, MANY OF WHICH RESULTED IN DIRECT AID, REFERRALS, COUNSELING AND EMERGENCY GRANTS FROM FEDERATION AND OUR PARTNER AGENCIES. OVER $194,000 IN EMERGENCY ASSISTANCE GRANTS WERE PROVIDED FOR PEOPLE EXPERIENCING HARDSHIP. THE HEBREW FREE LOAN ASSOCIATION OF MIAMI, A FEDERATION PROGRAM, DISBURSED $441,200 IN INTEREST-FREE LOANS, TO ASSIST WITH COSTS ASSOCIATED WITH MEDICAL AND DENTAL, TUITION, EDUCATION, ADOPTION,

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FERTILITY TREATMENTS, HOUSING ASSISTANCE, PERSONAL EXPENSES AND SO MUCH MORE.

THERE WERE 4,598 VISITS TO THE (JCS) KOSHER FOOD BANK. THROUGH JCS HOME DELIVERED AND CONGREGATE MEAL PROGRAMS, 248,000+ 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. OVER 540 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 643,500 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 187 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. ADULTS, SENIORS AND CHILDREN BENEFITTED FROM 7,641 COUNSELING SESSIONS AND OTHER PSYCHOLOGICAL SERVICES FROM THE PROFESSIONAL CLINICAL STAFF OF JCS' BEHAVIORAL HEALTH 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, 100 JEWISH CHILDREN - VICTIMS OF ABUSE OR NEGLECT - RECEIVED CHILD WELFARE SERVICES FROM JEWISH ADOPTION AND FAMILY CARE OPTIONS (JAFCO).

OUR PROGRAMS ARE DESIGNED 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

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INFUSING JEWISH VALUES, EXAMINING HIGH QUALITY MODELS FOR VOLUNTEER RECRUITMENT, RETENTION, AND ENHANCEMENT. OFFERING ONE-TIME FAMILY FRIENDLY PROGRAMS AND ONGOING INDIVIDUAL ACTIVITIES, IN FISCAL 2023-2024, FEDERATION'S JVC ENABLED 2,042 PEOPLE TO VOLUNTEER 3,730 TIMES TO BENEFIT COMMUNITY ORGANIZATIONS THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER, TOTALING 14,920 HOURS OF VOLUNTEERING AND EQUALING NEARLY $499,521 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 LEADERSHIP BY REACHING OUT TO ALL CONSTITUENCIES IS TO INCREASE COMMUNITY INVOLVEMENT IN FEDERATION, EDUCATE FUTURE VOLUNTEER LEADERS, AND BUILD A CORE OF FUTURE LEADERS. 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 FISCAL 2023-2024, WE AWARDED $70,000 IN INCUBATOR GRANTS TO HELP JEWISH NONPROFITS BUILD CAPACITY, SPUR INNOVATION AND SERVE UNMET LOCAL NEEDS. WE ALSO AWARDED $70,000 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

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FORM 990, PART III - PROGRAM SERVICE
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POLITICAL EQUALITY.

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GIANT LEAPS CONTENT ACTIVITIES LTD P.O. BOX 3794 MEVASERET TZION ISRAEL 90805	MISSION GROUND SVCS.	3,961,181.
ARQUITECTONICA INTERNATIONAL CORPORATION 2900 OAK AVENUE MIAMI, FL 33133	ARCHITECTURAL SVCS.	912,070.
MEDIA STAGE INC. 350 INTERNATIONAL PARKWAY SUNRISE, FL 33325	AUDIO VISUAL	393,358.
BDO USA 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166	AUDIT & TAX	308,560.
KENT SECURITY SERVICES 14600 BISCAYNE BOULEVARD NORTH MIAMI, FL 33181	SECURITY	299,569.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

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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) 2023

JSA
3E1307 1.000

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	(G) SEC 512 NO
SAMUEL I. ADLER FAMILY SUPPORTING FOUND. 65-0688643 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
L. JULES ARKIN FAMILY FOUNDATION, INC. 65-0817973 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
SHIRLEY FELDMAN ARKIN FOUNDATION INC. 65-0840870 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
THE FELDMAN FAMILY FOUNDATION, INC. 65-0421798 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
THE FUTERNICK FAMILY FOUNDATION, INC. 65-0078657 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
THE GANZ FAMILY FOUNDATION, INC. 65-0008368 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
SENIORS CARE FOUNDATION, INC. 65-0154991 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPP. ELDERLY	FL	501(C)(3)	7	GMJF	X	
KAPLAN FAMILY FOUNDATION, INC. 65-0455791 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
PODHURST FAMILY SUPPORTING FOUND, INC. 65-0720334 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	
CIVIE AND EARL PERTNOY FAMILY FOUNDATION 14-1944305 4200 BISCAYNE BLVD MIAMI, FL 33137	SUPPORT ORG.	FL	501(C)(3)	12D	GMJF	X	

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

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) 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.

			Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**	X	
b	Gift, grant, or capital contribution to related organization(s)	**1b**	X	
c	Gift, grant, or capital contribution from related organization(s)	**1c**		X
d	Loans or loan guarantees to or for related organization(s)	**1d**	X	
e	Loans or loan guarantees by related organization(s)	**1e**		X
f	Dividends from related organization(s)	**1f**		X
g	Sale of assets to related organization(s)	**1g**		X
h	Purchase of assets from related organization(s)	**1h**		X
i	Exchange of assets with related organization(s)	**1i**		X
j	Lease of facilities, equipment, or other assets to related organization(s)	**1j**	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	**1k**		X
l	Performance of services or membership or fundraising solicitations for related organization(s)	**1l**	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**	X	
o	Sharing of paid employees with related organization(s)	**1o**	X	
p	Reimbursement paid to related organization(s) for expenses	**1p**		X
q	Reimbursement paid by related organization(s) for expenses	**1q**	X	
r	Other transfer of cash or property to related organization(s)	**1r**		X
s	Other transfer of cash or property from related organization(s)	**1s**		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)													
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(16)													

Part VII **Supplemental Information**

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