

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>GREATER MIAMI JEWISH FEDERATION INC.</u>			D Employer identification number <u>59-0624404</u>
	Doing Business As		E Telephone number <u>(305) 576-4000</u>	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	<u>4200 BISCAYNE BOULEVARD</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>MIAMI, FL 33137</u>			G Gross receipts \$ <u>291,428,233.</u>	
F Name and address of principal officer: <u>OKSANA CARDINI</u> <u>4200 BISCAYNE BOULEVARD, MIAMI, FL 33137</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(c) Group exemption number ▶	
J Website: ▶ <u>WWW.JEWISHMIAMI.ORG</u>				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1938</u> M State of legal domicile: <u>FL</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO MOBILIZE HUMAN AND FINANCIAL RESOURCES TO CARE FOR THOSE IN NEED, STRENGTHEN JEWISH LIFE AND ADVANCE THE UNITY VALUES AND SHARED PURPOSE (SEE SCHEDULE O FOR CONTINUATION)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>165</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>165</u>
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	<u>110</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>2,366</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>964,826.</u>
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>540,564.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>43,344,990.</u>	<u>69,971,255.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>NONE</u>	<u>NONE</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>20,994,613.</u>	<u>25,160,921.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>717,314.</u>	<u>608,661.</u>
		<u>65,056,917.</u>	<u>95,740,837.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>59,767,764.</u>	<u>80,253,526.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>8,816,749.</u>	<u>10,102,323.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>29,818.</u>	<u>55,257.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,036,752.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>5,639,415.</u>	<u>8,207,419.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>74,253,746.</u>	<u>98,618,525.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>-9,196,829.</u>	<u>-2,877,688.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>471,066,414.</u>	<u>477,470,604.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20.	<u>87,514,290.</u>	<u>93,390,539.</u>
	<u>383,552,124.</u>	<u>384,080,065.</u>	

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date		
	<u>OXSANA CARDINI</u> Type or print name and title		<u>CFO</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>PAUL HAMMERSCHMIDT</u>	<u>PAUL HAMMERSCHMIDT</u>	<u>05/14/2024</u>	<input type="checkbox"/>	<u>P01384178</u>
	Firm's name ▶ <u>BDO USA</u>	Firm's EIN ▶ <u>13-5381590</u>	Phone no. <u>212-885-8000</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 55,550,992. including grants of \$ 51,307,974.) (Revenue \$ 608,661.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 12,223,429. including grants of \$ 11,289,796.) (Revenue \$ NONE) SEE SCHEDULE O

4c (Code:) (Expenses \$ 19,115,834. including grants of \$ 17,655,756.) (Revenue \$ NONE) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 86,890,255.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 21 regarding organizational activities, financial reporting, and compliance with various tax sections.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 110		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, 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? 17 If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (165), 1b (165), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[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 X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 PRESIDENT AND CEO	40.00 NONE			X				590,357.	NONE	279,869.
(2) JEFFREY LEVIN CHIEF DEVELOPMENT OFFICER	40.00 NONE			X				272,240.	NONE	37,828.
(3) BONNIE MECHOULLAM CHIEF MKTG & COMMUN. OFFICER	40.00 NONE			X				224,666.	NONE	34,721.
(4) OKSANA CARDINI CHIEF FINANCIAL OFFICER	37.00 3.00			X				223,840.	NONE	26,008.
(5) SCOTT KAPLAN FOUNDATION DIRECTOR	40.00 NONE			X				211,099.	NONE	20,694.
(6) MICHELLE LABGOLD CHIEF PLANNING OFFICER	40.00 NONE			X				211,615.	NONE	15,392.
(7) SIMON KAMINETSKY PHILANTHROPIC GIFT DIRECTOR	40.00 NONE					X		175,353.	NONE	21,334.
(8) ABBEY FEINBERG ANNUAL CAMPAIGN DIRECTOR	40.00 NONE			X				162,977.	NONE	23,431.
(9) JILL HAGLER DIR. OF FOUNDATION DEVELOPMENT	40.00 NONE					X		147,032.	NONE	18,873.
(10) MIMI KLIMBERG CHIEF TECHNOLOGY AND ANALYTICS	40.00 NONE			X				141,530.	NONE	21,682.
(11) DAHLIA BENDAVID DIRECTOR OF ISRAEL & OVERSEAS	40.00 NONE					X		141,225.	NONE	19,204.
(12) JOSHUA SAYLES DIRECTOR OF JEWISH COMMUNITY	40.00 NONE					X		130,735.	NONE	14,649.
(13) BARBARA WILLIAMS CONTROLLER	40.00 NONE					X		133,078.	NONE	10,243.
(14) ARIEL BENTATA CHAIR OF THE BOARD	20.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ISAAC K. FISHER IMMEDIATE PAST CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(16) MICHELLE BEN-AVIV ASSOCIATE TREASURER	5.00 NONE	X		X				NONE	NONE	NONE
(17) ROBERT C. GILBERT ASSOCIATE SECRETARY	5.00 NONE	X		X				NONE	NONE	NONE
(18) ROBERT D. HERTZBERG TREASURER	5.00 1.00	X		X				NONE	NONE	NONE
(19) ELIZABETH F. SCHWARTZ SECRETARY	5.00 NONE	X		X				NONE	NONE	NONE
(20) ELISE SCHECK BONWITT VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(21) STEVEN J. BRODIE VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(22) AMY B. CHAFETZ VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(23) MOJDEH KHAGHAN DANIAL VICE CHAIR	5.00 5.00	X		X				NONE	NONE	NONE
(24) MICHELLE S. DIENER VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
(25) LAURA P. KOFFSKY VICE CHAIR	5.00 NONE	X		X				NONE	NONE	NONE
1b Sub-total								2,765,747.	NONE	543,928.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								2,765,747.	NONE	543,928.

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? <i>If "Yes," complete Schedule J for such individual</i>	3	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) VICKI AGRON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(38) ISAAC ALMOSNY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(39) LAUREN AMRON STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(40) MARISSA AMUIAL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(41) L. JULES ARKIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(42) TOBI ASH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(43) TERRI BACHOW BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(44) RYAN D. BAILINE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(45) SABY BEHAR BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(46) EDWARD BEINER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(47) SARA BEJAR BOARD MEMBER	2.00 5.00	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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JERRY BLANK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(60) ALEX BLAVATNIK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(61) ELAINE BLOOM STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(62) NORMAN BRAMAN BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(63) NOAH BREAKSTONE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(64) SHELLY BRODIE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(65) MELISSA BUCKNER BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(66) JOHN BUSSEL BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(67) AMY N. DEAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(68) REBECA DELASTER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(69) DAVID O. DEUTCH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) SUSIE DIAMOND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(71) ADRIAN DUBOW STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(72) BETH ERTEL BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(73) GEORGE FELDENKREIS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(74) SUSAN WEISS FIRESTONE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(75) ROBYN C. FISHER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(76) STEVE FOLDES BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(77) JULIE FRANKLIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(78) MICHAEL D. FRIEDMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(79) DANIEL FUJITA BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(80) MIKKI FUTERNICK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) ELLIE GANZ BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(82) GARY R. GERSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(83) DR. JAIME GHITELMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(84) BELINDA GILBERT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(85) J. JOSEPH GIVNER STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(86) AMIR GOLD STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(87) BARBARA BLACK GOLDFARB BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(88) LISA E. GOLDSTEIN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(89) STEVEN GRETENSTEIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(90) SHELLEY NICELEY GROFF STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(91) BARRY T. GURLAND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) JASON HAIM BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(93) ADRIANA B. HALAC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(94) DANIEL HALBERSTEIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(95) MARK H. HILDEBRANDT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(96) STEVEN HURWITZ STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(97) ROBIN JACOBS STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(98) LISA JERLES BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(99) LARRY JOSEPH BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(100) IAN KAPLAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(101) CLARITA KASSIN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(102) EZRA KATZ BOARD MEMBER	2.00 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? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) EVELYN KATZ BOARD MEMBER	2.00 5.00	X					NONE	NONE	NONE	
(104) JESSICA KATZ STANDING COMMITTEE	2.00 2.00	X					NONE	NONE	NONE	
(105) JOSI KIBLISKY BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(106) JOSH KLIGLER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(107) RUBEN KLODA BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(108) BRUCE D. KOHRMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(109) ILENE A. KOSSMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(110) STEVEN J. KRAVITZ BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(111) PAUL KRUSS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(112) ALEX KRYS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(113) ISRAEL LAPCIUC BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(114) EDIE LAQUER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(115) MURRAY J. LAULICHT BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(116) DONALD E. LEFTON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(117) WILLIAM LEHMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(118) ALEXANDRA LEHSON BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(119) DAVID LEIBOWITZ BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(120) LAUREN LEICHTMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(121) MARC A. LEVIN BOARD MEMBER	2.00 1.00	X					NONE	NONE	NONE	
(122) DIANE LIEBERMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(123) NORMAN H. LIPOFF BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(124) NANCY LIPOFF BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(125) JANICE LIPTON STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(126) MARK S. MELAND BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(127) ADRIENNE D. MESSING BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(128) GAIL S. MEYERS BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(129) ISAAC MIZRAHI STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(130) JEFFREY E. NEWMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(131) ARI NEWMAN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(132) NEDRA OREN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(133) MARK E. OREN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(134) JONATHAN PLUTZIK BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(135) AARON S. PODHURST BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(136) DOROTHY PODHURST BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(137) RABBI GAYLE POMERANTZ STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(138) TINA PRICE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(139) MYCKI RATZAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(140) JOHN RICHARD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(141) BRIAN RIEMER BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(142) RABBI MARIO ROJZMAN BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(143) LECIA ROTHMAN STANDING COMMITTEE	2.00 NONE	X					NONE	NONE	NONE	
(144) MICHAEL D. RUDD BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(145) LIANA SAFDIE BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
(146) JOEL SANDBERG BOARD MEMBER	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	28,869,780.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	135,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	40,966,475.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,989,289.				
	h	Total. Add lines 1a-1f			69,971,255.			
	Program Service Revenue	2a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f			NONE			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		7,393,893.		964,826.	6,429,067.
	4	Income from investment of tax-exempt bond proceeds .		NONE				
	5	Royalties		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	c	Rental income or (loss)	NONE	NONE				
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		212,462,113.			
			7b		194,695,085.			
	c	Gain or (loss)	7c		17,767,028.			
	d	Net gain or (loss)			17,767,028.		17,767,028.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			992,311.			
			8a		992,311.			
8b				992,311.				
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities. See Part IV, line 19			NONE				
		9a		NONE				
		9b		NONE				
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances			NONE				
		10a		NONE				
		10b		NONE				
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	OTHER INCOME	Business Code	900099	608,661.	608,661.		
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d			608,661.			
	12	Total revenue. See instructions			95,740,837.	608,661.	964,826.	24,196,095.

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	51,798,911.	1	60,880,268.
	2 Savings and temporary cash investments	NONE	2	NONE
	3 Pledges and grants receivable, net	11,161,345.	3	15,886,104.
	4 Accounts receivable, net	1,946,834.	4	2,089,363.
	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 10,512,079.		
	b Less: accumulated depreciation	10b 7,002,307.	3,467,226.	10c 3,509,772.
	11 Investments - publicly traded securities	199,304,897.	11	195,433,429.
	12 Investments - other securities. See Part IV, line 11	190,382,941.	12	186,114,263.
	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	13,004,260.	15	13,557,405.
16 Total assets. Add lines 1 through 15 (must equal line 33)	471,066,414.	16	477,470,604.	
Liabilities	17 Accounts payable and accrued expenses	4,649,714.	17	5,216,082.
	18 Grants payable	24,891,710.	18	25,120,244.
	19 Deferred revenue	NONE	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	3,230,000.	24	3,230,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	54,742,866.	25	59,824,213.
	26 Total liabilities. Add lines 17 through 25	87,514,290.	26	93,390,539.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	320,431,417.	27	314,674,665.
	28 Net assets with donor restrictions	63,120,707.	28	69,405,400.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	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	383,552,124.	32	384,080,065.
33 Total liabilities and net assets/fund balances	471,066,414.	33	477,470,604.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	95,740,837.
2	Total expenses (must equal Part IX, column (A), line 25)	2	98,618,525.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,877,688.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	383,552,124.
5	Net unrealized gains (losses) on investments	5	3,405,629.
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	384,080,065.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

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

Form **990** (2022)

**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

2022

**Open to Public
Inspection**

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

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

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

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

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

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (65.36%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (63.13%); 16a 33 1/3% support test - 2022 (checked); 16b 33 1/3% support test - 2021; 17a 10%-facts-and-circumstances test - 2022; 17b 10%-facts-and-circumstances test - 2021; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2018	2019	2020	2021	2022	TOTAL
CHAPLAINCY	101,249.	NONE	NONE	NONE	NONE	101,249.
OTHER INCOME	87,052.	NONE	NONE	NONE	NONE	87,052.
TOTALS	188,301.	NONE	NONE	NONE	NONE	188,301.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 <p style="text-align: center;">GREATER MIAMI JEWISH FEDERATION INC.</p>	Employer identification number <p style="text-align: center;">59-0624404</p>
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 21,482,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 3,930,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 2,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization GREATER MIAMI JEWISH FEDERATION INC.	Employer identification number 59-0624404
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Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

(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)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization GREATER MIAMI JEWISH FEDERATION INC.	Employer identification number 59-0624404
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No														

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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)		(b)
	Yes	No	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		630.
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		16,645.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			17,275.
2a Did the activities in line 1 cause the organization to be not 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)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections and financial gain reporting.

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

Schedule D (Form 990) 2022

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	66,675,133.	68,169,141.	61,889,938.	64,945,990.	63,495,757.
b Contributions	964,112.	5,026,262.	750,845.	558,146.	437,377.
c Net investment earnings, gains, and losses	5,809,024.	-3,184,876.	14,093,215.	874,811.	2,763,531.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,161,214.	3,335,394.	2,952,667.	4,489,009.	1,750,675.
f Administrative expenses					
g End of year balance	68,287,055.	66,675,133.	73,781,331.	61,889,938.	64,945,990.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 7.0000 %
 - b Permanent endowment 26.0000 %
 - c Term endowment 67.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-------------------------------------|--------------------------|
| (i) Unrelated organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.	
c Leasehold improvements		3,443,071.	2,668,402.	774,669.
d Equipment		3,226,158.	3,151,006.	75,152.
e Other		NONE		NONE
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,509,772.

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	174,612,541.	FMV
(B) STATE OF ISRAEL BOND	11,501,722.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	186,114,263.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS TO AFFILIATED AGENCIES	57,969,662.
(3) SPLIT INTEREST AGREEMENTS	1,854,551.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	59,824,213.

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

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

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

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 (B):

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

PART V, LINE 4:

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

PART X, LINE 2:

GREATER MIAMI JEWISH FEDERATION INC. IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA. DURING THE YEAR ENDED JUNE 30, 2023, THE FEDERATION GENERATED NET UNRELATED BUSINESS INCOME FROM CERTAIN ALTERNATIVE INVESTMENTS. NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES WERE RECORDED AS MANAGEMENT BELIEVES THE AMOUNTS ARE IMMATERIAL TO THESE CONSOLIDATED FINANCIAL STATEMENTS.

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

Part XIII Supplemental Information *(continued)*

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

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2020.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		99,800.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					99,800.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					99,800.

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

Schedule F (Form 990) 2022

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	112	99,800.	WIRE			
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2022

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SEE SUPPLEMENT INFORMATION 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				105,947.	55,257.	50,690.

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.

FL,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MAIN/PACESETTER (event type)	WOMEN'S EVENT (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	766,621.	225,690.	992,311.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	766,621.	225,690.	992,311.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	256,106.	88,811.	344,917.
	7	Food and beverages	290,489.	53,387.	343,876.
	8	Entertainment	168,050.	7,200.	175,250.
	9	Other direct expenses	51,977.	76,291.	128,268.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			992,311.
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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

=====

NAME:

SIEGEL MARKETING GROUP

ADDRESS:

1845 NORTH FAREWELL AVENUE, SUITE 300
MILWAUKEE, WI 53202

ACTIVITY :

PHONE ACTIVITY

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY :	105,947.
AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER :	55,257.
AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION :	50,690.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Internal Revenue Service

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Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) UNIVERSITY OF MIAMI 6200 SAN AMARO DRIVE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	25,407,680.				GENERAL SUPPORT
(2) MUSEUM OF SCIENCE, INC. 3280 SOUTH MIAMI AVE MIAMI, FL 33129	59-0854960	501(C)(3)	10,000,000.				GENERAL SUPPORT
(3) THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	9,925,217.				GENERAL SUPPORT
(4) JEWISH COMMUNITY SERVICES 12000 BISCAYNE BLVD MIAMI, FL 33181	59-0637867	501(C)(3)	3,342,335.				GENERAL SUPPORT
(5) MICHAEL-ANN RUSSELL JCC 18900 NE 25TH NORTH MIAMI BEACH, FL 33180	59-2791269	501(C)(3)	2,706,632.				GENERAL SUPPORT
(6) MT. SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	2,491,500.				GENERAL SUPPORT
(7) CENTER FOR THE ADVANCEMENT OF JEWISH EDU. 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624373	501(C)(3)	1,665,106.				GENERAL SUPPORT
(8) HOLOCAUST MEMORIAL COMMITTEE 1933 MERIDIAN AVE MIAMI BEACH, FL 33139	59-2659641	501(C)(3)	1,429,240.				GENERAL SUPPORT
(9) TALMUDIC COLLEGE OF FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-1571122	501(C)(3)	1,150,000.				GENERAL SUPPORT
(10) DAVE & MARY ALPER JCC 11155 S.W. 112TH AVE MIAMI, FL 33176	59-2736411	501(C)(3)	1,003,105.				GENERAL SUPPORT
(11) SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVE MIAMI, FL 33180	59-1296635	501(C)(3)	617,224.				GENERAL SUPPORT
(12) TEMPLE BETH AM (MIAMI) 5950 N. KENDALL DR PINECREST, FL 33156	59-0855408	501(C)(3)	603,690.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 324

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Schedule I (Form 990) 2022

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(1) TORAS EMES ACADEMY 1025 NE MIAMI GARDENS DRIVE MIAMI, FL 33179	59-1870702	501(C)(3)	521,963.				GENERAL SUPPORT
(2) UM SYLVESTER COMPREHENSIVE CANCER CENTER P.O. BOX 016960 MIAMI, FL 33101	59-0624458	501(C)(3)	503,000.				GENERAL SUPPORT
(3) AMERICAN COMMITTEE FOR SHAARE ZEDEK 1040 AVE OF THE AMERICAS NEW YORK, NY 10018	13-5645878	501(C)(3)	500,000.				GENERAL SUPPORT
(4) FLORIDA HILLEL COUNCIL FIRST NATIONAL PLAZA CHICAGO, IL 60670	47-4532260	501(C)(3)	450,450.				GENERAL SUPPORT
(5) STRONGER THAN EVER 1423 RED VENTURES DR FORT MILL, SC 29707	82-2906615	501(C)(3)	430,000.				GENERAL SUPPORT
(6) GREATER MIAMI HEBREW ACADEMY 2400 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	387,894.				GENERAL SUPPORT
(7) BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE NEW YORK, NY 10017	13-4092050	501(C)(3)	361,336.				GENERAL SUPPORT
(8) MIAMI BEACH JEWISH COMMUNITY CENTER 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140	59-2788834	501(C)(3)	340,683.				GENERAL SUPPORT
(9) THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO, 25 WEST 45TH STREET NEW YORK, NY 10036	13-3434781	501(C)(3)	325,500.				GENERAL SUPPORT
(10) UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVE MIAMI, FL 33129	59-0830840	501(C)(3)	311,000.				GENERAL SUPPORT
(11) LEHRMAN COMMUNITY DAY SCHOOL 727 77TH STREET MIAMI BEACH, FL 33141	65-1119268	501(C)(3)	306,827.				GENERAL SUPPORT
(12) INSTITUTE OF CONTEMPORARY ART MIAMI, INC. 61 NE 41ST STREET MIAMI, FL 33137	47-1251523	501(C)(3)	294,400.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
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(1) BETH TORAH CONGREGATION 20350 N.E. 26TH AVE, NORTH MIAMI BEACH, FL	59-2750308	501(C)(3)	251,840.				GENERAL SUPPORT
(2) CHILDRENS HOSPITAL OF PHILADELPHIA 34TH ST & CIVIC CENTER BLVD, PHILADELPHIA	23-1352166	501(C)(3)	250,000.				GENERAL SUPPORT
(3) CAJE TEACHER FRINGE BENEFITS PROGRAM DADE COUNTY DISTRICT P.O. BOX 9001616	59-0624373	501(C)(3)	231,750.				GENERAL SUPPORT
(4) FRIENDS OF THE ISRAEL DEFENSE FORCES 60 EAST 42ND STREET NEW YORK, NY 10165-0006	13-3156445	501(C)(3)	229,206.				GENERAL SUPPORT
(5) CAMP JUDAEA (ATLANTA) 1440 SPRING STREET, NW ATLANTA, GA 30309	58-6014651	501(C)(3)	212,600.				GENERAL SUPPORT
(6) MOISHE HOUSE 5802 MONROE ROAD CHARLOTTE, NC 28212	26-2599786	501(C)(3)	210,900.				GENERAL SUPPORT
(7) KESHER LD 18900 N.E. 25TH NORTH MIAMI BEACH, FL 33180	65-0591858	501(C)(3)	208,150.				GENERAL SUPPORT
(8) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 EAST 42ND ST NEW YORK, NY 10017	13-1656634	501(C)(3)	199,000.				GENERAL SUPPORT
(9) TEMPLE MENORAH 620 75TH ST MIAMI BEACH, FL 33141-2200	59-0737893	501(C)(3)	195,503.				GENERAL SUPPORT
(10) YESHIVA ELEMENTARY SCHOOL 7902 CARLYLE AVENUE MIAMI BEACH, FL 33141	65-0063045	501(C)(3)	192,210.				GENERAL SUPPORT
(11) AMERICAN JEWISH COMMITTEE (NY) 165 E. 56TH STREET NEW YORK, NY 10022	13-5563393	501(C)(3)	186,500.				GENERAL SUPPORT
(12) ALEXANDER MUSS INSTITUTE FOR ISRAEL EDU. 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	185,388.				GENERAL SUPPORT

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(1) HONEYMOON ISRAEL FOUNDATION, INC 1417 MAYSON STREET NE ATLANTA, GA 30324	47-1291052	501(C)(3)	180,000.				GENERAL SUPPORT
(2) THE WEXNER FOUNDATION 8000 WALTON PARKWAY NEW ALBANY, OH 43054	23-7320631	501(C)(3)	175,000.				GENERAL SUPPORT
(3) TEMPLE BETH AM DAY SCHOOL - MIAMI 5950 N. KENDALL DR PINECREST, FL 33156	59-0855408	EDU. INSTIT	170,068.				GENERAL SUPPORT
(4) HAROLD GRINSPON FOUNDATION 67 HUNT STREET AGAWAM, MA 01001	04-6685725	501(C)(3)	161,405.				GENERAL SUPPORT
(5) MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWY SARASOTA, FL 34236	59-0756643	501(C)(3)	160,000.				GENERAL SUPPORT
(6) P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 THIRD AVENUE NEW YORK, NY 10017	13-6104086	501(C)(3)	159,300.				GENERAL SUPPORT
(7) AMERICAN ISRAEL EDUCATION FOUNDATION INC 251 H STREET NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	158,600.				GENERAL SUPPORT
(8) HOCHBERG PREPARATORY 412 SW 11TH ST HALLANDALE BEACH, FL 33009	81-3641913	501(C)(3)	152,659.				GENERAL SUPPORT
(9) CHABAD LUBAVITCH OF PUERTO RICO INC 5900 ISLA VERDE AVE CAROLINA, PR 00979	66-0564786	501(C)(3)	151,800.				GENERAL SUPPORT
(10) SHUL OF BAL HARBOUR 9540 COLLINS AVENUE SURFSIDE, FL 33154	59-2302315	501(C)(3)	148,680.				GENERAL SUPPORT
(11) TEMPLE BETH SHOLOM-MIAMI BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-0714828	501(C)(3)	148,121.				GENERAL SUPPORT
(12) JEWISH FEDERATION OF METROPOLITAN CHICAGO 30 S. WELLS, 3RD FLOOR CHICAGO, IL 60606	36-2167761	501(C)(3)	138,250.				GENERAL SUPPORT

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**SCHEDULE I
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(1) HILLEL INTERNATIONAL 800 EIGHTH STREET WASHINGTON, DC 20001	52-1844823	501(C)(3)	134,000.				GENERAL SUPPORT
(2) UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DRIVE CORAL GABLES, FL 33146	52-1758796	501(C)(3)	131,408.				GENERAL SUPPORT
(3) SOUTH FORK NATURAL HISTORY SOCIETY 377 BRIDGEHAMPTON BRIDGEHAMPTON, NY 11932	11-2972582	501(C)(3)	125,000.				GENERAL SUPPORT
(4) TRUSTEES OF COLUMBIA UNIVERSITY 516 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	125,000.				GENERAL SUPPORT
(5) ANTI-DEFAMATION LEAGUE (NY) 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	120,250.				GENERAL SUPPORT
(6) MIAMI JEWISH HEALTH SYSTEMS 5200 NE 2ND AVENUE MIAMI, FL 33137	59-0624414	501(C)(3)	105,501.				GENERAL SUPPORT
(7) TEMPLE EMANU-EL (MIAMI BEACH) 1701 WASHINGTON AVE MIAMI BEACH, FL 33139	59-0711180	501(C)(3)	105,300.				GENERAL SUPPORT
(8) BAIS HAVAAD LINYONEI MISHPAT 105 RIVER AVENUE LAKEWOOD, NJ 08701	26-3711474	501(C)(3)	102,000.				GENERAL SUPPORT
(9) COMMUNITY SECURITY SERVICE 100 CROSSWAYS PARK WEST WOODBURY, NY 11797	26-0803826	501(C)(3)	100,000.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF SHANTI HOUSE INC 8740 SAINT IVES DRIVE LOS ANGELES, CA 90069	46-2548190	501(C)(3)	100,000.				GENERAL SUPPORT
(11) ASSOCIATED JEWISH CHARITIES OF BALTIMORE 101 W MT ROYAL AVE BALTIMORE, MD 21201	52-6024192	501(C)(3)	100,000.				GENERAL SUPPORT
(12) WYOMING SEMINARY 201 NORTH SPRAGUE AVENUE KINGSTON, PA 18704	24-0795509	501(C)(3)	90,000.				GENERAL SUPPORT

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(1) BAPTIST HOSPITAL FOUNDATION 8900 N. KENDALL DRIVE MIAMI, FL 33176	59-1923401	501(C)(3)	87,500.				GENERAL SUPPORT
(2) TEMPLE JUDEA (CORAL GABLES) 5500 GRANADA BLVD CORAL GABLES, FL 33146	59-0791048	501(C)(3)	84,914.				GENERAL SUPPORT
(3) CHABAD JEWISH COMMUNITY CENTER ASPEN VALLEY 435 WEST MAIN STREET ASPEN, CO 81611	22-3787221	501(C)(3)	80,800.				GENERAL SUPPORT
(4) MAGEN DAVID CONGREGATION OF SURFSIDE, INC. 9348 HARDING AVE SURFSIDE, FL 33154	59-1222714	501(C)(3)	75,000.				GENERAL SUPPORT
(5) KEREN HAYESHIVOT TRUST 1616 EAST 10TH STREET BROOKLYN, NY 11223	13-3702251	501(C)(3)	74,980.				GENERAL SUPPORT
(6) CADENA FOUNDATION 520 S. DIXIE HWY HALLANDALE BEACH, FL 33009	81-2702562	501(C)(3)	70,451.				GENERAL SUPPORT
(7) MOUNT SINAI MEDICAL CENTER FOUNDATION 4300 ALTON ROAD MIAMI BEACH, FL 33140	59-1711400	501(C)(3)	68,442.				GENERAL SUPPORT
(8) MECHINA OF SOUTH FLORIDA 4000 ALTON ROAD MIAMI BEACH, FL 33140	59-6045452	501(C)(3)	67,169.				GENERAL SUPPORT
(9) REPAIR THE WORLD 1460 BROADWAY NEW YORK, NY 10036	36-4524686	501(C)(3)	66,000.				GENERAL SUPPORT
(10) BAPTIST HEALTH FOUNDATION 6855 RED ROAD CORAL GABLES, FL 33143	59-1923401	501(C)(3)	65,637.				GENERAL SUPPORT
(11) FRIENDS OF UNITED HATZALAH, INC. 208 E. 51ST STREET NEW YORK, NY 10022	11-3533002	501(C)(3)	63,700.				GENERAL SUPPORT
(12) NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE FT. LAUDERDALE, FL 33314	59-1083502	501(C)(3)	62,450.				GENERAL SUPPORT

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(1) BARRINGTON STAGE COMPANY 122 NORTH STREET PITTSFIELD, MA 01201	04-3263298	501(C)(3)	62,100.				GENERAL SUPPORT
(2) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	61,800.				GENERAL SUPPORT
(3) CONG STRIKOV OF USA 5614 15TH AVE BROOKLYN, NY 11219	84-3241889	501(C)(3)	61,800.				GENERAL SUPPORT
(4) YEHUDI, INC. 3790 ROYAL PALM AVE MIAMI BEACH, FL 33140	47-1768554	501(C)(3)	61,658.				GENERAL SUPPORT
(5) AMERICAN SOCIETY FOR TECHNION - ISRAEL INST 55 E. 59TH STREET NEW YORK, NY 10022	13-0434195	501(C)(3)	59,730.				GENERAL SUPPORT
(6) GORDON DAY SCHOOL 8010 NOREMAC AVE MIAMI BEACH, FL 33141	59-0637812	EDU. INSTIT	57,526.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF BAR LLAN UNIVERSITY 160 EAST 56TH STREET NEW YORK, NY 10022	13-6192275	501(C)(3)	57,200.				GENERAL SUPPORT
(8) JCC ASSOCIATION 520 8TH AVENUE NEW YORK, NY 10018	13-5599486	501(C)(3)	57,000.				GENERAL SUPPORT
(9) COLUMBIA COLLEGE FUND (NEW YORK) 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	56,500.				GENERAL SUPPORT
(10) THE GIVING BACK FUND, INC. 5101 SANTA MONICA BLVD LOS ANGELES CA 90029	04-3367888	501(C)(3)	54,800.				GENERAL SUPPORT
(11) RABBI ALEXANDER S. GROSS HEBREW ACADEMY 2400 PINE TREE DR MIAMI BEACH, FL 33140	59-0651086	501(C)(3)	54,000.				GENERAL SUPPORT
(12) EDUCATION FUND 1100 WASHINGTON AVE MIAMI BEACH, FL 33139	59-2468114	501(C)(3)	54,000.				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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

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(1) GREATER MIAMI COUNCIL BBYO 4580 NORTH AVE MIAMI BEACH FL 33140	31-1794932	501(C)(3)	53,940.				GENERAL SUPPORT
(2) NATIONAL COUNCIL OF JEWISH WOMEN, INC (FL) 4144 CHASE AVENUE MIAMI BEACH, FL 33140	59-6192641	501(C)(3)	52,500.				GENERAL SUPPORT
(3) HEALTH INFORMATION PROJECT 4601 PONCE DE LEON CORAL GABLES, FL 33146	80-0526558	501(C)(3)	51,500.				GENERAL SUPPORT
(4) UNIVERSITY OF MIAMI 6200 SAN AMARO DR CORAL GABLES, FL 33146	59-0624458	501(C)(3)	50,700.				GENERAL SUPPORT
(5) LOTUS ENDOWMENT FUND 1311 CAPRI STREET CORAL GABLES, FL 33134	92-0233563	501(C)(3)	50,500.				GENERAL SUPPORT
(6) FORDHAM UNIVERSITY 441 E FORDHAM RD. BRONX, NY 10458-5149	13-1740451	501(C)(3)	50,000.				GENERAL SUPPORT
(7) MIGDAL OHR INTERNATIONAL INC 441 E FORDHAM RD MIAMI, FL 33137	88-3157776	501(C)(3)	50,000.				GENERAL SUPPORT
(8) ETZION FOUNDATION INC. 111 GALWAY PLACE TEANECK, NJ 07666	23-7228230	501(C)(3)	50,000.				GENERAL SUPPORT
(9) NATIONAL JEWISH POLICY CENTER 50 F STREET NW WASHINGTON, DC 20001	52-1433850	501(C)(3)	50,000.				GENERAL SUPPORT
(10) FRIENDS OF MB ARTS & CULTURE 300 41ST STREET MIAMI BEACH, FL 33140	88-3493385	501(C)(3)	50,000.				GENERAL SUPPORT
(11) AMERICAN FRIENDS OF THE JERUSALEM KOLLEL 190 GLEN AVE S LAKEWOOD, NJ 08701	20-1320557	501(C)(3)	50,000.				GENERAL SUPPORT
(12) BEIT DAVID HIGHLAND LAKES SHUL 2600 NE 209TH STREET MIAMI, FL 33180	65-0394819	501(C)(3)	49,712.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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59-0624404

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(1) FRIENDSHIP CIRCLE OF MIAMI, INC. 9700 SOUTH DIXIE HW MIAMI, FL 33156	20-5467741	501(C)(3)	49,630.				GENERAL SUPPORT
(2) CENTRAL FUND OF ISRAEL 461 CENTRAL AVENUE CEDARHURST, NY 11516	13-2992985	501(C)(3)	47,801.				GENERAL SUPPORT
(3) A GIVING HAND ORG, INC. 5 RIDGE ROAD WEST LONG BRANCH, NJ 07764	87-3851163	501(C)(3)	46,450.				GENERAL SUPPORT
(4) NCSY 7200 CAMINO REAL BOCA RATON, FL 33433	13-5623717	501(C)(3)	46,000.				GENERAL SUPPORT
(5) BETH TORAH 20350 NE 26TH NORTH MIAMI BEACH, FL 33180	59-2750308	501(C)(3)	44,734.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF TEL AVIV UNIVERSITY 8 WEST 40TH STREET NEW YORK, NY 10018	13-1996126	501(C)(3)	43,900.				GENERAL SUPPORT
(7) CHABAD OF GOLDEN BEACH FLORIDA 19201 COLLINS AVENUE SUNNY ISLES, FL 33160	65-0833192	501(C)(3)	43,800.				GENERAL SUPPORT
(8) JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021	65-0492343	501(C)(3)	43,000.				GENERAL SUPPORT
(9) FLORENCE MELTON SCHOOL OF ADULT JEWISH LEAR 520 8TH AVENUE NEW YORK, NY 10018	01-0725179	501(C)(3)	42,000.				GENERAL SUPPORT
(10) JEWISH FEDERATION OF THE BERKSHIRES 196 SOUTH STREET PITTSFIELD, MA 01201	04-2131409	501(C)(3)	41,500.				GENERAL SUPPORT
(11) THE MIAMI FOUNDATION, INC. 40 NW 3RD STREET MIAMI, FL 33128	65-0350357	501(C)(3)	41,000.				GENERAL SUPPORT
(12) AMERICAN JEWISH COMMITTEE (MIAMI CHAPTER) P.O. BOX 164706 MIAMI, FL 33116	13-5563393	501(C)(3)	40,800.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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59-0624404

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(1) JEWISH COUNCIL FOR PUBLIC AFFAIRS 6807 BISCAYNE BLVD MIAMI, FL 33138	13-1624104	501(C)(3)	40,700.				GENERAL SUPPORT
(2) BEIT CHABAD ALMAGRO 9800 W BAY HARBOR BAY HARBOR, FL 33154	27-0039602	501(C)(3)	40,000.				GENERAL SUPPORT
(3) ZAMIR CHORAL FOUNDATION 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-6217087	501(C)(3)	39,620.				GENERAL SUPPORT
(4) JEWISH AGENCY FOR ISRAEL NORTH AMERICA 633 THIRD AVENUE NEW YORK, NY 10017	23-0053483	501(C)(3)	39,437.				GENERAL SUPPORT
(5) JOURNALISM FUNDING PARTNERS 1731 HOWE AVE. SACRAMENTO, CA 95825	84-2968843	501(C)(3)	37,500.				GENERAL SUPPORT
(6) ISRAEL CANCER SUPPORT NETWORK INC 111 CARLTON AVE S LAKEWOOD, NJ 08701	47-5142912	501(C)(3)	36,900.				GENERAL SUPPORT
(7) CHABAD LUBAVITCH OF NORTH MIAMI 12550 BISCAYNE BLVD NORTH MIAMI, FL 33181	65-1124450	501(C)(3)	36,006.				GENERAL SUPPORT
(8) NORTH MIAMI BEACH COMMUNITY KOLLEL 990 NE 175TH NORTH MIAMI BEACH, FL 33162	46-4360732	501(C)(3)	36,000.				GENERAL SUPPORT
(9) HILLEL AT FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH ST MIAMI, FL 33199	47-4532260	501(C)(3)	34,800.				GENERAL SUPPORT
(10) JEWISH LEADERSHIP ACADEMY, INC. 21500 BISCAYNE BLVD AVENTURA, FL 33180	86-2513535	501(C)(3)	34,800.				GENERAL SUPPORT
(11) THE SHABBAT PROJECT INC 79 MADISON AVE NEW YORK, NY 10016	46-4715368	501(C)(3)	33,550.				GENERAL SUPPORT
(12) MECHON HADAR P.O. BOX 2052 TEANECK, NJ 07666	26-4412164	501(C)(3)	33,500.				GENERAL SUPPORT

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**Grants and Other Assistance to Organizations,
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GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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(1) CENTRO JUDAICO DE MIAMI INC. 18550 NE 20 COURT MIAMI, FL 33179	85-2470305	501(C)(3)	32,600.				GENERAL SUPPORT
(2) FRIENDS OF THE MARCH OF THE LIVING P.O. BOX 560248 PINECREST, FL 33156	65-1058975	501(C)(3)	31,600.				GENERAL SUPPORT
(3) PRIZMAH: CENTER FOR JEWISH DAY SCHOOL 254 WEST 54TH STREET NEW YORK, NY 10019	81-1750864	501(C)(3)	31,000.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF YIRGUN YRA 320 FIFTH AVENUE NEW YORK, NY 10001	65-1319818	501(C)(3)	30,400.				GENERAL SUPPORT
(5) ISRAEL GUIDE DOG CENTER FOR THE BLIND 968 EASTON ROAD WARRINGTON, PA 18976	23-2519029	501(C)(3)	30,250.				GENERAL SUPPORT
(6) JEWISH FEDERATION OF PALM BEACH COUNTY, INC 110 E. HALLAM STREET ASPEN, CO 81811	59-1945109	501(C)(3)	30,000.				GENERAL SUPPORT
(7) MIAMI HERALD CHARITIES, INC. 3511 NW 91ST AVE MIAMI, FL 33172	59-6138383	501(C)(3)	29,700.				GENERAL SUPPORT
(8) CHABAD OF KENDALL 8700 S. W. 112TH ST MIAMI, FL 33176	65-0667380	501(C)(3)	28,850.				GENERAL SUPPORT
(9) LUBAVITCH EDUCATIONAL CENTER 17330 N.W. 7TH AVE MIAMI, FL 33169	51-0188269	501(C)(3)	28,200.				GENERAL SUPPORT
(10) FOUNDATION FOR THE DEFENSE OF DEMOCRACIES P.O. BOX 33249 WASHINGTON, DC 20033	13-4174402	501(C)(3)	28,000.				GENERAL SUPPORT
(11) FRIENDS OF ISRAEL SCOUTS, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137	13-3843506	501(C)(3)	27,900.				GENERAL SUPPORT
(12) ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE 555 COLLEGE AVENUE PALO ALTO, CA 94306	46-2118225	501(C)(3)	26,750.				GENERAL SUPPORT

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59-0624404

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(1) OR HADDASH INSTITUTION, INC. 10510 MARSH STREET WELLINGTON, FL 33414	20-4958881	501(C)(3)	26,600.				GENERAL SUPPORT
(2) AMERICAN COMMITTEE FOR SHAARE ZEDEK MEDICAL 3921 ALTON RD MIAMI BEACH, FL 33140	13-5645878	501(C)(3)	26,436.				GENERAL SUPPORT
(3) THE SHUL OF DOWNTOWN 35 SE 9TH STREET MIAMI, FL 33131	20-2253547	501(C)(3)	26,360.				GENERAL SUPPORT
(4) CHABAD OF RIVER NORTH AND FULTON MARKET 405 W SUPERIOR #1 CHICAGO, IL 60654	82-4426647	501(C)(3)	26,000.				GENERAL SUPPORT
(5) PODCAST EDUCATIONAL FOUNDATION 24786 SUSSEX ST OAK PARK, MI 48237	86-3753638	501(C)(3)	26,000.				GENERAL SUPPORT
(6) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW WASHINGTON, DC 20036	52-1376034	501(C)(3)	26,000.				GENERAL SUPPORT
(7) KSPACE 3575 NE 207 STREET AVENTURA, FL 33180	74-3062098	501(C)(3)	25,760.				GENERAL SUPPORT
(8) JEWISH ADOPTION & FOSTER CARE OPTIONS 4200 NORTH UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501(C)(3)	25,250.				GENERAL SUPPORT
(9) UNIVERSITY OF FLORIDA FOUNDATION INC. P.O. BOX 115800 GAINESVILLE, FL 32611	59-0974739	501(C)(3)	25,000.				GENERAL SUPPORT
(10) MINCHAS ASHER FOUNDATION 586 SUNDERLAND ROAD TEANECK, NJ 10016	83-0422942	501(C)(3)	25,000.				GENERAL SUPPORT
(11) SEPHARDI VOICES 3273 ALLAMANDA STREET MIAMI, FL 33133	46-3186852	501(C)(3)	25,000.				GENERAL SUPPORT
(12) NATIONAL COUNCIL OF JEWISH WOMEN INCORP. 2055 L ST NW WASHINGTON, DC 20036	13-1641076	501(C)(3)	25,000.				GENERAL SUPPORT

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(1) THE ELIE WIESEL FOUNDATION FOR HUMANITY 555 MADISON AVENUE NEW YORK, NY 10022	13-3398151	501(C)(3)	25,000.				GENERAL SUPPORT
(2) THE SUNDARI FOUNDATION, INC. 10900 FONDREN ROAD HOUSTON, TX 77096	81-0652266	501(C)(3)	25,000.				GENERAL SUPPORT
(3) FOUNDATION FUND 2 EASTON OVAL STE 510 COLUMBUS, OH 43219	87-4457570	501(C)(3)	25,000.				GENERAL SUPPORT
(4) IMPACTISRAEL 200 HIGHLAND AVENUE NEEDHAM, MA 02494	22-3090463	501(C)(3)	25,000.				GENERAL SUPPORT
(5) ST BERNARDS SCHOOL INC 4 E 98TH ST NEW YORK, NY 10029	13-1255270	501(C)(3)	25,000.				GENERAL SUPPORT
(6) ALEPH INSTITUTE 9540 COLLINS AVENUE SURFSIDE, FL 33154-2613	59-2291627	501(C)(3)	24,400.				GENERAL SUPPORT
(7) CAMP COLEMAN (ATLANTA) P.O. BOX 4307 CAROL STREAM, IL 60197	13-1663143	501(C)(3)	24,400.				GENERAL SUPPORT
(8) GEMILAS CHESED CHASDEI YITZCHOK 1498 EAST 9TH BROOKLYN, NY 11230	11-2687367	501(C)(3)	23,400.				GENERAL SUPPORT
(9) BET SHIRA CONGREGATION (MIAMI) 7500 S.W. 120TH STREET PINECREST, FL 33156	59-2500437	501(C)(3)	22,410.				GENERAL SUPPORT
(10) JAFKO CHILDRENS FOUNDATION INC 4200 N UNIVERSITY DR SUNRISE, FL 33351	65-0334267	501(C)(3)	22,300.				GENERAL SUPPORT
(11) CAMP RAMAH DAROM 6400 POWERS FERRY RD ATLANTA, GA 30339	58-2146741	501(C)(3)	21,900.				GENERAL SUPPORT
(12) AMERICAN FRIENDS OF SHEVACH INC 5014 16TH AVE BROOKLYN, NY 11204	46-3329848	501(C)(3)	21,800.				GENERAL SUPPORT

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(1) PRESIDENTIAL SYNAGOGUE 19582 EMBASSY CT N MIAMI BEACH, FL 33179	46-4404979	501(C)(3)	21,580.				GENERAL SUPPORT
(2) CHABAD HOUSE AT HARVARD 38 BANKS STREET CAMBRIDGE, MA 02138	04-3425635	501(C)(3)	20,800.				GENERAL SUPPORT
(3) JEWISH MUSEUM OF FLORIDA - FIU 20155 NE 38TH CT AVENTURA, FL 33180	65-0198264	501(C)(3)	20,500.				GENERAL SUPPORT
(4) TEMPLE BETH EL 979 DICKINSON ST SPRINGFIELD, MA 01108	04-2149322	501(C)(3)	20,350.				GENERAL SUPPORT
(5) SIMON WIESENTHAL CENTER (CA) 1399 S. ROXBURY DRIVE LOS ANGELES, CA 90035	95-3964928	501(C)(3)	20,280.				GENERAL SUPPORT
(6) TEMPLE SINAI OF NORTH DADE 18801 NE 22ND AVE MIAMI, FL 33180	59-0903811	501(C)(3)	20,160.				GENERAL SUPPORT
(7) BETH JACOB HIGH SCHOOL 1110 N.E. 163RD NORTH MIAMI BEACH, FL 33162	59-2335606	501(C)(3)	20,000.				GENERAL SUPPORT
(8) BROTHERS FOR LIFE 270 SOUTH HANFORD ST SEATTLE, WA 98134	91-2105756	501(C)(3)	20,000.				GENERAL SUPPORT
(9) CHABAD OF NORTH BROOKLYN INC 132 NORTH 5TH ST BROOKLYN, NY 11249	20-4891983	501(C)(3)	20,000.				GENERAL SUPPORT
(10) VOICES FOR CHILDREN FOUNDATION, INC. 601 NW 1ST COURT MIAMI, FL 33136	59-2746076	501(C)(3)	20,000.				GENERAL SUPPORT
(11) MIAMI CITY BALLET 2200 LIBERTY AVE MIAMI BEACH, FL 33139	59-2578534	501(C)(3)	20,000.				GENERAL SUPPORT
(12) PEACEWORKS FOUNDATION P.O. BOX 1577 NEW YORK, NY 10114	30-0102398	501(C)(3)	20,000.				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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FALIC FAMILY FOUNDATION 6100 HOLLYWOOD BLVD HOLLYWOOD, FL 33024	20-2734770	501(C)(3)	18,800.				GENERAL SUPPORT
(2) BETH DAVID HIGHLAND LAKES SHUL 2600 NE 209TH ST AVENTURA, FL 33180	65-0394819	501(C)(3)	18,450.				GENERAL SUPPORT
(3) JEWISH NATIONAL FUND (NEW YORK) 42 EAST 69TH ST NEW YORK, NY 10021-5093	13-1659627	501(C)(3)	18,300.				GENERAL SUPPORT
(4) COLEL CHABAD 806 EASTERN PKWY BROOKLYN, NY 11213-3511	11-3254483	501(C)(3)	18,100.				GENERAL SUPPORT
(5) OR HACHAYIM INC. 2132 84TH STREET BROOKLYN, NY 11214	13-6181949	501(C)(3)	18,000.				GENERAL SUPPORT
(6) CHAI LIFELINE 2699 STIRLING RD FORT LAUDERDALE, FL 33312	11-2940331	501(C)(3)	18,000.				GENERAL SUPPORT
(7) CHABAD SERVING NORTHWESTERN 2020 ORRINGTON AVENUE EVANSTON, IL 60201	82-1501469	501(C)(3)	18,000.				GENERAL SUPPORT
(8) FEDERATION CJA 5151 CH DE LA MONTREAL, QC , CA H3W1M-6 CA	98-0183709	501(C)(3)	18,000.				GENERAL SUPPORT
(9) CHABAD OF SOUTH DADE, INC. 3713 MAIN HIGHWAY COCONUT GROVE, FL 33133	65-0132853	501(C)(3)	18,000.				GENERAL SUPPORT
(10) QUALITY OF LIFE IN MEMORY OF SHALOM NEUMAN 130 LEE AVE BROOKLYN, NY 11211-8031	37-1759391	501(C)(3)	18,000.				GENERAL SUPPORT
(11) HASBARA FELLOWSHIPS 228 PARK AVE NEW YORK, NY 10003-1502	20-1651102	501(C)(3)	18,000.				GENERAL SUPPORT
(12) CAMP GAN ISRAEL FLORIDA 7170 LOXAHATCHEE ROAD PARKLAND, FL 33067	65-0200283	501(C)(3)	17,575.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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(1) SAY STUTTERING ASSOCIATION FOR THE YOUNG 36 WESTWOOD CIRCLE IRVINGTON, NY 10533	33-1049070	501(C)(3)	17,500.				GENERAL SUPPORT
(2) CHABAD OF MID MIAMI BEACH 17330 NW 7TH AVE MIAMI, FL 33169	45-3717381	501(C)(3)	17,250.				GENERAL SUPPORT
(3) UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017	13-1663143	501(C)(3)	17,248.				GENERAL SUPPORT
(4) HILLEL OF BROWARD AND PALM BEACH 16201 S.W. 95TH AVE MIAMI, FL 33157	56-2472825	501(C)(3)	16,000.				GENERAL SUPPORT
(5) MIAMI THEATER CENTER 9806 NE 2ND AVE MIAMI SHORES, FL 33138	61-1535545	501(C)(3)	16,000.				GENERAL SUPPORT
(6) YESHIVA TORAS CHAIM 1025 N.E. MIAMI NORTH MIAMI BEACH, FL 33179	59-2462426	501(C)(3)	16,000.				GENERAL SUPPORT
(7) PARDES INSTITUTE OF JEWISH STUDIES 228 PARK AVENUE SOUTH SUITE 35858	22-2594099	501(C)(3)	16,000.				GENERAL SUPPORT
(8) CHABAD JEWISH CENTER OF OAKLAND 3014 LAKESHORE AVE OAKLAND, CA 94610	20-5631408	501(C)(3)	15,800.				GENERAL SUPPORT
(9) PLANNED PARENTHOOD FEDERATION OF AMERICA 123 WILLIAM STREET NEW YORK, NY 10038	13-1644147	501(C)(3)	15,200.				GENERAL SUPPORT
(10) THEATRE ASPEN 110 E HALLAM STREET ASPEN, CO 81611	74-2319032	501(C)(3)	15,000.				GENERAL SUPPORT
(11) SPRINGFIELD JEWISH COMMUNITY CENTER INC 1160 DICKINSON ST SPRINGFIELD, MA 01108	04-2103802	501(C)(3)	15,000.				GENERAL SUPPORT
(12) UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUN P.O. BOX 45339 SAN FRANCISCO, CA 94145	94-2829914	501(C)(3)	15,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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59-0624404

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(1) SUITED FOR SUCCESS, INC. 1680 MERIDIAN AVE MIAMI BEACH, FL 33139	65-0508106	501(C)(3)	15,000.				GENERAL SUPPORT
(2) MILLER CENTER FOR CONTEMPORARY JUDAIC STUDI 5005 LBJ FREEWAY DALLAS, TX 75244	59-0624458	501(C)(3)	15,000.				GENERAL SUPPORT
(3) ZION ORPHANAGE, INC. 1898 BAY AVE BROOKLYN, NY 11230	13-5626348	501(C)(3)	15,000.				GENERAL SUPPORT
(4) KRISTI HOUSE, INC. 1265 NW 12TH AVE MIAMI, FL 33136	65-0576650	501(C)(3)	14,500.				GENERAL SUPPORT
(5) LUBAVITCH YOUTH ORGANIZATION 770 EASTERN PARKWAY BROOKLYN, NY 11213	13-4101112	501(C)(3)	14,400.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF MAGEN DAVID ADOM 4371 NORTHLAKE PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	14,100.				GENERAL SUPPORT
(7) YOTZER OHR INC. 2621 NE 212TH TERRACE AVENTURA, FL 33180	83-2333748	501(C)(3)	14,000.				GENERAL SUPPORT
(8) FRIENDS OF WLRN, INC P.O. BOX 01-9731 MIAMI, FL 33101	23-7365001	501(C)(3)	13,681.				GENERAL SUPPORT
(9) FRIENDSHIP CIRCLE OF MIAMI BEACH & NORTH DA P.O. BOX 402113 MIAMI BEACH, FL 33140-0113	27-1027169	501(C)(3)	13,629.				GENERAL SUPPORT
(10) IMAGINATION PRODUCTIONS, INC. 11110 W OAKLAND PARK SUNRISE, FL 33351	26-1264680	501(C)(3)	13,600.				GENERAL SUPPORT
(11) ANTI-DEFAMATION LEAGUE (FL) 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	13,600.				GENERAL SUPPORT
(12) ISRAEL POLICY FORUM 355 LEXINGTON AVE NEW YORK, NY 10017-6603	90-0653286	501(C)(3)	13,600.				GENERAL SUPPORT

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**SCHEDULE I
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59-0624404

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(1) FRIENDS OF SHAARE ZEDEK 3921 ALTON RD MIAMI BEACH, FL 33140	13-5645878	501(C)(3)	13,536.				GENERAL SUPPORT
(2) RANSOM EVERGLADES SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133	59-0659070	501(C)(3)	13,500.				GENERAL SUPPORT
(3) AVENTURA TURNBERRY JEWISH CENTER (MIAMI) 20400 NE 30TH AVE AVENTURA, FL 33180	59-1673246	501(C)(3)	13,285.				GENERAL SUPPORT
(4) CHABAD AT DUKE UG, INC. 127 MALLETT STREET DURHAM, NC 27516	81-3815268	501(C)(3)	13,200.				GENERAL SUPPORT
(5) UNIVERSITY OF MICHIGAN 3003 S. STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	13,000.				GENERAL SUPPORT
(6) YOUNG ISRAEL OF BAL HARBOUR 9580 ABBOTT AVENUE SURFSIDE, FL 33154-5985	65-0905878	501(C)(3)	12,800.				GENERAL SUPPORT
(7) CHILDREN'S BEREAVEMENT CENTER 6619 SOUTH DIXIE HIGHWAY MIAMI, FL 33143	65-0918564	501(C)(3)	12,700.				GENERAL SUPPORT
(8) TEMPLE ISRAEL OF GREATER MIAMI 137 NE 19TH STREET MIAMI, FL 33132	59-0683270	501(C)(3)	12,690.				GENERAL SUPPORT
(9) GABLESTAGE 1200 ANASTASIA AVE CORAL GABLES, FL 33134	59-1972774	501(C)(3)	12,500.				GENERAL SUPPORT
(10) NATIONAL JEWISH HEALTH P.O. BOX 17169 DENVER, CO 80217	74-2044647	501(C)(3)	12,482.				GENERAL SUPPORT
(11) THE CONSERVATIVE SYNAGOGUE 30 HILLSPOINT ROAD WESTPORT, CT 06880	06-1203591	501(C)(3)	12,265.				GENERAL SUPPORT
(12) STUDENTS CARE, INC. 1010 NORTH BODINE PHILADELPHIA, PA 19123	46-3644602	501(C)(3)	12,199.				GENERAL SUPPORT

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Schedule I (Form 990) 2022

**SCHEDULE I
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GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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(1) MIND & MELODY, INC. 11301 SOUTH DIXIE HWY MIAMI, FL 33256	47-2714159	501(C)(3)	12,136.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF THE ISRAEL INTELLIGENCE 5862 LINDENHURST AVE LOS ANGELES, CA 90036	32-0675803	501(C)(3)	12,000.				GENERAL SUPPORT
(3) DAVID POSNACK JEWISH DAY SCHOOL 5810 S PINE ISLAND RD DAVIE, FL 33328	59-1606514	501(C)(3)	12,000.				GENERAL SUPPORT
(4) AISH GLOBAL 915 CLIFTON AVENUE CLIFTON, NJ 07013	13-3548993	501(C)(3)	11,900.				GENERAL SUPPORT
(5) PARK AVENUE SYNAGOGUE 50 EAST 87TH STREET NEW YORK, NY 10128	13-1860028	501(C)(3)	11,800.				GENERAL SUPPORT
(6) UT CHABAD HOUSE 2101 NUECES ST AUSTIN, TX 78705	45-2530523	501(C)(3)	11,800.				GENERAL SUPPORT
(7) ISRAELI AMERICAN COUNCIL 2580 RAMPART WAY COOPER CITY, FL 33026	22-3951652	501(C)(3)	11,800.				GENERAL SUPPORT
(8) SOUTH FLORIDA PBS P.O. BOX 610002 MIAMI, FL 33181	59-0737868	501(C)(3)	11,700.				GENERAL SUPPORT
(9) CHABAD LUBAVITCH OF WESTPORT 79 NEWTOWN TURNPIKE WESTPORT, CT 06880	22-3484390	501(C)(3)	11,447.				GENERAL SUPPORT
(10) JEWISH INSTITUTE FOR NATIONAL SECURITY AFFA 1101 14TH STREET WASHINGTON, DC 20005	52-1233683	501(C)(3)	11,250.				GENERAL SUPPORT
(11) CONGREGATION TORAH VE'EMUNAH 1000 NE 175TH ST NORTH MIAMI BEACH FL 33162	59-2526866	501(C)(3)	11,200.				GENERAL SUPPORT
(12) CHABAD RUSSIAN CENTER 18808 N.W. 46TH AVENUE MIAMI, FL 33055	04-3758388	501(C)(3)	11,200.				GENERAL SUPPORT

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(1) OHR HATZAFUN PRODUCTIONS 5281 S EMPORIA CT GREENWOOD VILLAGE CO 8011	82-0709603	501(C)(3)	11,200.				GENERAL SUPPORT
(2) TELLURIDE FOUNDATION 220 E. COLORADO AVE TELLURIDE, CO 81435	84-1530768	501(C)(3)	11,000.				GENERAL SUPPORT
(3) WOMEN'S EMERGENCY NETWORK P.O. BOX 566392 MIAMI, FL 33256	59-2985791	501(C)(3)	11,000.				GENERAL SUPPORT
(4) HEBREW IMMIGRANT AID SOCIETY P.O. BOX 331864 MIAMI, FL 33233-1864	13-5633307	501(C)(3)	11,000.				GENERAL SUPPORT
(5) CONGREGATION DOR CHADASH 9560 SW 107TH AVENUE MIAMI, FL 33176	81-2934842	501(C)(3)	10,971.				GENERAL SUPPORT
(6) HAITIAN NEIGHBORHOOD CENTER, SANT LA INC. 13390 WEST DIXIE HWY NORTH MIAMI, FL 33161	65-1080680	501(C)(3)	10,898.				GENERAL SUPPORT
(7) FLORIDA INTERNATIONAL UNIVERSITY 11200 SW 8TH STREET MIAMI, FL 33199	23-7047106	501(C)(3)	10,800.				GENERAL SUPPORT
(8) JACOB'S PILLOW DANCE FESTIVAL, INC. 358 GEORGE CARTER ROAD BECKETT, MA 01223	04-6002993	501(C)(3)	10,750.				GENERAL SUPPORT
(9) NICKLAUS CHILDREN'S HOSPITAL FOUNDATION, LL 3100 SW 62ND AVENUE MIAMI, FL 33155	46-1784918	501(C)(3)	10,525.				GENERAL SUPPORT
(10) COLUMBIA UNIVERSITY 622 WEST 113TH STREET NEW YORK, NY 10025	13-5598093	501(C)(3)	10,500.				GENERAL SUPPORT
(11) AMERICANS FOR IMMIGRANT JUSTICE 5419 EAST BROAD COURT COLUMBUS, OH 43213	65-0610872	501(C)(3)	10,500.				GENERAL SUPPORT
(12) CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MI 1505 NE 26TH ST WILTON MANORS, FL 33305	59-1279497	501(C)(3)	10,500.				GENERAL SUPPORT

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(1) YOUNG ISRAEL OF DEERFIELD BEACH 202 CENTURAY DEERFIELD BEACH, FL 33442	59-2020923	501(C)(3)	10,250.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF INSTITUTION NOAM HATORA 16 WESLEY CHAPEL SUFFERN, NY 10901	11-3232441	501(C)(3)	10,200.				GENERAL SUPPORT
(3) AMERICAN FRIENDS OF KOLLEL OITZER SHASS CAN 543 BEDFORD AVE BROOKLYN, NY 11211	13-3915423	501(C)(3)	10,180.				GENERAL SUPPORT
(4) MATTEH MOSHE 1115 OCEAN PARKWAY BROOKLYN, NY 11230	20-0290776	501(C)(3)	10,100.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF SHOVU YISROEL 1551 E 7TH ST BROOKLYN, NY 11230-6407	20-1901828	501(C)(3)	10,050.				GENERAL SUPPORT
(6) JEWISH FEDERATION OF BROWARD COUNTY 5890 SOUTH PINE ISLAND RD DAVIE, FL 33328	59-0967823	501(C)(3)	10,039.				GENERAL SUPPORT
(7) UNITED STATES HOLOCAUST MEMORIAL MUSEUM 2200 NW CORPORATE BOCA RATON, FL 33431	52-1309391	501(C)(3)	10,000.				GENERAL SUPPORT
(8) TELLURIDE MEDICAL CENTER FOUNDATION P.O. BOX 1229 TELLURIDE, CO 81435	26-3556757	501(C)(3)	10,000.				GENERAL SUPPORT
(9) OVERTOWN OPTIMIST CLUB P.O. BOX 12895 MIAMI, FL 33101-2895	81-0990745	501(C)(3)	10,000.				GENERAL SUPPORT
(10) FOSTER CARE REVIEW 155 NW 3RD STREET MIAMI, FL 33128	65-0118944	501(C)(3)	10,000.				GENERAL SUPPORT
(11) YEDIDIM USA, INC. 2595 GRIFFIN RD FORT LAUDERDALE, FL 33312	85-0909206	501(C)(3)	10,000.				GENERAL SUPPORT
(12) INTERNATIONAL ISRAEL ALLIES CAUCUS FOUNDATI 5614 CONNECTICUT AVE WASHINGTON, DC 20015	26-0501656	501(C)(3)	10,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGUDATH ISRAEL OF SOUTH FLORIDA, INC. 4541 N BAY RD MIAMI BEACH, FL 33140	65-0879644	501(C)(3)	10,000.				GENERAL SUPPORT
(2) COLUMBUS TORAH ACADEMY 181 NOE BIXBY RD COLUMBUS, OH 43213	31-4428025	501(C)(3)	10,000.				GENERAL SUPPORT
(3) WEST SPRINGFIELD BOYS & GIRLS CLUB, INC. 615 MAIN STREET WEST SPRINGFIELD, MA 01089	04-2105827	501(C)(3)	10,000.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF TEN YAD BRAZIL 553 MONTGOMERY ST BROOKLYN, NY 11225	03-0385999	501(C)(3)	10,000.				GENERAL SUPPORT
(5) THE SHALOM HARTMAN INSTITUTE OF NORTH AMERI 475 RIVERSIDE DRIVE NEW YORK, NY 10115	13-3014387	501(C)(3)	10,000.				GENERAL SUPPORT
(6) CHABAD OF VENICE AND NORTH PORT FLORIDA INC 21560 ANGELA LANE VENICE, FL 34293	20-2799569	501(C)(3)	10,000.				GENERAL SUPPORT
(7) CANINE ASSISTED THERAPY, INC. 1040 NE 45TH STREET OAKLAND PARK, FL 33334	27-0700622	501(C)(3)	10,000.				GENERAL SUPPORT
(8) FUENTE LATINA 7300 BISCAYNE BLVD MIAMI, FL 33138	47-1624899	501(C)(3)	10,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF LEV AHARON P.O. BOX 275 WEST LONG BRANCH, NJ 07764	13-3706282	501(C)(3)	10,000.				GENERAL SUPPORT
(10) LUBAVITCH CHABAD OF EVANSTON, INC. 2014 ORRINGTON AVENUE EVANSTON, IL 60201	36-3912238	501(C)(3)	10,000.				GENERAL SUPPORT
(11) YODEAH, INC. 2834 REGATTA AVE MIAMI BEACH, FL 33140	83-1822649	501(C)(3)	10,000.				GENERAL SUPPORT
(12) FIU FOUNDATION, INC. 11200 SW 8TH STREET MIAMI, FL 33199	23-7047106	501(C)(3)	10,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Employer identification number

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACHIEVE MIAMI INC. 1951 NW 7TH AVE MIAMI, FL 33136	47-5482321	501(C)(3)	10,000.				GENERAL SUPPORT
(2) LAMBDA LEGAL DEFENSE AND EDUCATION FUND 120 WALL ST 19TH FLOOR NEW YORK, NY 10005	23-7395681	501(C)(3)	10,000.				GENERAL SUPPORT
(3) SPECIAL OPERATIONS WARRIOR FOUNDATION P.O. BOX 89367 TAMPA, FL 33689	52-1183585	501(C)(3)	10,000.				GENERAL SUPPORT
(4) SHEARIM CORP 1031 IVES DAIRY RD MIAMI, FL 33179	45-3569596	501(C)(3)	9,600.				GENERAL SUPPORT
(5) ORGANIZATION FOR THE RESOLUTION OF AGUNOT 551 W 181 ST NEW YORK, NY 10033	81-0582070	501(C)(3)	9,500.				GENERAL SUPPORT
(6) BAIS CHABAD OF KALKASKA, INC 14100 WEST NINE MILE RD OAK PARK, MI 48237	45-2302915	501(C)(3)	9,350.				GENERAL SUPPORT
(7) CHABAD CHAYIL 2601 NE 211TH NORTH MIAMI BEACH, FL 33180	32-0156218	501(C)(3)	9,320.				GENERAL SUPPORT
(8) BNOS YISROEL OF BALTIMORE INC 6300 PARK HEIGHTS AVE BALTIMORE, MD 21215	52-2231272	501(C)(3)	9,275.				GENERAL SUPPORT
(9) UNITED SYNAGOGUE FOR CONSERVATIVE JUDAISM 3080 BROADWAY NEW YORK, NY 10027	13-1659707	501(C)(3)	9,250.				GENERAL SUPPORT
(10) YCT RABBINICAL SCHOOL 3700 HENRY HUDSON PKWY RIVERDALE, NY 10463	13-4159739	501(C)(3)	9,000.				GENERAL SUPPORT
(11) OVERLOOK FOUNDATION 46 BEAUVOIR AVE SUMMIT, NJ 07901-3568	51-0194054	501(C)(3)	9,000.				GENERAL SUPPORT
(12) BREAKTHROUGH MIAMI 3250 SW THIRD AVE MIAMI, FL 33129	26-2105534	501(C)(3)	9,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

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) PROJECT EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 11559	36-4428246	501(C)(3)	9,000.				GENERAL SUPPORT
(2) JACKSON HEALTH FOUNDATION 1500 NW 12TH AVE MIAMI, FL 33136-1079	65-0077727	501(C)(3)	9,000.				GENERAL SUPPORT
(3) HATZALAH OF MIAMI-DADE 20201 NE 16TH PLACE MIAMI, FL 33179	26-2219376	501(C)(3)	8,998.				GENERAL SUPPORT
(4) KAPLAN FAMILY FOUNDATION, INC. 481 SOUTH FEDERAL HW DANIA BEACH, FL 33004	65-0455791	501(C)(3)	8,965.				GENERAL SUPPORT
(5) JEWISH NATIONAL FUND 78 RANDALL AVE ROCKVILLE, NY 11570	13-1659627	501(C)(3)	8,800.				GENERAL SUPPORT
(6) FRIENDS OF CASITA LINDA AC P.O. BOX 514 EAST FALMOUTH, MA 02536	82-1522035	501(C)(3)	8,500.				GENERAL SUPPORT
(7) CHAI LIFELINE (NEW YORK) 151 WEST 30TH STREET NEW YORK, NY 10001	11-2940331	501(C)(3)	8,500.				GENERAL SUPPORT
(8) NCSEJ 1120 20TH STREET WASHINGTON, DC 20036	13-2700517	501(C)(3)	8,500.				GENERAL SUPPORT
(9) HILLEL AT THE UNIVERSITY OF FLORIDA 2020 W UNIVERSITY AVE GAINESVILLE, FL 32603	65-1090524	501(C)(3)	8,000.				GENERAL SUPPORT
(10) KESHET, INC. 1860 WASHINGTON STREET NEWTON, MA 02466	48-1278664	501(C)(3)	8,000.				GENERAL SUPPORT
(11) YESHIVA ACHEI TMIMIM OF SPRINGFIELD MA INC 1148 CONVERSE ST LONGMEADOW, MA 01106	04-6004494	501(C)(3)	7,500.				GENERAL SUPPORT
(12) UNIVERSITY OF MIAMI OFFICE OF STUDENT ACCTS P.O. BOX 025551 MIAMI, FL 33102	59-0624458	501(C)(3)	7,250.				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) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

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) YAD DAVID 1002 QUENTIN ROAD BROOKLYN, NY 11223	45-4301089	501(C)(3)	7,200.				GENERAL SUPPORT
(2) CHABAD HOUSE OF CONN. INC. 2352 ALBANY AVE WEST HARTFORD, CT 06117	06-1030000	501(C)(3)	7,200.				GENERAL SUPPORT
(3) CROWN HEIGHTS CHEVRA SIMCHAS SHABBOS 596 MONTGOMERY ST BROOKLYN, NY 11225	20-0780201	501(C)(3)	7,200.				GENERAL SUPPORT
(4) JEWISH RESOURCE CENTER CHABAD OF VAIL INC. 450 E LIONSHEAD CIRCLE VAIL, CO 81657	20-4379239	501(C)(3)	7,200.				GENERAL SUPPORT
(5) NEW JERSEY FEDERATION OF YOUNG MEN'S HEBREW 21 PLYMOUTH STREET FAIRFIELD, NJ 07004	22-1487266	501(C)(3)	6,700.				GENERAL SUPPORT
(6) JEWISH FUNDERS NETWORK 150 WEST 30TH STREET NEW YORK, NY 10011	23-2742482	501(C)(3)	6,700.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF KIRYAT CHINUCH LABONIM 42 WEST 39TH STREET NEW YORK, NY 10018	11-2637224	501(C)(3)	6,600.				GENERAL SUPPORT
(8) PILOT LIGHT 1516 W. CARROLL AVE CHICAGO, IL 60607-1037	45-5497499	501(C)(3)	6,500.				GENERAL SUPPORT
(9) WOMAN'S CANCER ASSOCIATION AT THE UNIVERSIT 1350 W FLAGLER ST MIAMI, FL 33135	59-0871128	501(C)(3)	6,500.				GENERAL SUPPORT
(10) MIAMI COALITION OF CHRISTIANS AND JEWS 150 SE 2ND AVENUE MIAMI, FL 33131	20-3534284	501(C)(3)	6,200.				GENERAL SUPPORT
(11) AMERICAN FRIENDS OF SHEHEBAR SEPHARDIC CENT 34 W 33RD ST NEW YORK CITY, NY 10001	11-2642556	501(C)(3)	6,000.				GENERAL SUPPORT
(12) SKYLAKE SYNAGOGUE 1850 NE 183RD NORTH MIAMI BEACH, FL 33179	59-1106922	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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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) CONGREGATION OHR CHAIM 317 WEST 47TH STREET MIAMI BEACH, FL 33140	59-2202972	501(C)(3)	6,000.				GENERAL SUPPORT
(2) FUNDING ARTS NETWORK P.O. BOX 331864 MIAMI, FL 33233-1864	65-0630460	501(C)(3)	6,000.				GENERAL SUPPORT
(3) CLOSE ENCOUNTERS WITH MUSIC P.O. BOX 34 GREAT BARRINGTON, MA 01230-0034	14-1783014	501(C)(3)	6,000.				GENERAL SUPPORT
(4) YESHIVA DAROMA 1477 E 13TH ST BROOKLYN, NY 11230	11-3090064	501(C)(3)	6,000.				GENERAL SUPPORT
(5) GOLD COAST CAMP 7170 LOXAHATCHEE RD PARKLAND, FL 33067	59-1474258	501(C)(3)	6,000.				GENERAL SUPPORT
(6) THE GOOD PEOPLE FUND INC. 384 WYOMING AVENUE MILLBURN, NJ 07041	26-1887249	501(C)(3)	6,000.				GENERAL SUPPORT
(7) CLAL NATIONAL JEWISH CENTER FOR LEARNING P.O. BOX 16359 NORTH HOLLYWOOD, CA 91615	23-7390358	501(C)(3)	6,000.				GENERAL SUPPORT
(8) NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE PARAMUS, NJ 07652	13-2752418	501(C)(3)	6,000.				GENERAL SUPPORT
(9) HELPING HANDS KOSHER FOOD KO-OP 4000 ALTON ROAD MIAMI BEACH, FL 33140	27-0556674	501(C)(3)	6,000.				GENERAL SUPPORT
(10) WIZO FLORIDA 1150 KANE BAY HARBOUR ISLANDS, FL 33154	13-3041381	501(C)(3)	5,720.				GENERAL SUPPORT
(11) ISRAEL EXPERIENCE 2667 SPREADING JACKSONVILLE, FL 32223	61-1712474	501(C)(3)	5,700.				GENERAL SUPPORT
(12) BIG BROTHERS, BIG SISTERS OF GREATER MIAMI 550 NW 42ND AVE MIAMI, FL 33126	59-6166904	501(C)(3)	5,600.				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

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Schedule I (Form 990) 2022

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

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Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL 420 LEXINGTON AVE NEW YORK, NY 10170	14-1836083	501(C)(3)	5,540.				GENERAL SUPPORT
(2) HOLOCAUST HEROES WORLDWIDE, INC 3575 NE 207TH ST AVENTURA, FL 33180	83-4405338	501(C)(3)	5,500.				GENERAL SUPPORT
(3) ESHEL 115 E 23RD ST NEW YORK, NY 10010	46-0539206	501(C)(3)	5,500.				GENERAL SUPPORT
(4) JEWISH EDUCATIONAL LOAN FUND, INC. 4549 CHAMBLEE DUNWOODY RD ATLANTA, GA 30338	58-0568686	501(C)(3)	5,500.				GENERAL SUPPORT
(5) GOODWILL INDUSTRIES OF SOUTH FLORIDA 2121 NW 21ST ST MIAMI, FL 33142-7382	59-0866126	501(C)(3)	5,500.				GENERAL SUPPORT
(6) PALMER TRINITY SCHOOL 7900 S.W. 176TH ST MIAMI, FL 33157	23-7098500	501(C)(3)	5,500.				GENERAL SUPPORT
(7) MICHIGAN HILLEL 1429 HILL STREET ANN ARBOR, MI 48104	38-6119964	501(C)(3)	5,430.				GENERAL SUPPORT
(8) GIFT OF LIFE MARROW REGISTRY 5901 BROKEN SOUND PKWY BOCA RATON, FL 33487	22-3131232	501(C)(3)	5,400.				GENERAL SUPPORT
(9) TEMPLE MOSES SEPHARDIC CONGREGATION 1200 NORMANDY DRIVE MIAMI BEACH, FL 33141	23-7004362	501(C)(3)	5,350.				GENERAL SUPPORT
(10) ACLU FOUNDATION 125 BROAD STREET NEW YORK, NY 10004	13-6213516	501(C)(3)	5,350.				GENERAL SUPPORT
(11) JEWISH COMMUNITY FEDERATION OF CLEVELAND 25701 SCIENCE PARK DR CLEVELAND, OH 44122	34-0714445	501(C)(3)	5,320.				GENERAL SUPPORT
(12) HOLOCAUST MEMORIAL 100 RAOUL WALLENBERG WASHINGTON, DC 20024	52-1309391	501(C)(3)	5,100.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SURFSIDE - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	92	1,225,814.			
2 CAMP SCHOLARSHIPS/NEED BASED & INCENTIVE US	166	130,225.			
3 OTHER - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	94	125,608.			
4 COVID - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	70	71,000.			
5 TZEDAKAH - ASSISTANCE FOR FOOD, CLOTHING, SHELTER	50	30,995.			
6					
7					

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

PART I, LINE 2:

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

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

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

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

DISTRIBUTION DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA

INDICATING HOW FUNDS ARE UTILIZED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

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

2022

**Open to Public
Inspection**

Employer identification number

59-0624404

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACOB SOLOMON PRESIDENT AND CEO	(i)	397,453.	NONE	192,904.	254,265.	25,604.	870,226.	192,904.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 OKSANA CARDINI CHIEF FINANCIAL OFFICER	(i)	223,840.	NONE	NONE	11,173.	14,835.	249,848.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JEFFREY LEVIN CHIEF DEVELOPMENT OFFICER	(i)	272,240.	NONE	NONE	22,993.	14,835.	310,068.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 BONNIE MECHOULLAM CHIEF MKTG & COMMUN. OFFICER	(i)	224,666.	NONE	NONE	22,791.	11,930.	259,387.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MICHELLE LABGOLD CHIEF PLANNING OFFICER	(i)	211,615.	NONE	NONE	10,476.	4,916.	227,007.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SCOTT KAPLAN FOUNDATION DIRECTOR	(i)	211,099.	NONE	NONE	5,859.	14,835.	231,793.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ABBEY FEINBERG ANNUAL CAMPAIGN DIRECTOR	(i)	162,977.	NONE	NONE	8,596.	14,835.	186,408.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 MIMI KLIMBERG CHIEF TECHNOLOGY AND ANALYTICS	(i)	141,530.	NONE	NONE	6,847.	14,835.	163,212.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 SIMON KAMINETSKY PHILANTHROPIC GIFT DIRECTOR	(i)	175,353.	NONE	NONE	9,517.	11,817.	196,687.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 JILL HAGLER DIR. OF FOUNDATION DEVELOPMENT	(i)	147,032.	NONE	NONE	7,363.	11,510.	165,905.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
11 DAHLIA BENDAVID DIRECTOR OF ISRAEL & OVERSEAS	(i)	141,225.	NONE	NONE	7,757.	11,447.	160,429.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

THE 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 II, COLUMN (B)(III):

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 \$192,904 AND ALSO
INCLUDES A ONE-TIME PAYMENT OF PREVIOUSLY UNDISTRIBUTED DEFERRED
COMPENSATION THAT WAS REPORTED ON THE PRIOR FORM 990 AND PAID CURRENTLY.

**SCHEDULE M
(Form 990)**

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

2022

**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	44	2,989,289.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

7078SQ 702V

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

PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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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 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

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GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

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

LINE 4A, PROGRAM SERVICE

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

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

IN FISCAL 2022-2023, \$7.3 MILLION+ WAS DIRECTED FROM THE ANNUAL FEDERATION/UJA CAMPAIGN TOWARD MULTIPLE FORMAL AND INFORMAL JEWISH EDUCATION AND IDENTITY INITIATIVES SERVING ADULTS AND CHILDREN IN THE COMMUNITY. MORE THAN \$2.4 MILLION IN GRANTS AND SCHOLARSHIPS WERE ALLOCATED TO 11 JEWISH DAY SCHOOLS AND NINE CONGREGATIONAL SCHOOLS IN MIAMI-DADE COUNTY, IMPACTING MORE THAN 5,300 STUDENTS, ENHANCING THEIR UNDERSTANDING AND APPRECIATION OF OUR RICH JEWISH HERITAGE. OUR THREE MIAMI JEWISH COMMUNITY CENTERS RECEIVED OVER \$2.2 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 166 SCHOLARSHIPS TO CHILDREN TO ATTEND JEWISH OVERNIGHT CAMPS ACROSS THE US, STRENGTHENING THEIR JEWISH IDENTITY.

HAVING A STRONG, WELCOMING JEWISH PRESENCE ON COLLEGE CAMPUSES IS CRITICAL TODAY FOR STUDENTS. FEDERATION FUNDING SUPPORTS SEVEN HILLEL PROGRAMS ON MULTIPLE UNIVERSITY CAMPUSES THROUGHOUT FLORIDA, PROVIDING PROGRAMMING FOR MORE THAN 8,790 JEWISH STUDENTS. ADDITIONALLY, THE MIAMI MOISHE HOUSES AND MOISHE POD, WHO RECEIVE FUNDING FROM FEDERATION, CONDUCTED 201 PROGRAMS FOR 1,151 YOUNG JEWISH ADULTS IN 2022.

OVER 50,000 PEOPLE - INCLUDING STUDENTS FROM SCHOOLS, COLLEGES AND UNIVERSITIES - VISITED THE HOLOCAUST MEMORIAL MIAMI BEACH, A PROGRAM OF THE GREATER MIAMI JEWISH FEDERATION.

THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER YOUNG LION OF JUDAH PROGRAM, PRE-BAR/BAT MITZVAH STUDENTS WERE PAIRED WITH MIAMI AREA

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

HOLOCAUST SURVIVORS TO SHARE EXPERIENCES.

PJ LIBRARY OF MIAMI, A PROGRAM OF FEDERATION, AND ITS IMPLEMENTING PARTNERS HOSTED VIRTUAL AND IN PERSON FAMILY PROGRAMS ON JEWISH VALUES AND CELEBRATIONS. THIS IS IN ADDITION TO THE BOOKS AND MUSIC SENT TO OVER 4,310 CHILDREN THROUGH LOCAL FUNDING. SINCE ITS INCEPTION, PJ LIBRARY HAS DELIVERED OVER 513,113 BOOKS IN MIAMI.

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

LINE 4B, PROGRAM SERVICE

OVERSEAS PROGRAMS AND SERVICES - FOR OVER 80 YEARS, THE FEDERATION HAS BEEN COMMITTED TO THE WELFARE AND AID OF THE JEWISH PEOPLE WORLDWIDE, CONNECTING PEOPLE TO JEWISH LIFE, AND CREATING STRONG CONNECTIONS TO ISRAEL PROVIDING \$8,128,140 TO ORGANIZATIONS THAT FOCUS ON THESE ISSUES.

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

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 78,000 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: 73,759 SENIORS RECEIVED FOOD ASSISTANCE, 23,153 SENIORS RECEIVED HOME CARE,

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GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

FORM 990, PART III - PROGRAM SERVICE

=====

25,325 RECEIVED MEDICINE OR MEDICAL ASSISTANCE, AND 10,707 WERE HELPED IN EMERGENCY SITUATIONS. IN THE FORMER SOVIET UNION, JDC FURNISHED CRITICAL NUTRITIONAL AND MEDICAL ASSISTANCE TO MORE THAN 30,000 JEWISH CHILDREN AND THEIR FAMILIES. THE JEWISH AGENCY FOR ISRAEL OPERATED SUMMER CAMPS IN THE FSU, AS WELL AS SUNDAY SCHOOLS AND PROVIDED YOUNG ADULTS WITH LEADERSHIP ACTIVITIES.

UKRAINE: IN RESPONSE TO THE CONTINUING WAR IN UKRAINE, JDC HAS RECEIVED 67,600 ALL TO THEIR HOTLINE, PROVIDED 40,000 JEWISH REFUGEES WITH BASIC NEEDS, PROVIDED 20,000 REFUGEES WITH ACCOMMODATIONS, AND PROVIDED 1.6 MILLION POUNDS OF HUMANITARIAN NEED TO UKRAINIANS IN NEED. ASSISTED IN HELPING EVACUATING THOSE AT RISK, PROVIDING SHELTER TO THE DISPLACED AND REFUGEES, PROVIDING HUMANITARIAN AID (FOOD, MEDICAL SUPPLIES), TRAUMA RELIEF, AND WINTER RELIEF.

ARGENTINA: JDC WORKS IN CLOSE COOPERATION WITH JEWISH COMMUNAL LEADERS TO IDENTIFY THE INDIVIDUALS AND FAMILIES AT HIGHEST RISK, AND TO ENSURE THAT VULNERABLE CHILDREN, ADULTS AND ELDERLY RECEIVE FOOD, MEDICINE, CLOTHING AND OTHER ESSENTIAL AID. JDC HELPED 295 FAMILIES WITH FOOD ASSISTANCE, 73 PEOPLE WITH HOUSING SUPPORT, 64 PEOPLE WITH CRUCIAL MEDICINE, EMERGENCY SUPPORT FOR 513 "NEWLY POOR FAMILIES.

VENEZUELA: ASSISTED 320 FAMILIES AND 28 SENIORS WITH DELIVERIES OF NUTRITIOUS FOOD. 120 JEWS WITH CHRONIC ILLNESS WITH MEDICATION. SOCIAL ACTIVITIES CONNECTING 50 ELDERLY JEWS.

CUBA: PROVIDED 120 VULNERABLE FAMILIES WITH FOOD, MILK AND SPECIAL SHABBAT MEALS. 450 VULNERABLE JEWS WITH MEDICINE SUPPLIES. IN-PERSON AND VIRTUAL COMMUNITY ACTIVITIES.

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

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GREATER MIAMI JEWISH FEDERATION INC.

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FORM 990, PART III - PROGRAM SERVICE

=====

AND YERUCHAM, WE ARE HELPING YOUTH AT RISK ACHIEVE GREATER ACADEMIC SUCCESS AND MATURITY THROUGH THE YOUTH FUTURES IN YERUCHAM PROGRAM. IN 36 LOCATIONS ACROSS ISRAEL'S SOCIOECONOMIC AND GEOGRAPHIC PERIPHERY, YOUTH FUTURES PROVIDES INTERVENTIONS AND EMPOWERMENT ENABLING THEM TO TAKE THEIR PLACE AS INDEPENDENT, PRODUCTIVE MEMBERS OF SOCIETY.

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

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

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

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, WE HAVE PROVIDED EMERGENCY ASSISTANCE THROUGH OUR COLLECTIVE SUPPORT OF THE JEWISH FEDERATIONS OF NORTH AMERICA TO SUPPORT EVACUEES FROM FRONTLINE COMMUNITIES, 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

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

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, ETHIOPIAN ISRAELIS, HOLOCAUST SURVIVORS, AND MARGINALIZED POPULATIONS, SUCH AS BEDOUIN COMMUNITIES, WIDE-SCALE TRAUMA RELIEF AND PSYCHOSOCIAL SUPPORT WITH EXPANDED CAPABILITIES THROUGH TELEPHONE HOTLINES; DIRECT CARE TO FIRST RESPONDERS, LONE SOLDIERS, THE INJURED, AND FAMILIES WHOSE RELATIVES WERE MURDERED, INJURED, OR ABDUCTED; TRAINING AND SUPPORT FOR CAREGIVERS AND RESPONDERS, INCLUDING HOSPITAL EMERGENCY TEAMS AND MUNICIPAL TEAMS.

LINE 4C, PROGRAM SERVICE

HUMAN SERVICES PROGRAMS, GENERAL/OTHER - THE GREATER MIAMI JEWISH FEDERATION, THROUGH ITS NETWORK OF BENEFICIARY AGENCIES AND SERVICES, PROVIDES FOR THE HUMANITARIAN NEEDS OF PEOPLE OF ALL AGES. IN 22-23, \$3.5+ MILLION WAS ALLOCATED LOCALLY FROM THE ANNUAL FEDERATION/UJA CAMPAIGN TO CARE FOR THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY.

WHEN THE CHAMPLAIN TOWERS SOUTH CONDOMINIUM IN SURFSIDE COLLAPSED, FEDERATION MOBILIZED IMMEDIATELY, ACTIVATING VARIOUS PARTNERS TO PROVIDE SHORT-TERM DISASTER RESPONSE SERVICES TO VICTIMS' FAMILIES, FIRST RESPONDERS AND ALL THOSE AFFECTED BY THE DEVASTATION. FEDERATION'S MISHKAN MIAMI RABBIS AND CHAPLAINS WERE DISPATCHED TO OFFER SPIRITUAL AND GRIEF COUNSELING. OUR PRIMARY HUMAN SERVICES PARTNER, JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA (JCS), WAS ON-SITE THROUGHOUT THE CRISIS TO PROVIDE TRAUMA COUNSELING AND TO HELP SURVIVORS ACCESS BENEFITS, INSURANCE, LEGAL ADVICE AND RELIEF PROGRAMS. FEDERATION ALSO SUPPLIED - AND CONTINUES TO PROVIDE - FINANCIAL HELP TO PEOPLE WHO LOST ALL THEIR POSSESSIONS, AS WELL AS THOSE WHO LOST BELOVED FAMILY MEMBERS. AS OF THE END OF FY 22-23, FEDERATION PROVIDED DIRECT FINANCIAL ASSISTANCE TO VICTIMS AND FAMILIES TOTALING MORE THAN \$3.9 MILLION.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

FORM 990, PART III - PROGRAM SERVICE

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THE JEWISH COMMUNITY'S 24-HOUR ACCESS AND INFORMATION HOTLINE OPERATED BY JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA RECEIVED 10,790 REQUESTS FOR ASSISTANCE, MANY OF WHICH RESULTED IN DIRECT AID, REFERRALS, COUNSELING AND EMERGENCY GRANTS FROM FEDERATION AND OUR PARTNER AGENCIES. OVER \$244,000 IN EMERGENCY ASSISTANCE GRANTS WERE PROVIDED FOR PEOPLE EXPERIENCING HARDSHIP. THE HEBREW FREE LOAN ASSOCIATION OF MIAMI, A FEDERATION PROGRAM, DISBURSED \$434,450 IN INTEREST-FREE LOANS, TO ASSIST WITH COSTS ASSOCIATED WITH MEDICAL AND DENTAL, TUITION, EDUCATION, ADOPTION, FERTILITY TREATMENTS, HOUSING ASSISTANCE, PERSONAL EXPENSES AND SO MUCH MORE.

JWORKS MIAMI, FEDERATION'S COMMUNITY EMPLOYMENT PROGRAM, HELPED 46 PEOPLE FIND EMPLOYMENT. THERE WERE 4,526 VISITS TO THE JEWISH COMMUNITY SERVICES (JCS) KOSHER FOOD BANK. THROUGH JCS HOME DELIVERED AND CONGREGATE MEAL PROGRAMS, 230,000+ 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 550 HOLOCAUST SURVIVORS IN MIAMI-DADE COUNTY RECEIVED PERSONALIZED AND COMPREHENSIVE CASE MANAGEMENT SERVICES THROUGH JCS TO ASSIST WITH COORDINATING CARE, OBTAINING BENEFITS AND GENERAL SUPPORT. THERE WERE OVER 600,500 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 210 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. 546 ADULTS, SENIORS AND CHILDREN BENEFITTED FROM 8,309 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, 75 JEWISH CHILDREN - VICTIMS OF ABUSE OR NEGLECT - RECEIVED CHILD WELFARE SERVICES FROM JEWISH ADOPTION AND FAMILY CARE OPTIONS

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FORM 990, PART III - PROGRAM SERVICE

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(JAFCO).

THE PURPOSE OF THESE PROGRAMS AND SIMILAR TYPES OF PROGRAMS IS TO PROVIDE A MECHANISM TO ENSURE THE FUTURE VIABILITY OF MIAMI'S ORGANIZED JEWISH COMMUNITY. AS PART OF THIS COMMUNITY OUTREACH, FEDERATION'S JEWISH VOLUNTEER CENTER (JVC) PROMOTES GREATER VOLUNTEER PARTICIPATION IN THE DELIVERY OF DIRECT SERVICES, TO EXPAND THE SERVICES AGENCIES COULD PROVIDE AT A LOWER COST, AND TO PROMOTE VOLUNTEERISM AS A WAY OF ENHANCING JEWISH IDENTIFICATION AND INVOLVEMENT. IN ADDITION, THERE ARE PROGRAMS THAT ENHANCE VOLUNTEER INVOLVEMENT BY ASSESSING ORGANIZATIONAL NEEDS, UNDERSTANDING CURRENT TRENDS AND ISSUES, CREATING MEANINGFUL OPPORTUNITIES FOR VOLUNTEERS, EXPLORING VOLUNTEERISM BY INFUSING JEWISH VALUES, EXAMINING HIGH QUALITY MODELS FOR VOLUNTEER RECRUITMENT, RETENTION, AND ENHANCEMENT. OFFERING ONE-TIME FAMILY FRIENDLY PROGRAMS AND ONGOING INDIVIDUAL ACTIVITIES, IN 22-23, FEDERATION'S JVC ENABLED 2,366 PEOPLE TO VOLUNTEER 3,800 TIMES TO BENEFIT COMMUNITY ORGANIZATIONS THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER, TOTALING 15,200 HOURS OF VOLUNTEERING AND EQUALING NEARLY \$483,000 IN PAID TIME.

ADVOCATING ON BEHALF OF MIAMI-DADE COUNTY'S MOST VULNERABLE JEWISH POPULATIONS, THE JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) WORKED TIRELESSLY WITH GOVERNMENTAL LEADERS TO ENSURE THAT DIRECT GOVERNMENT FUNDING OF SOCIAL SERVICES WAS PROVIDED TO FEDERATION PARTNER AGENCIES. JCRC AND WOMEN'S PHILANTHROPY CREATED THE TASK FORCE TO COMBAT HUMAN TRAFFICKING IN 2015 TO INCREASE PUBLIC AWARENESS AND CONCERN ABOUT THE DANGERS OF THIS MODERN FORM OF SLAVERY AND ITS PREVALENCE IN MIAMI-DADE COUNTY AND FLORIDA. FEDERATION HAS PROGRAMS TO INCREASE COMMUNITY DEVELOPMENT AND LEADERSHIP BY REACHING OUT TO ALL CONSTITUENCIES. THE PURPOSE OF THE PROGRAMS IS TO BUILD COMMUNITY INVOLVEMENT IN FEDERATION, EDUCATE FUTURE VOLUNTEER LEADERS, AND BUILD A CORE OF FUTURE LEADERS TO LEAD FEDERATION AND OUR COMMUNITY AGENCIES. EDUCATING THE NEXT GENERATION OF LEADERS AND PROVIDING OVERSIGHT OF PROGRAM DELIVERY SYSTEMS HAVE ALWAYS BEEN FOCAL POINTS OF FEDERATION.

SINCE MARCH 2011, FEDERATION HAS SENT WEEKLY EMAILS TO MORE THAN 60,000 PEOPLE, HIGHLIGHTING SELECT RESOURCES AND NEWS EVENTS IN THE JEWISH COMMUNITY. YEARS AGO, FEDERATION EMBARKED ON A BOLD INITIATIVE THROUGH THE CREATION OF THE FOUNDATION FOR JEWISH RENEWAL AND A VARIETY OF PROGRAMS WERE DEVELOPED, INCLUDING THE HIGH HOLIDAY WELCOME PROJECT, WHICH PROVIDES WORSHIP OPPORTUNITIES

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.

59-0624404

FORM 990, PART III - PROGRAM SERVICE
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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 22-23, 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 POLITICAL EQUALITY.

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

Name of the organization

Employer identification number

GREATER MIAMI JEWISH FEDERATION INC.**59-0624404**

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 9080500	MISSION GROUND SVCS.	5,001,991.
ARQUITECTONICA INTERNATIONAL CORPORATION 2900 OAK AVENUE MIAMI, FL 33133	ARCHITECTURAL SVCS.	913,224.
RENAISSANCE 8910 PURDUE ROAD, SUITE 500 INDIANAPOLIS, IN 46268	FOUNDATION ADMIN SVC	379,358.
MEDIA STAGE, INC. 350 INTERNATIONAL PARKWAY SUNRISE, FL 33325	AUDIO VISUAL	348,940.
KENT SECURITY SERVICES 14600 BISCAYNE BOULEVARD NORTH MIAMI, FL 33181	SECURITY	284,950.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER MIAMI JEWISH FEDERATION INC.

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

59-0624404

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) 2022

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

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

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
SAMUEL I. ADLER FAMILY SUPPORTING FOUND. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0688643	FL	501(C)(3)	12D	GMJF		X
L. JULES ARKIN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0817973	FL	501(C)(3)	12D	GMJF		X
SHIRLEY FELDMAN ARKIN FOUNDATION INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0840870	FL	501(C)(3)	12D	GMJF		X
THE FELDMAN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0421798	FL	501(C)(3)	12D	GMJF		X
THE FUTERNICK FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0078657	FL	501(C)(3)	12D	GMJF		X
THE GANZ FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0008368	FL	501(C)(3)	12D	GMJF		X
SENIORS CARE FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPP. ELDERLY	65-0154991	FL	501(C)(3)	7	GMJF		X
KAPLAN FAMILY FOUNDATION, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0455791	FL	501(C)(3)	12D	GMJF		X
PODHURST FAMILY SUPPORTING FOUND, INC. 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	65-0720334	FL	501(C)(3)	12D	GMJF		X
CIVIE AND EARL PERTNOY FAMILY FOUNDATION 4200 BISCAYNE BLVD MIAMI, FL 33137 SUPPORT ORG.	14-1944305	FL	501(C)(3)	12D	GMJF		X

Part VII Supplemental Information

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

PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

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