Return of Organization Exempt From Income Tax

DLN: 93493137013471 OMB No. 1545-0047

2019

| Form 990 | |
|-----------------|---|
| 46 ;] | l |

Department of the

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.

▶ Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

Open to Public Inspection

| | | nue Service | 1 | | | | | | | | | | |
|---------------|----------|-------------------------------------|------------------------------|--|---|-----------------------|----------------------|------------------|---------------------------|-----------------------------|-----------------|------------------|----------------------|
| A Fo | or the | : 2019 ca | | <u> </u> | eginning 07-01-2 | 019 , and endin | ıg 06-30 | 0-2020 | | | | | |
| □ Add | | oplicable: change | | organization MIAMI JEWISH FEDI | ERATION INC | | | | | E mploy 6 19-0624 | | fication numb | er |
| □ Init | ial retu | urn | Doing bus | iness as | | | | | | | | | |
| □ Am | ended | /terminated return on pending | Number a | nd street (or P.O. bo CAYNE BOULEVARD | x if mail is not delivere | d to street address) | Room/sui | ite | | · | e number | | |
| ш Арі | Jiicatio | ii pending | City or to | | e, country, and ZIP or fo | preign postal code | | | | 305) 5. | 76-4000 | | |
| | | | MIAMI, FL | . 33137 | | | | | G | Gross red | ceipts \$ 2 | 65,917,175 | |
| | | | F Name a | and address of pri CARDINI | incipal officer: | | | H(a) | Is this a gr | oup ret | urn for | | |
| | | | | CAYNE BLVD | | | | | subordinat Are all sub | | es | □Yes | |
| Tax | -exem | npt status: | | |) ◀ (insert no.) | |] ₅₂₇ | ` ´ i | included? | | | Yes instructions | |
| W | ebsite | e:► WW | | MIAMI.ORG |) 4 (maere no.) | | | | Group exe | | • | | , |
| (Form | n of org | ganization: | : 🗹 Corpor | ation | Association Othe | r ► | | L Year of | f formation: | 1938 | M State | of legal domic | ile: FL |
| Pa | rt I | Sumi | mary | | | | | | | | | | |
| GOVERNANCE | T II | HE MISSI N NEED, S | ION OF THE STRENGTHI | GREATER MIAMI | ion or most significa JEWISH FEDERATIO ND ADVANCE THE U | ON IS TO MOBILIZI | | | | | | | |
| GOVE | 2 (| Check thi | s box ▶ □ | if the organization | on discontinued its o | perations or dispo | sed of m | nore than | 1 25% of it | s net as | ssets. | | |
| ð | 3 [| Number o | of voting me | embers of the gov | erning body (Part V | l, line 1a) | | | | | 3 | | 159 |
| HOUMURS | | | • | _ | ers of the governing | | • | | | | 4 | | 159 |
| 711 V | | | | • | in calendar year 20: | | - | | | | 5 | | 103 |
| Ĭ | | | | · · | if necessary) . . n Part VIII, column (0 | | | | | | 6 7a | - | 4,000 |
| | | | | | e from Form 990-T, | • • | | | | | 7a 7b | | 0 |
| | | Tet ame | acca basine | taxable meem | 2 110111 101111 330 17 | | | <u> </u> | Prior Ye | ear | 7 | Current Ye | |
| a . | 8 (| Contribut | ions and gr | ants (Part VIII, lin | e 1h) | | | | 7: | 8,010,0 | 14 | | .307,943 |
| Ravenue | 9 | Program | service rev | enue (Part VIII, lin | e 2g) | | | | | | 0 | | |
| }∧ĕ} | 10 | Investme | nt income (| (Part VIII, column | (A), lines 3, 4, and 7 | 7d) | | | : | 3,393,5 | 556 | 20, | .212,361 |
| _ | 11 (| Other rev | enue (Part | VIII, column (A), I | lines 5, 6d, 8c, 9c, 1 | .0c, and 11e) | | | | 225,2 | | | 103,362 |
| | 12 | Total reve | enue—add l | lines 8 through 11 | . (must equal Part V | III, column (A), line | e 12) | | 8 | 1,628,7 | '74 | 113, | .623,666 |
| | 13 (| Grants ar | nd similar a | mounts paid (Parl | t IX, column (A), line | es 1-3) | | | 7 | 1,157,8 | 315 | 35, | .633,759 |
| | | | | • | IX, column (A), line | , | | | | | 0 | | (|
| Se? | | | • | | ee benefits (Part IX, | | 5–10) | | • | 7,507,2 | | 8, | .351,853 |
| Expenses | | | | | column (A), line 11 | | • | | | 69,1 | 41 | | 45,006 |
| Ехр | | | - ' | , | n (D), line 25) ►3,943,9 | | | | | 4.056.4 | 100 | | 207.120 |
| _ | | | = | | lines 11a–11d, 11f–2 | - | 1 | | | 4,956,4 | _ | | 307,120 |
| | | | | • | st equal Part IX, colu 18 from line 12 . | , ,, | | | | 3,690,6 2,061,9 | _ | | .337,738 .285,928 |
| Fund Balances | 15 | Revenue | icaa expens | ses. Jubildet illie | 10 110111 111110 12 . | <u> </u> | • | Begii | nning of Cu | | | End of Yea | |
| alai | 20 - | Total asse | ets (Part X, | line 16) | | | • | | 34 | 6,599,7 | ⁷ 43 | 395, | .137,806 |
| 14 A | 21 | Total liab | ilities (Part | X, line 26) | | | | | 71 | 0,490,8 | 374 | 68, | 297,696 |
| Full | 22 | Net asset | s or fund b | alances. Subtract | line 21 from line 20 | | | | 27 | 6,108,8 | 69 | 326, | .840,110 |
| Pa | | | ature Blo | | | | | | | | | | |
| nowl | | and belie | | | examined this returr plete. Declaration of | | | | | | | | |
| , | | l k | | | | | | | | | | | |
| | | Signatu | re of officer | | | | | | 2021-05- Date | 16 | | | |
| Sign Iere | | , - | | NEO. | | | | | | | | | |
| icic | | | IA CARDINI C r print name | | | | | | | | | | |
| | | 17 | | parer's name | Preparer's sign | nature | | ate | T., - | | PTIN | | |
| Paic | 1 | | | | | | _ | | Check L self-empl | | 0064643 | 0 | |
| | oare | r 🖪 | irm's name | ► BDO USA LLP | • | | | | Firm's EI | | 5381590 | | |
| | Onl | ⊢ | irm's address | ► 1450 BRICKELL A | AVE 18TH FLOOR | | | | Phone no | . (305) 3 | 373-5500 | | |
| = | | · | | MIAMI, FL 3313 | | | | | 1.1.5116 110 | . (555) 3 | 3300 | | |
| 4 | | | ulata | · | | to the S | | | | | | | |
| nay ti | ie iks | aiscuss د | เทเร return | with the preparer | · shown above? (see | instructions) . | | | | | <u> </u> | Yes 🗌 No | |

| Form | n 990 (2019) | | | | | Page 2 |
|------|--------------------------------|-------------------------------------|-------------------|---------------------------|---|---------------|
| Pa | art III Statement | of Program Servi | ce Accomplis | hments | | |
| | Check if Sche | dule O contains a resp | onse or note to a | any line in this Part III | | 🗹 |
| 1 | Briefly describe the c | organization's mission: | | • | | |
| STRE | | | | | ND FINANCIAL RESOURCES TO CA OF THE JEWISH PEOPLE IN MIAMI | |
| 2 | - | undertake any signific r 990-EZ? | | - · | hich were not listed on | ☐ Yes ☑ No |
| | If "Yes," describe the | ese new services on Sc | hedule O. | | | |
| 3 | Did the organization services? | cease conducting, or r | nake significant | changes in how it cond | ucts, any program | ☐ Yes ☑ No |
| | If "Yes," describe the | ese changes on Schedu | le O. | | | |
| 4 | Section $501(c)(3)$ an | | ons are required | to report the amount of | largest program services, as mea of grants and allocations to others | |
| | (Code: |) (Expenses \$ | 18,749,608 | including grants of \$ | 16,597,905) (Revenue \$ |) |
| | See Additional Data | | . , | | | |
| 4b | (Code: See Additional Data |) (Expenses \$ | 9,167,053 | including grants of \$ | 8,115,043) (Revenue \$ |) |
| 4c | (Code: |) (Expenses \$ | 12,081,339 | including grants of \$ | 10,920,811) (Revenue \$ |) |
| 40 | See Additional Data |) (Expenses \$ | 12,001,559 | merdaning grants or \$ | 10,920,011) (Nevenue \$ | , |
| 4d | | ces (Describe in Sched | • | | | - |
| | (Expenses \$ | | luding grants of | <u> </u> |) (Revenue \$ |) |
| | | vice expenses ▶ | 39,998,0 | | | |

| Par | Checklist of Required Schedules | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 3 . | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 92. | 6 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> | 10 | Yes | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | 11a | Yes | |
| | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 | 11b | Yes | |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 | 11e | Yes | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | Yes | |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | Yes | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | Yes | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) | 17 | Yes | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |

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|-----|--|-----|-----|--------|
| Par | Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 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> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 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> | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | No |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒 | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 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> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | . ; | | |
| 1~ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 174 | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 174 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Yes | |

| Par | Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | 1 | | |
|---------|---|--------------------------|-----|------------|
| 2a | 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 | 103 | | |
| b | b If at least one is reported on line 2a, did the organization file all required federal employment tax r Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruct | | Yes | |
| За | Ba Did the organization have unrelated business gross income of \$1,000 or more during the year? . | • | | No |
| b | b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedu | ule O 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other financia If "Yes," enter the name of the foreign country: | | | No |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial | l Accounts (FBAR). | | |
| 5a | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year | ar? 5a | | No |
| b | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra | ansaction? 5b | | No |
| C | f c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did solicit any contributions that were not tax deductible as charitable contributions? | | | No |
| b | b If "Yes," did the organization include with every solicitation an express statement that such contrib not tax deductible? | outions or gifts were 6b | | |
| | 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 provided to the payor? | | Yes | |
| | b If "Yes," did the organization notify the donor of the value of the goods or services provided? . | | Yes | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it Form 8282? | t was required to file | | No |
| | d If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | | 7e | | No |
| | | | | No |
| | g If the organization received a contribution of qualified intellectual property, did the organization file required? | 7 g | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organ 1098-C? | nization file a Form | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta sponsoring organization have excess business holdings at any time during the year? | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | , | | | No |
| | , | 9b | | No |
| 10 | | | | |
| _ | a Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| ь 11 | | | | |
| a | | | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 12a | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o | of Form 1041? 12a | | |
| b | b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | | |
| | b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | 150 | | | . . |
| | la Did the organization receive any payments for indoor tanning services during the tax year? | | | No |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schede Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem | | | |
| | parachute payment(s) during the year? | 15 | | No |
| 10 | If "Yes," complete Form 4720, Schedule O. | nent income? 16 | | No |

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|-----|---|------------|-----------|---------------|
| Pa | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | " respo | onse to i | ines |
| Se | ction A. Governing Body and Management | | | |
| | 1 1 | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 159 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 159 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | Yes | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ction B. Policies (This Section B requests information about policies not required by the Internal Revenue | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | Yes | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Yes | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |
| 6- | ction C Disclosure | | | |

List the states with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

lacktriangledown Own website lacktriangledown Another's website lacktriangledown Upon request lacktriangledown Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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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

Form **990** (2019)

| 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. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th | Form 990 (2019) | | | | | | | | | | | Pag | ge 7 |
|--|--|---|-----------------------------------|--------------------------|-------------------------------|-------------------------|------------------------------|--------|--|---|----------------------------------|-----------------------------------|-------------|
| As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o | | | Truste | es, I | Key | En | nploy | ees | , Highest Comp | ensated Employ | yees, | | |
| La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat | Check if Schedule O contains a | response or no | te to an | y line | in t | his | Part VI | ١. | | | | . [| |
| ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi | Section A. Officers, Directors, Tru | istees, Key E | mploy | ees, | an | d H | lighe | st C | Compensated En | nployees | | | |
| ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. Sie 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organi | year. | | • | | | | | | , , | | - | n's ta | Κ |
| List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or 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 organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee. | of compensation. Enter -0- in columns (D), (| E), and (F) if no | compe | nsati | on w | /as | oaid. | | ., | | | | |
| who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei | | | | | | | | | | | | | |
| ■ 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 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization organization organization and related organizations. | | | | | | | | | | | | | |
| Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above. | of reportable compensation from the organiz | ation and any re | elated o | rgani | zatio | ons. | | | . , | · | · | | |
| (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations) | organization, more than \$10,000 of reportab | le compensatio | n from t | | | | | | | | Э | | |
| Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer | Check this box if neither the organizatio | n nor any relate | d organ | nizatio | on co | omp | ensate | d ar | ny current officer, di | rector, or trustee. | | | |
| it steed | | Average hours per week (list any hours | than o is b | ne bo oth a direct | o no ox, u n of or/t | t che inles ficer | s pers | on | Reportable compensation from the organization | Reportable compensation from related organizations | Estir amount compe fror | nated of oth nsation the | n |
| See Additional Data Table | | organizations below dotted | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | ` ' | rel | ated | |
| | See Additional Data Table | | | | | | | | | | | | |
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| | 990 (2019) | T | . Kası l | | | | d | u:I | haat Ca | | | d Employees | (| time and \ | Page 8 |
|-------|---|--|-----------------------------------|-----------------------|--------------------|----------------------|---------------------------------|------------|----------------------------|---|----------|---|-------------|---|------------------------------------|
| Part | | 1 | , Key | <u>-mp</u> i | | | ana | nıgı | | _ | ate | | (con | | |
| | (A) Name and title | (B) Average hours per week (list any hours for related | than o | ne b | ox, un of tor/t | t ch unle fice | r and a | son | Rep comp fro orga | (D) portable pensation om the anization 2/1099- | n 1 | (E) Reportable compensatio from related organization (W-2/1099- | n I s | Estim amount comper from organiza | ated of other nsation the |
| | | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | 1ISC) | | MISC) | | rela organiz | ted |
| See A | dditional Data Table | | | | | | | | | | | | | | |
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| 1h Sı | ub-Total | | | | | | <u> </u> ▶ | | | | | | \dashv | | |
| | otal from continuation sheets to P | | | | | | • | | | | | | | | |
| | | | | | | | <u>▶</u> | | | ,340,505 | | | 0 | | 489,975 |
| | Total number of individuals (including of reportable compensation from the | | | e liste | ed a | DOV. | e) wnc | rec | eivea ma | ore tnar | 1 \$10 | 0,000 | | | |
| | | | | | | | | | | | | | | Yes | No |
| | Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> . | | | ee, k | | | | or hi • | ghest co | mpensa • • | ted • | employee on | 3 | | No |
| | For any individual listed on line 1a, is organization and related organization individual | | | | | | | | | | | the | 4 | Yes | |
| | Did any person listed on line 1a receiservices rendered to the organization | | | | | | | | | ation or | indiv | vidual for | 5 | | No |
| Sec | ction B. Independent Contract | tors | | | | | | | | | | | | | |
| | Complete this table for your five high from the organization. Report compe | | | | | | | | | | | | mper | nsation | |
| | Name | (A) and business addre | ess | | | _ | | | | Ι, | Descr | (B) iption of services | | | C) nsation |
| SIANT | LEAPS CONTENT ACTIVITIES LTD | | | | | | | | | | | OUND SERVICES | | 55 | 389,275 |
| | X 3794 ERET TZION 9080500 | | | | | | | | | | | | | | |
| 4EDIA | STAGE INC | | | | | | | | | AUDIO | VISU | AL SERVICES | | | 302,709 |
| | TERNATIONAL PARKWAY SE, FL 33325 | | | | | | | | | | | | | | |
| | S BY PREMIER | | | | | | | | | CATERI | NG S | ERVICES | | | 267,198 |
| VENT | NORTHEAST 30TH AVENUE URA, FL 33180 | | | | | | | | | | | | | | |
| | INTEGRATED SOLUTIONS | | | | | | | | | GENERA | AL CC | NTRACTOR SERVI | CES | | 166,221 |
| OMPA | IW 32ND STREET NO BEACH, FL 33064 | | | | | | | | | | | | | | |
| | SECURITY SERVICES | | | | | | | | | SECURI | iy Si | ERVICES | | | 134,440 |
| IORTH | BISCAYNE BLVD MIAMI, FL 33181 | - C- I P I | | | | | 11 | | > | <u> </u> | | | 00 - | | |
| | otal number of independent contracto ompensation from the organization | | not lim | ited t | o th | ose | ıısted | abov | ve) who | receive | a mo | ore tnan \$100,0 | υυ of | | |
| | | | | | | | | | | | | | | Form 99 | 0 (2019) |

| Part | VIII | Statement | of F | Revenue | | | | | | rage 3 |
|---|--------------------------------------|--|--------|--------------------|------------|--------------------|-----------------------------|--------------------------------|--|--|
| | | Check if Sched | dule | O contains a | respo | nse or note to any | line in this Part VIII | | (0) | 🗆 |
| | | | | | | | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections |
| | la . | | | | . 1 | 21 404 610 | | revenue | | 512 - 514 |
| at s | | a Federated campa | _ | L | 1a | 21,481,618 | | | | |
| ran | | b Membership due: | | L | 1b | | | | | |
| A.G | | c Fundraising even | | Ļ | 1c | | | | | |
| ar, | | d Related organiza | | Ļ | 1d | | | | | |
| 5,E | | e Government grants | | · L | 1e | 302,474 | | | | |
| io Si Si | 1 | f All other contribution and similar amount. | | | 1f | 71,523,851 | | | | |
| but the | | above g Noncash contribution | ns in | L Icluded in | | , | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | lines 1a - 1f:\$ | | | 1 g | | | | | |
| a C | | h Total. Add lines | 1a-1 | f | | • | 93,307,943 | | | |
| | | | | | | Business Code | | | | |
| | 2a | | | | | | | | | |
| Ж | | | | | | | | | | |
| e Ver | b | • | | | | | | | | |
| Program Service Revenue | c | | | | | | | | | |
| rvic | | | | | | | | | | |
| S. | d | I | | | | | | | | |
| gran | _ | | | | | | | | | |
| Ρζ | e | | | | | | | | | |
| | f | All other program | serv | ice revenue. | | | | | | |
| | g | Total. Add lines 2 | 2a-2 | :f | • | | | | | |
| | | Investment income similar amounts) | (inc | luding divide | nds, i | nterest, and other | 4,449,741 | | | 4,449,741 |
| | | Income from invest | :mer | | npt bo | | | | | |
| | | Royalties | | | | • | , | | | |
| | | | | (i) Rea | I | (ii) Personal | | | | |
| | 6 a | Gross rents | 6a | | | | | | | |
| | | Less: rental | | | | | - | | | |
| | | expenses | 6b | | | | _ | | | |
| | С | Rental income or (loss) | 6с | | | | | | | |
| | d Net rental income or (loss) | | | (loss) | | |] | | | |
| | | | | (i) Securi | ties | (ii) Other | _ | | | |
| | 7a | Gross amount from sales of | 7a | 166,8 | 73,883 | 32,67 | 2 | | | |
| | | assets other than inventory | | | | | | | | |
| | b | Less: cost or other basis and | 7b | 151,1 | 43,935 | ; | o | | | |
| | | sales expenses | | · · | | | _ | | | |
| | С | Gain or (loss) | 7c | 15,7 | 29,948 | 32,67 | 2 | | | |
| | c | l Net gain or (loss) | • | | | | 15,762,620 | 15,762,620 | | |
| <u>a</u> | 8a | Gross income from fu (not including \$ | ındra | ising events of | | | | | | |
| Other Revenue | | contributions reporte See Part IV, line 18 | d on | line 1c). | | | | | | |
| ev. | | | | | 8a | 1,149,574 | | | | |
| er F | | Less: direct expen Net income or (los | | | 8b | 1,149,574 ents | | | | |
| Ė. | | The meeme of (182 | ,5, 11 | om ramaraisi | | ents | 1 | | | |
| _ | 9a | Gross income from See Part IV, line 19 | gam | ing activities. | | | | | | |
| | | Less: direct expen | | | 9a 9b | | - | | | |
| | | Net income or (los | | | | es . | _ | | | |
| | | • | · | | | | | | | |
| | 10 | aGross sales of inve returns and allowa | ento | ry, less | | | | | | |
| | Ŀ | Less: cost of good | | | 10a 10b | | - | | | |
| | | Net income or (los | | | | ory > | _ | | | |
| | | Miscellaneo | | | | Business Code | | | | |
| | 11 | -aCHAPLAINCY | | | _ | 900099 | 103,362 | 103,362 | | |
| | | | | | | | | | | |
| | b | | | | | | | | | |
| | | | | | , | | | | | |
| | C | 2 | | | | | | | | |
| | | All -d' | | | | | | | | |
| | d All other revenue | | | | | | | | | |
| | 12 Total revenue. See instructions | | | | | • | 103,362 | | | |
| | | . rotarrevenue, S | ee II | isu uctions . | • | • • • | 113,623,666 | 15,865,982 | | 0 4,449,741 Form 990 (2019) |
| | | | | | | | | | | Form 990 (2019) |

| Forr | m 990 (2019) | | | | Page 10 |
|------|---|------------------------|------------------------------------|---|---------------------------------------|
| Р | art IX Statement of Functional Expenses | | | | |
| | Section $501(c)(3)$ and $501(c)(4)$ organizations must c | | _ | | mn (A). |
| | Check if Schedule O contains a response or note to an | y line in this Part IX | | | <u> U</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 35,018,726 | 35,018,726 | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 573,683 | 573,683 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | 41,350 | 41,350 | | _ |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,908,527 | 956,826 | 409,014 | 542,687 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 5,036,353 | 1,912,583 | 1,342,508 | 1,781,262 |
| 8 | Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 334,178 | 100,522 | 84,688 | 148,968 |
| 9 | Other employee benefits | 621,477 | 120,633 | 181,530 | 319,314 |
| 10 | Payroll taxes | 451,318 | 174,137 | 100,464 | 176,717 |
| 11 | Fees for services (non-employees): | | | | |
| ā | a Management | | | | |
| ı | Legal | 36,985 | 18,136 | 4,041 | 14,808 |
| | c Accounting | 71,100 | | 71,100 | |
| (| d Lobbying | 17,446 | | 17,446 | |
| • | e Professional fundraising services. See Part IV, line 17 | 45,006 | | | 45,006 |
| f | Investment management fees | 1,665,943 | | 1,665,943 | |
| g | g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 326,120 | 101,402 | 137,441 | 87,277 |
| 14 | Information technology | 247,233 | | 74,170 | 173,063 |
| 15 | Royalties | | | | |
| 16 | Occupancy | 586,482 | 345,093 | 67,499 | 173,890 |
| 17 | Travel | 67,607 | 45,981 | 4,529 | 17,097 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 102,298 | 58,950 | 13,423 | 29,925 |
| 20 | Interest | 90,477 | | 90,477 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 171,349 | 72,005 | 26,044 | 73,300 |
| 23 | Insurance | 94,951 | 33,233 | 9,495 | 52,223 |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| | a PUBLIC RELATIONS AND ED | 293,679 | 46,668 | 58,103 | 188,908 |
| | b CAMPAIGN AND COMMUNITY | 228,249 | 154,699 | 13,286 | 60,264 |
| | c SUBSCRIPTIONS AND DUE | 179,682 | 162,501 | 4,003 | 13,178 |
| | d OTHER | 87,325 | 47,206 | 13,341 | 26,778 |
| | e All other expenses | 40,194 | 13,666 | 7,235 | 19,293 |
| 25 | Total functional expenses. Add lines 1 through 24e | 48,337,738 | 39,998,000 | 4,395,780 | 3,943,958 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). | | | | |

| Part X | Balance Sheet | | | |
|--------|--|--------------------------|---|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part IX . | | | 🗆 |
| | | (A) Beginning of year | | (B) End of year |
| 1 | Cash-non-interest-bearing | 8,567,709 | 1 | 58,690,627 |
| 2 | Savings and temporary cash investments | | 2 | |
| 3 | Pledges and grants receivable, net | 9,979,200 | 3 | 10,826,344 |
| 4 | Accounts receivable, net | 3,440,440 | 4 | 2,765,824 |
| 5 | 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 | 161,396 | 5 | 103,134 |
| 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |

Page **11**

| | 5 | key employee, creator or founder, substantial c entity or family member of any of these persons | ontribut | 7, or 35% controlled ons (as defined under 58(c)(3)(B) | 161,396 | 5 | 10 |
|--------|-----|---|----------|--|-------------|-------------|--------|
| | 6 | Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$ | | | | 6 | |
| S | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 91,456 | 8 | 6 |
| AS | 9 | Prepaid expenses and deferred charges | | | 398,465 | 9 | 26 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 10,775,300 | | | |
| | ь | Less: accumulated depreciation | 10b | 6,873,201 | 3,902,350 | 10 c | 3,90 |
| | 11 | Investments—publicly traded securities . | | | 123,669,989 | 11 | 147,12 |
| | 12 | Investments—other securities. See Part IV, line | 11 . | [| 184,917,818 | 12 | 158,47 |
| | 13 | Investments—program-related. See Part IV, line | 11 . | | | 13 | |
| | 14 | Intangible assets | | [| | 14 | |
| | 16 | Other accets Con Bort IV line 11 | | Г | 11 470 920 | 15 | 12.92 |

| I | | 1 | | | | |
|----|---|----------|---------------|-------------|-----|-------------|
| ь | Less: accumulated depreciation | 10b | 6,873,201 | 3,902,350 | 10c | 3,902,099 |
| 11 | Investments—publicly traded securities . | | | 123,669,989 | 11 | 147,127,982 |
| 12 | Investments—other securities. See Part IV, line | 11 . | | 184,917,818 | 12 | 158,471,197 |
| 13 | Investments—program-related. See Part IV, line | 11 . | | | 13 | |
| 14 | Intangible assets | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | 11,470,920 | 15 | 12,925,173 |
| 16 | Total assets. Add lines 1 through 15 (must eq | ual line | : 34) | 346,599,743 | 16 | 395,137,806 |
| 17 | Accounts payable and accrued expenses | | | 1,868,116 | 17 | 4,310,319 |
| 18 | Grants payable | | | 20,537,697 | 18 | 20,506,928 |
| 19 | Deferred revenue | | | 4,686,893 | 19 | 1,603,471 |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | | 21 | |

| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
|------------|----|---|-------------|----|-------------|
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 11,470,920 | 15 | 12,925,173 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 346,599,743 | 16 | 395,137,806 |
| | 17 | Accounts payable and accrued expenses | 1,868,116 | 17 | 4,310,319 |
| | 18 | Grants payable | 20,537,697 | 18 | 20,506,928 |
| | 19 | Deferred revenue | 4,686,893 | 19 | 1,603,471 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| Ś | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| iabilities | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity | | | |
| iat | | or family member of any of these persons | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 3,230,000 | 24 | 4,635,275 |
| | | Other liabilities (including federal income tay, payables to related third parties | 40 169 169 | 25 | 37 241 703 |

| | 18 | Grants payable | 20,537,697 | 18 | 20,506,928 |
|------------|----|--|------------|----|------------|
| | 19 | Deferred revenue | 4,686,893 | 19 | 1,603,471 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| ŵ | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| iabilities | 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 | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 3,230,000 | 24 | 4,635,275 |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). | 40,168,168 | 25 | 37,241,703 |

70,490,874

220,412,807

55,696,062

276,108,869

346,599,743

26

27

28

29 30

31

32

33

68,297,696

273,434,276

53,405,834

326,840,110 395,137,806

Form 990 (2019)

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund

Organizations that do not follow FASB ASC 958, check here ▶

Retained earnings, endowment, accumulated income, or other funds

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Form 990 (2019)

3a

Nο

Additional Data

Software ID:

Software Version:

EIN: 59-0624404

Name: GREATER MIAMI JEWISH FEDERATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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 YEAR 2019-2020, \$7 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, \$2 MILLION+ IN GRANTS AND SCHOLARSHIPS WERE ALLOCATED TO 10 JEWISH DAY SCHOOLS AND 11 CONGREGATIONAL SCHOOLS IN MIAMI-DADE COUNTY, IMPACTING NEARLY 4,000 STUDENTS, ENHANCING THEIR UNDERSTANDING AND APPRECIATION OF OUR RICH JEWISH HERITAGE, \$2.2 MILLION WAS PROVIDED IN DIRECT GRANTS TO 3 JEWISH COMMUNITY CENTERS IN MIAMI SERVING 15,000+ PEOPLE OF ALL AGES AND ABILITIES TAKING PART IN QUALITY EARLY CHILDHOOD EDUCATION AND AFTER SCHOOL PROGRAMS, SUMMER CAMP, CULTURAL ARTS AND SPORTS AND RECREATION PROGRAMMING, NEARLY 200 CHILDREN RECEIVED SCHOLARSHIP SUPPORT TO ATTEND JEWISH OVERNIGHT CAMPS ACROSS THE U.S., STRENGTHENING THEIR JEWISH IDENTITY, OVER 1.100 TEENS AND YOUNG ADULTS FROM MIAMI PARTICIPATED IN ISRAEL EXPERIENCE PROGRAMS FOREVER CONNECTING THEM TO OUR SPIRITUAL HOMELAND AND DEEPENING THEIR UNDERSTANDING OF ISRAEL'S CENTRALITY TO THE JEWISH PEOPLE. THESE INCLUDED: ALEXANDER MUSS HIGH SCHOOL IN ISRAEL, TAGLIT-BIRTHRIGHT ISRAEL, DILLER TEEN FELLOWS, THE LEO MARTIN MARCH OF THE LIVING, MASA AND ONWARD ISRAEL. FUNDING WAS ALSO PROVIDED FOR NEED-BASED ISRAEL PROGRAM SCHOLARSHIPS. HAVING A STRONG, WELCOMING JEWISH PRESENCE ON THE COLLEGE CAMPUS IS CRITICAL TODAY FOR STUDENTS. FEDERATION FUNDING SUPPORTS 7 HILLEL PROGRAMS ON MULTIPLE UNIVERSITY CAMPUSES THROUGHOUT FLORIDA, PROVIDING PROGRAMMING FOR THE MORE THAN 10,000 THOUSAND JEWISH STUDENTS. NEARLY 100,000 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'S YOUNG LION OF JUDAH PROGRAM, PRE-BAR/BAT MITZVAH STUDENTS WERE PAIRED WITH MIAMI AREA HOLOCAUST SURVIVORS TO SHARE EXPERIENCES. THE PJ LIBRARY OF MIAMI AND ITS IMPLEMENTING PARTNERS HOSTED NUMEROUS FAMILY PROGRAMS WEEKLY ON JEWISH VALUES AND CELEBRATIONS. THIS IS IN ADDITION TO THE BOOKS AND MUSIC SENT TO OVER 4,200 CHILDREN THROUGH LOCAL FUNDING. 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.

Form 990, Part III, Line 4b:

OVERSEAS PROGRAMS AND SERVICES: FOR NEARLY FIGHT DECADES THE FEDERATION HAS BEEN COMMITTED TO THE WELFARE AND AID OF THE JEWISH PEOPLE

THESE ISSUES. IN ISRAEL, THE FORMER SOVIET UNION (FSU), THROUGHOUT LATIN AMERICA AND EUROPE AND IN MORE THAN 70 COUNTRIES AROUND THE WORLD, THE FEDERATION HAS SUPPORTED PROGRAMS AND SERVICES THAT BOTH CARE FOR THE VULNERABLE, FOSTER JEWISH RENEWAL AMONG YOUNGER GENERATIONS, AND CREATE STRONG CONNECTIONS TO ISRAEL. THE FEDERATION WORKS WITH THE JEWISH FEDERATIONS OF NORTH AMERICA 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

WORLDWIDE, CONNECTING PEOPLE TO JEWISH LIFE, AND CREATING STRONG CONNECTIONS TO ISRAEL PROVIDING \$7,146,770 TO ORGANIZATIONS THAT FOCUS ON

OF THIS EFFORT. FEDERATION FUNDING SUPPORTS WELFARE RELIEF WHICH REACHES 60,000 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 HESED SOCIAL WELFARE CENTERS, OPERATED BY THE JDC. IN THE FORMER SOVIET UNION, JDC FURNISHED CRITICAL NUTRITIONAL AND MEDICAL ASSISTANCE TO MORE THAN 30,000 JEWISH CHILDREN AND THEIR FAMILIES. JAFI OPERATED SUMMER CAMPS IN THE FSU AS WELL AS SUNDAY SCHOOLS: AND PROVIDE YOUNG ADULTS WITH LEADERSHIP ACTIVITIES ARGENTINA: JAFL OPERATES A SUPPLEMENTARY JEWISH EDUCATION PROGRAM FOR 12-TO 17- YEAR OLD CHILDREN IN ARGENTINA JDC WORKS IN CLOSE COOPERATION WITH JEWISH COMMUNAL LEADERS TO IDENTIFY THE INDIVIDUALS AND FAMILIES AT HIGHEST RISK, AND ENSURE THAT VULNERABLE CHILDREN, ADULTS AND ELDERLY RECEIVE FOOD, MEDICINE, CLOTHING AND OTHER ESSENTIAL AID, 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, THE

IN IDC-SPONSORED RENEWAL ACTIVITIES ACROSS THE FORMER SOVIET UNION PARTICULARLY IN JEWISH COMMUNITY CENTERS WHICH HAVE BECOME A CORNERSTONE

FEDERATION MAINTAINS A SUCCESSFUL PARTNERSHIP WITH THE CITY OF YERUCHAM IN THE NEGEV IN ADDITION TO PROGRAMMING CONNECTING MIAMI AND

YERUCHAM, WE ARE HELPING YOUTH AT RISK ACHIEVE GREATER ACADEMIC SUCCESS AND MATURITY THROUGH THE YOUTH FUTURES IN YERUCHAM PROGRAM. IN 36 LOCATIONS ACROSS ISRAEL'S SOCIOECONOMIC AND GEOGRAPHIC PERIPHERY. YOUTH FUTURES PROVIDES INTERVENTIONS AND EMPOWERMENT ENABLING THEM TO TAKE THEIR PLACE AS INDEPENDENT, PRODUCTIVE MEMBERS OF SOCIETY. WE ARE ALSO WORKING ON PROJECTS FOR THE NEGEV- SOUTHERN ISRAEL IN COMMUNITY BY PROVIDING STUDENTS WITH SCHOLASTIC ASSISTANCE WITH AFTER SCHOOL TUTORING, WORKSHOPS, MENTORING AND ENRICHMENT THROUGH THE ETHIOPIAN NATIONAL PROJECT, AS WELL AS HELPING ORGANIZATIONS THAT PROVIDE FREE LEGAL ASSISTANCE TO ETHIOPIAN-ISRAELIS AND ASSISTING ETHIOPIAN-ISRAELI EDUCATORS IN FINDING JOBS AS TEACHERS IN THE SCHOOL SYSTEM. THE FEDERATION'S WOMEN'S AMUTOT INITIATIVE FUNDS NON-PROFIT AGENCIES

COLLABORATION WITH OTHER COMMUNITIES IN THE AREA OF HEALTHY PLACEMAKING AND CREATIVE PLACEMAKING. THE FEDERATION ASSISTS THE ETHIOPIAN-ISRAELI

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, THE FEDERATION ALSO

TERM ISRAEL EXPERIENCES THAT STRENGTHEN THEIR JEWISH IDENTITY AND CONNECTION TO ISRAEL.

SUPPORTS PROJECTS IN ALLEVIATING FOOD INSECURITY, PROGRAMS THAT SERVE SPECIAL NEEDS POPULATIONS AND PROGRAMS THAT PROMOTE RELIGIOUS DIVERSITY

AND PLURALISM. IN ADDITION, THE FEDERATION SUPPORT PROGRAMS THAT ENABLE JEWISH YOUNG ADULTS FROM AROUND THE WORLD TO PARTICIPATE IN LONG-

Form 990, Part III, Line 4c:

AND NEEDS FOR THE COMMUNITY.

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 2019-2020, \$3.1 MILLION WAS ALLOCATED LOCALLY FROM THE ANNUAL FEDERATION/UJA CAMPAIGN TO CARE FOR THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY. IN THE FIRST 4 MONTHS OF THE COVID-19 PANDEMIC. THE FEDERATION COMMITTED AN ADDITIONAL \$3 MILLION IN EMERGENCY FUNDING TO ADDRESS NEW NEEDS CREATED BY THE CORONAVIRUS CRISIS. WE ARE HELPING THE MOST VULNERABLE AMONG US INCLUDING MANY HUNDREDS OF INDIVIDUALS AND FAMILIES WHO ARE NEWLY AND SUDDENLY IN NEED OF SIGNIFICANT CRITICAL ASSISTANCE, AT THE SAME TIME, WE ARE SECURING THE FINANCIAL WELL-BEING OF OUR LARGEST PARTNER AGENCIES. MORE THAN 1 IN 8 JEWISH PEOPLE IN MIAMI CONTINUE TO DEPEND ON FEDERATION FOR SOME FORM OF FINANCIAL ASSISTANCE INCLUDING NUTRITIOUS KOSHER FOOD, EMERGENCY FINANCIAL AID, CRISES AND EMPLOYMENT COUNSELING, EDUCATIONAL AND CAMP SCHOLARSHIPS, AND MUCH MORE. THE JEWISH COMMUNITY'S 24-HOUR ACCESS AND INFORMATION HOTLINE OPERATED BY JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA RECEIVED CLOSE TO A THOUSAND CALLS A MONTH WITH REQUESTS FOR ASSISTANCE, MANY OF WHICH RESULTED IN DIRECT AID, REFERRALS, COUNSELING AND EMERGENCY GRANTS FROM FEDERATION AND OUR PARTNER AGENCIES, OVER \$360,000 IN EMERGENCY ASSISTANCE GRANTS WERE PROVIDED FOR PEOPLE EXPERIENCING HARDSHIP. MANY DUE TO COVID-19. \$277.800 WAS LENT BY THE HEBREW FREE LOAN ASSOCIATION OF MIAMI, A FEDERATION PROGRAM, TO ASSIST WITH MEDICAL BILLS, TUITION COSTS, IVF TREATMENT, HOUSING ASSISTANCE, AUTO EXPENSES AND OTHER EMERGENCY NEEDS DUE TO THE PANDEMIC, JWORKS MIAMI, THE FEDERATION'S COMMUNITY EMPLOYMENT PROGRAM, HELPED NEARLY 100 PEOPLE FIND EMPLOYMENT, THERE WERE OVER 4.100 VISITS TO THE JEWISH COMMUNITY SERVICES (JCS) KOSHER FOOD BANK. THROUGH JCS HOME DELIVERED AND CONGREGATE MEAL PROGRAMS, MORE THAN HUNDREDS OF THOUSANDS OF 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. 600+ 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 564,000 HOURS OF IN-HOME CARE PROVIDED TO THIS POPULATION LAST YEAR. IN ORDER TO ENSURE THAT OUR SURVIVOR COMMUNITY IS ABLE TO LIVE SAFELY AND INDEPENDENTLY. WITH FEDERATION SUPPORT, JCS PROVIDED AT-RISK AND ABUSED WOMEN AND THEIR CHILDREN WITH CASE MANAGEMENT, HOUSING, FOOD AND LEGAL AND FINANCIAL ASSISTANCE. AS WELL AS DAY CARE FOR THE CHILDREN, THROUGH THE SHALOM BAYIT DOMESTIC VIOLENCE PREVENTION PROGRAM. 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, 126 JEWISH CHILDREN -VICTIMS OF ABUSE OR NEGLECT - RECEIVED CHILD WELFARE SERVICES FROM JEWISH ADOPTION AND FAMILY CARE OPTIONS (JAFCO). THE PURPOSES OF THESE PROGRAMS AND SIMILAR TYPE PROGRAMS ARE TO PROVIDE A MECHANISM TO ENSURE THE FUTURE VIABILITY OF MIAMI'S ORGANIZED JEWISH COMMUNITY. AS PART OF THIS COMMUNITY OUTREACH, THE FEDERATIONS 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. ALSO, THERE ARE PROGRAMS WHICH 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. THE JVC ENABLED ALMOST 4.000 PEOPLE TO ENGAGE IN ACTS OF KINDNESS AND PROVIDED MORE THAN 10.000 HOURS OF HELP TO THE COMMUNITY ORGANIZATIONS IN 2019-20, SAVING THEM MORE THAN \$250,000 IN PAID TIME. ADVOCATING ON BEHALF OF MIAMI-DADE COUNTY'S MOST VULNERABLE JEWISH POPULATIONS, THE JCRC WORKED TIRELESSLY WITH GOVERNMENTAL LEADERS TO ENSURE THAT DIRECT GOVERNMENT FUNDING OF SOCIAL SERVICES WAS PROVIDED TO FEDERATION PARTNER AGENCIES. THE 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. THE 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 THE FEDERATION; EDUCATE FUTURE LAY LEADERS; BUILD A CORE OF FUTURE LEADERS TO LEAD FEDERATION AND AGENCIES, EDUCATING THE NEXT GENERATION OF LEADERS HAS ALWAYS BEEN A FOCAL POINT OF FEDERATION, AS WELL AS THE OVERSIGHT OF PROGRAM DELIVERY SYSTEMS, SINCE MARCH 2011, THE FEDERATION HAS SENT WEEKLY EMAILS TO MORE THAN 50,000 PEOPLE, HIGHLIGHTING SELECT RESOURCES AND NEWS EVENTS IN THE JEWISH COMMUNITY. YEARS AGO, THE FEDERATION EMBARKED ON A BOLD INITIATIVE THROUGH THE CREATION OF THE FOUNDATION FOR JEWISH RENEWAL AND A VARIETY OF PROGRAMS WERE DEVELOPED. INCLUDING THE HIGH HOLIDAY WELCOME PROJECT. WHICH PROVIDES WORSHIP OPPORTUNITIES AT NO COST TO THOUSANDS OF PEOPLE ANNUALLY. THROUGH THE ELEVATE LEADERSHIP DEPARTMENT, THE 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 2019-20. WE AWARDED \$70,000 IN INCUBATOR GRANTS TO HELP JEWISH NONPROFITS BUILD CAPACITY. SPUR INNOVATION AND SERVE UNMET LOCAL NEEDS IN THE AREAS OF ARTS AND CULTURE, EDUCATION, FOOD INSECURITY, LEADERSHIP DEVELOPMENT, INCLUSIVENESS AND MORE, 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

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | arry floars | 1 1 | | | | | ′ | (14 2 (4 2 2 2 | (14, 2/4,000 | i i i i i i i i i i i i i i i i i i i |
|--------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| JEFFREY SCHECK CHAIR OF THE BOARD | 20.00 | Х | | х | | | | 0 | 0 | 0 |
| HON AMY N DEAN IMMEDIATE PAST CHAIR | 5.00 | Х | | х | | | | 0 | 0 | 0 |
| SARA BEJAR ASSOCIATE SECRETARY | 5.00 | Х | | х | | | | 0 | 0 | 0 |
| ELISE SCHECK BONWITT VICE CHAIR | 5.00 | Х | | х | | | | 0 | 0 | 0 |
| MOJDEH KHAGHAN DANIAL VICE CHAIR | 5.00 | Х | | х | | | | 0 | 0 | 0 |
| MICHELLE S DIENER | 5.00 | v | | V | | | | 0 | 0 | 0 |

| ELISE SCHECK BONWITT |
|-----------------------|
| VICE CHAIR |
| MOJDEH KHAGHAN DANIAL |
| VICE CHAIR |
| MICHELLE C DIENED |

VICE CHAIR

VICE CHAIR

VICE CHAIR

VICE CHAIR

VICE CHAIR

ISAAC K FISHER

STEVEN M FOLDES

STEVEN GRETENSTEIN

BRUCE D KOHRMAN

.......

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

SECRETARY

RICHARD YULMAN

ROBIN JACOBS

LEONARD ABESS

BOARD MEMBER

JOE ACKERMAN

BOARD MEMBER

....... **TREASURER**

ASSOCIATE TREASURER

| | , | | | | , | | , | (1) | | |
|------------------------------|---|-----------------------------------|-----------------------|---|--------------|------------------------------|--------|----------------------|----------------------|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations |
| SIDNEY M PERTNOY VICE CHAIR | 5.00 2.00 | Х | | х | | | | 0 | 0 | 0 |
| BARBARA SHRUT VICE CHAIR | 5.00 | х | | х | | | | 0 | 0 | 0 |
| STANLEY WEINSTEIN VICE CHAIR | 5.00 | х | | х | | | | 0 | 0 | 0 |
| | 5.00 | | | | | | | | | |

| VICE CHAIR | | | | | | | |
|-------------------|------|---|---|--|-----|---|--|
| STANLEY WEINSTEIN | 5.00 | | v | | 0 | 0 | |
| VICE CHAIR | | ^ | | | , i | 0 | |
| HEDY WHITEBOOK | 5.00 | ~ | _ | | 0 | 0 | |
| VICE CHAIR | | ^ | | | 0 | 0 | |
| RAY ELLEN YARKIN | 5.00 | | | | | | |

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| VICE CHAIR | ••••• | Х | Х | | 0 | 0 | |
|------------------|-------|---|---|--|---|---|---|
| HEDY WHITEBOOK | 5.00 | | х | | 0 | G | |
| VICE CHAIR | | | | | | | |
| RAY ELLEN YARKIN | 5.00 | v | | | | | Ī |
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BOARD MEMBER

TERRI BACHOW

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RYAN D BAILINE

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JEREMY BARRAS

BOARD MEMBER

LARRY S BASSUK

BOARD MEMBER

SCOTT BAENA

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HELENE BERGER

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RICHARD N BERNSTEIN

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BOARD MEMBER

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BOARD MEMBER DANIEL FUJITA

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ROBERT C GILBERT

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BOARD MEMBER

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| LAURA P KOFFSKY BOARD MEMBER | 2.00 | | | | | | | 0 | 0 | 0 | |
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SAMUEL LEVY

BOARD MEMBER

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MARK E OREN

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BOARD MEMBER

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MICHAEL D RUDD

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AARON PODHURST

DOROTHY PODHURST

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BOARD MEMBER

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MICHAEL SCHECK

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STEVEN R SCHECK

ELIZABETH F SCHWARTZ

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and Independent Contractors

MYTYL SIMANCAS-BISTER

BOARD MEMBER

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JOSEPH A SINGER

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JERRY J SOKOL

BOARD MEMBER

JAY SOLOWSKY

BOARD MEMBER

BOARD MEMBER

TRACEY M SPIEGELMAN

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BRAD SOKOL

MICHAEL R SIMKINS

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation from the

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| JOY B SPILL BOARD MEMBER | 2.00 | х | | | | | | 0 | 0 | 0 |
| LOURDES G SUAREZ BOARD MEMBER | 2.00 | х | | | | | | 0 | 0 | 0 |
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| JOHN SUMBERG | |
| BOARD MEMBER | |

MICHAEL TABACINIC

BOARD MEMBER

DENISE TAMIR

BOARD MEMBER

ELISE UDELSON

BOARD MEMBER

BOARD MEMBER

STEVEN WAGNER

BOARD MEMBER

BOARD MEMBER

DEBRA B WECHSLER

MICHAEL S WAGNER

.......

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

organizations

0

0

0

269,718

551,388

from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | , | | | | ., | | ′ | (1) | (1) | | |
|-------------------------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| NORMA KIPNIS WILSON BOARD MEMBER | 2.00 | х | | | | | | 0 | 0 | 0 | |
| TAMMY WOLDENBERG BOARD MEMBER | 2.00 | х | | | | | | 0 | 0 | 0 | |
| ANDREW H WOLF | 2.00 | Х | | | | | | 0 | 0 | 0 | |

| NORMA RIPNIS WILSON | | Х | | | 0 | |
|---------------------|--------|---|--|--|---|--|
| BOARD MEMBER | | | | | | |
| TAMMY WOLDENBERG | 2.00 | | | | | |
| BOARD MEMBER | •••••• | X | | | 0 | |
| ANDREW H WOLF | 2.00 | Х | | | 0 | |
| BOARD MEMBER | | ^ | | | | |
| GARY J YARUS | 2.00 | | | | | |

any hours

and Independent Contractors

REGINA F ZELONKER

BOARD MEMBER

ELLEN MANDLER

BOARD MEMBER

JACOB SOLOMON

...... PRESIDENT AND CHIEF EXECUTIVE OFFICER

| | | Х | | | l n | n | |
|----------------|------|-----|--|--|-----|---|--|
| BOARD MEMBER | | Λ. | | | | | |
| GARY J YARUS | 2.00 | | | | | | |
| BOARD MEMBER | 3.00 | • x | | | 0 | U | |
| ARIEL YESHURUN | 2.00 | v | | | 0 | 0 | |
| BOARD MEMBER | | ^ | | | | | |

| | | X | | | 0 | 0 | 0 |
|------------------|-------|---|--|--|---|---|---|
| BOARD MEMBER | 3.00 | | | | | | |
| ARIEL YESHURUN | 2.00 | | | | | | |
| BOARD MEMBER | ••••• | X | | | 0 | 0 | 0 |
| NANCY A ZARETSKY | 2.00 | | | | | | |
| | | X | | | 0 | 0 | 0 |

| | 3.00 | | | | | | |
|------------------|------|---|--|--|---|---|--|
| ARIEL YESHURUN | 2.00 | | | | | | |
| BOARD MEMBER | | X | | | J | 0 | |
| NANCY A ZARETSKY | 2.00 | × | | | 0 | 0 | |
| BOARD MEMBER | | | | | Ĭ | Ĭ | |

| ARIEL YESHURUN | 2.00 | X | | | 0 | 0 | |
|------------------|------|---|--|--|--|---|---|
| BOARD MEMBER | | , | | | , and the second | , | |
| NANCY A ZARETSKY | 2.00 | × | | | 0 | C | 0 |
| BOARD MEMBER | | , | | | | | Š |

| NANCY A ZARETSKY | 2.00 | X | | | 0 | n | 0 |
|------------------|------|---|--|--|---|---|--|
| BOARD MEMBER | | ^ | | | | | , and the second se |
| ISAAC ZELCER | 2.00 | Х | | | 0 | 0 | 0 |

Χ

| BOARD MEMBER | | | | | | | |
|-------------------|------|---|--|--|---|---|--|
| ISAAC ZELCER | 2.00 | × | | | 0 | 0 | |
| BOARD MEMBER | | ^ | | | | 0 | |
| DECINA E ZELONVED | 2.00 | | | | | | |

Χ

2.00

40.00

......

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

| | any nours and a director/trustee) | | | | | |) | organization | | from the | |
|---|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|---------------------------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | organizations (W- 2/1099- MISC) | organization and related organizations | |
| OKSANA CARDINI CHIEF FINANCIAL OFFICER | 37.00 3.00 | | | x | | | | 186,162 | 0 | 17,344 | |
| BONNIE R MECHOULLAM CHIEF MARKETING AND COMMUNICATION OFFICER | 40.00 | | | х | | | | 187,842 | 0 | 32,034 | |
| JEFFREY Y LEVIN CHIEF DEVELOPMENT OFFICER | 40.00 | | | х | | | | 202,553 | 0 | 31,013 | |
| MICHELLE LABGOLD CHIEF PLANNING OFFICER | 40.00 | | | х | | | | 178,085 | 0 | 12,432 | |

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107,638

130,235

105,264

166,453

163,552

137,708

0

0

0

0

0

0

15,781

19,027

12,919

9,935

18,879

17,049

40.00

40.00

40.00

40.00

40.00

40.00

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| CHIEF DEVELOPMENT OFFICER | |
|--|---|
| MICHELLE LABGOLD | |
| CHIEF PLANNING OFFICER | • |
| MIMI B KLIMBERG | |
| CHIEF TECHNOLOGY AND ANALYTICS OFFICER | |

ABBEY R FEINBERG

SCOTT D KAPLAN

STEPHEN LANDE

JILL A HAGLER

FOUNDATION DIRECTOR

SIMON S KAMINETSKY

ANNUAL CAMPAIGN DIRECTOR

......

FOUNDATION DIRECTOR, FORMER

PHILANTHROPIC GIFT DIRECTOR

DIRECTOR OF FOUNDATION DEVELOPMENT

(A) (B) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer from the from related compensation

and Independent Contractors

DIRECTOR OF ISRAEL OVERSEAS

DIRECTOR OF WOMEN'S PHILANTHROPY

OFELIA OSIN-COHEN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

| | any hours | | | | | | | | organizations | from the | |
|-------------------|---|-----------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------|----------------------|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | organization and related organizations | |
| DAHLIA J BENDAVID | 40.00 | | | | | x | | 122,025 | | 17,021 | |
| | | | I | 1 | | . ^ | ı | 122,023 | U | 17,021 | |

40.00

................

16,823

101,600

| efile | e GR/ | APHIC pri | nt - DO NOT PROCESS | As Filed Data - | | | DLN: 9 | 3493137013471 | | |
|----------------|------------------------------------|---|---|---|---|------------------------|---|---|--|--|
| SCI | HED. | ULE A | Public | Charity Statu | e and Dul | hlic Sunn | ort | OMB No. 1545-0047 | | |
| (Farma 000 and | | | Complete if the | Public Charity Status and Public Support mplete 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. | | | | | | |
| | | f the Treasury | ► Go to <u>www.i</u> | <u>rs.gov/Form990</u> for i | nstructions and | d the latest info | ormation. | Open to Public Inspection | | |
| Nam | e of th | he organiza | tion DERATION INC | | | | Employer identific | ation number | | |
| | | | | | | | 59-0624404 | | | |
| | rt I | | for Public Charity Sta a private foundation becau | | | | See instructions. | | | |
| 1 | nganiz | | • | • | • | • • | (A)(i) | | | |
| 2 | | , | church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . | | | | | | | |
| 3 | | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | | · | · | - | | | • | ntor the beenitel's | | |
| • | Ш | 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, s | tate, or local government | or governmental unit de | escribed in sectio | on 170(b)(1)(A | ۱)(v). | | | |
| 7 | ✓ | | ation that normally receive (O(b)(1)(A)(vi). (Comple | | s support from a | governmental ι | ınit or from the gener | al public described in | | |
| 8 | | | ty trust described in secti | • | (Complete Part I | I.) | | | | |
| 9 | | | ural research organization rant college of agriculture. | | | | | ege or university or a | | |
| 10 | | An organization that normally receives: (1) more than 331/3% 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 331/3% 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 organiza | ation organized and operat | ed exclusively to test fo | r public safety. S | 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 in 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. | | | | | | | | |
| С | | Type III f | unctionally integrated. / | A supporting organizatio | | | | ted with, its | | |
| d | | supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 | 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 | | of supported organization | | - | | <u> </u> | | | |
| g | Provi | de the follow | ing information about the | supported organization(| s). | | | _ | | |
| | (i) Name of supported organization | | | (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 | | | | |
| | | | 1 | | | | | | | |
| | | | | | | | | | | |
| Tota | | l. B. ' | tion Act Notice, see the | To about the f | Cat. No. 1128! | <u> </u> | Colondado A /E C | 90 or 990-EZ) 2019 | | |

| _ | ection A. Public Support | | | | | , | | | | |
|-------------|---|---|---------------------|--------------------|--------------------|-------------|-------------|--|--|--|
| | Calendar year | () 2045 | (1) 2016 | () 2017 | (1) 2010 | () 2010 | (O T) | | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | 55,096,255 | 65,013,600 | 5,725,695 | 78,010,015 | 37,120,698 | 240,966,263 | | | |
| 2 | include any "unusual grant.") Tax revenues levied for the | | | | | | | | | |
| _ | organization's benefit and either | | | | | | | | | |
| | paid to or expended on its behalf | | | | | | | | | |
| _ | | | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to | | | | | | | | | |
| | the organization without charge | | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 55,096,255 | 65,013,600 | 5,725,695 | 78,010,015 | 37,120,698 | 240,966,263 | | | |
| 5 | The portion of total contributions by | | | | | | | | | |
| | each person (other than a | | | | | | | | | |
| | governmental unit or publicly | | | | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the | | | | | | | | | |
| | amount shown on line 11, column (f) | | | | | | | | | |
| | | | | | | | | | | |
| 6 | Public support. Subtract line 5 | | | | | | 240,966,263 | | | |
| _ | from line 4. ection B. Total Support | | | | | | | | | |
| | Calendar year | | | | | | | | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | | |
| 7 | Amounts from line 4 | 55,096,255 | 65,013,600 | 5,725,695 | 78,010,015 | 37,120,698 | 240,966,263 | | | |
| 8 | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on | E 14E 67E | 2 706 046 | 12 500 051 | 2 202 556 | 20 170 600 | 46 002 017 | | | |
| | securities loans, rents, royalties and income from similar sources | 5,145,675 | 3,796,946 | 13,566,951 | 3,393,556 | 20,179,689 | 46,082,817 | | | |
| | | | | | | | | | | |
| 9 | Net income from unrelated | | | | | | | | | |
| | business activities, whether or not | | | | | | | | | |
| | the business is regularly carried on | | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | | |
| | assets (Explain in Part VI.). | | | | | | | | | |
| 11 | Total support. Add lines 7 through | | | | | | 287,049,080 | | | |
| 1 2 | 10 Gross receipts from related activities, | etc (see instruction | ins) | | 1 | 12 | | | | |
| | | | | | | | | | | |
| 13 | First five years. If the Form 990 is for | - | | | • | | nization, | | | |
| | check this box and stop here | | | | | <u> ▶ ⊔</u> | | | | |
| | ection C. Computation of Publi | | | | | | | | | |
| 14 | Public support percentage for 2019 (li | | | | | 14 | 83.950 % | | | |
| 15 | Public support percentage for 2018 So | | | | | 15 | 90.860 % | | | |
| 16 a | 33 1/3% support test—2019. If the | | | | | | _ | | | |
| | and stop here. The organization qual | lifies as a publicly s | upported organiza | ition | | | . ▶ 🗹 | | | |
| b | 33 1/3% support test—2018. If the | - | | · | | • | | | | |
| | box and stop here. The organization | n qualifies as a pub | licly supported org | ganization | | | . ▶□ | | | |
| 17 a | 10%-facts-and-circumstances tes | t-2019. If the org | ganization did not | check a box on lin | e 13, 16a, or 16b, | and line 14 | | | | |
| | is 10% or more, and if the organization | | | | | | | | | |
| | in Part VI how the organization meets | | | - | | , | ▶□ | | | |
| _ | organization | | | | | | ▶ ⊔ | | | |
| b | | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. | | | | | | | | |
| | Explain in Part VI how the organization | | | | | | | | | |
| | supported organization | | | - | | | ▶ □ | | | |
| 1 2 | Private foundation. If the organizat | ion did not check a | box on line 13. 16 | 6a. 16b. 17a. or 1 | 7b, check this box | and see | | | | |

| 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.) | | | | | | | | |
| S | the organization falls to ection A. Public Support | quality under t | the tests listed t | pelow, please co | ompiete Part II.) | | | | |
| 30 | Calendar year | () 2015 | (1) 2016 | () 2017 | (1) 2010 | | (C) T | | |
| | (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 | | | | | | | | |
| 4 | under section 513 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 | | | | | | | | |
| D | 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. Add lines 7a and 7b | | | | | | | | |
| 8 | Public support. (Subtract line 7c | | | | | | | | |
| | from line 6.) | | | | | | | | |
| Se | ection B. Total Support | | | | | | | | |
| | Calendar year | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | |
| ^ | (or fiscal year beginning in) ► Amounts from line 6 | | · , | | · | | | | |
| 10a | Gross income from interest, | | | | | | | | |
| LUG | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties and | | | | | | | | |
| ь | income from similar sources Unrelated business taxable income | | | | | | | | |
| D | (less section 511 taxes) from | | | | | | | | |
| | businesses acquired after June 30, | | | | | | | | |
| | 1975. | | | | | | | | |
| с 11 | Add lines 10a and 10b. Net income from unrelated business | | | | | | | | |
| 11 | activities not included in line 10b, | | | | | | | | |
| | whether or not the business is | | | | | | | | |
| | regularly carried on. | | | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | | | |
| | (Explain in Part VI.) | | | | | | | | |
| 13 | Total support. (Add lines 9, 10c, | | | | | | | | |
| 14 | 11, and 12.) [First five years. If the Form 990 is for | the organization | l 's first. second. th | l nird. fourth, or fift | l Lax vear as a sec | tion 501(c)(3) o | ganization. | | |
| | 4 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | | | |
| Se | ection C. Computation of Public S | | | | | | · · · · · <u> </u> | | |
| 15 | Public support percentage for 2019 (lin | | | column (f)) | | 15 | | | |
| 16 | Public support percentage from 2018 S | 16 | | | | | | | |
| Se | Section D. Computation of Investment Income Percentage | | | | | | | | |
| 17 | Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | | | | | | | | |
| 18 | | | | | | | | | |
| | 19a 331/3% support tests—2019. 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—2018. 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 o | qualifies as a publ | icly supported orga | anization | ▶ □ | | |
| 20 | Private foundation. If the organization | n did not check a | box on line 14, 1 | 9a, or 19b, check | this box and see i | nstructions | . ▶ 🗆 | | |

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, | |
|---|---|---|
| | describe the designation. If historic and continuing relationship, explain. | 1 |

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

| | edule A (101111 330 01 330 E2) 2013 | | | age 3 |
|----|--|--------|---------|-------|
| Pa | rt IV Supporting Organizations (continued) | | | |
| _ | | | Yes | No |
| | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | | |
| | | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . | 11c | | |
| S | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that | - | | |
| 2 | operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization. | | | |
| S | ection C. Type II Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |
| | each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the | 1 | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | | |
| S | ection D. All Type III Supporting Organizations | | | |
| _ | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing | | | |
| | documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| _ | | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax | | | |
| | year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| S | ection 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 instruction) | ions): | | |
| | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| | b | | | |
| • | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | ctions) | |
| 2 | Activities Test. Answer (a) and (b) below. | ſ | 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| ı | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's | | | |
| | involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI</i> . | 3a | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard. | 3h | | |

3b

| 1 | Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true. | | | . Part VIV See |
|---|--|------------|----------------|-------------------------------|
| | Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization | | | |
| | Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Yea (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 Yea (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): | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1 b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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 | | |

| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
|---|---|--|
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide | |

| _5_ | Qualified set-aside amounts (prior IRS approval required) |
|-----|---|
| 6 | Other distributions (describe in Part VI). See instructions |
| 7 | Total annual distributions. Add lines 1 through 6. |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions |
| 9 | Distributable amount for 2019 from Section C, line 6 |
| 10 | Line 8 amount divided by Line 9 amount |
| | Section F. Distribution Allocations (i) (ii) (iii) |

| 7 Total annual distributions. Add lines 1 through 6. | | | |
|---|----------------------------------|--|---|
| 8 Distributions to attentive supported organizations to widetails in Part VI). See instructions | nich the organization is respons | sive (provide | |
| 9 Distributable amount for 2019 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 | | | |

| | iotal annual distributions. Add lines 1 through 6. | | | |
|----|---|----------------------------------|--|---|
| 8 | Distributions to attentive supported organizations to whe details in Part VI). See instructions | nich the organization is respon: | sive (provide | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019: | | | |
| а | From 2014 | | | |
| b | From 2015 | | | |

c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. **5** Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**.

e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

| See instructions. | | |
|--|--|--|
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | |
| 8 Breakdown of line 7: | | |
| a Excess from 2015 | | |
| b Excess from 2016 | | |
| c Excess from 2017 | | |
| d Excess from 2018 | | |
| | | |

Schedule A (Form 990 or 990-EZ) (2019)

| Schedule A (| (Form 990 or 990-EZ) 2 | 2019 Page 8 |
|-------------------|--|---|
| Part VI | Section A, lines 1, 2, 3 Part IV, Section D, line | mation. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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; es 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 and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See |
| | | Facts And Circumstances Test |
| <u></u> | | |
| 990 S ched | dule A, Supplemen | tal Information |
| Ref | turn Reference | Explanation |
| PART II, LII | NE 10, EXPLANATION R INCOME: | OTHER INCOME INCLUDES CHAPLAINCY INCOME |

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Political Campaign and Lobbying Activities

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

☐ Yes

☐ Yes

(e) Amount of political

□ No

☐ No

DLN: 93493137013471

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

"political campaign activities")

(a) Name

EZ)

1

5

SCHEDULE C (Form 990 or 990-

▶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.

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) (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 the organization **Employer identification number** GREATER MIAMI JEWISH FEDERATION INC 59-0624404 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3).

Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made?
 - If "Yes," describe in Part IV.

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.......
- 3 Did the filing organization file Form 1120-POL for this year?

(b) Address

(d) Amount paid from

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.

(c) EIN

filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-. 2 5

| | | | led | | F | age 3 |
|--|--------------------------------------|---|----------|----------|------------|--------|
| | | | | -1 | /b) | |
| | • | ough 1i below, provide in Part IV a detailed description of the lobbying | | | | nt |
| 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. 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? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? No No | | | | | | |
| _ | Walanka ana | | V | | | |
| _ | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | res | No | | |
| _ | | | Yes | NO | | 770 |
| | | · · · · · · · · · · · · · · · · · · · | | | | 31 |
| | · · | _ | | No | | |
| | - | , - , , | Yes | | | 16,645 |
| | | l de la companya de | | No | | |
| i | Other activities? | | | No | | |
| j | Total. Add lines 1c through 1i | | | | | 17,446 |
| 2a | Did the activities in line 1 cause t | the organization to be not described in section 501(c)(3)? | | No | | |
| b | If "Yes," enter the amount of any | tax incurred under section 4912 | | | | |
| С | If "Yes," enter the amount of any | tax incurred by organization managers under section 4912 | | | | |
| | | | | | | |
| Par | - | ganization is exempt under section 501(c)(4), section 501(c) | (5), o | r secti | on | |
| | 501(c)(b). | | | | Ves | No |
| 1 | Were substantially all (90% or m | ore) dues received nondeductible by members? | | Г | | 110 |
| | , , | • | | | 2 | |
| 3 | , | , | | 📙 | 3 | |
| Par | t III-B Complete if the or | ganization is exempt under section 501(c)(4), section 501(c) | (5), o | r secti | on 501(| c)(6) |
| | | OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part | III-A | line 3 | , is | |
| _ | | an a comba for any magnetic and | 4 | | | |
| | | | - | | | |
| _ | | | | | | |
| а | | | | | | |
| b | • | | | | | |
| | | | | | | |
| | | | 3 | | | |
| 4 | | | | | | |
| | | | 4 | | | |
| 5 | Taxable amount of lobbying and I | political expenditures (see instructions) | 5 | | | |
| P | art IV Supplemental Info | ormation | | | | |
| | | Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information. | Part II- | A, lines | 1 and 2 (s | ee |
| | Return Reference | Explanation | | | | |
| PART | II -B, LINE 1, LOBBYING | THE ACTIVITIES ARE TO ENHANCE THE ABILITY OF THE FEDERATION TO AC | CESS AI | ND IMPA | CT THE ST | ATE |
| | VITIES: | GOVERNMENT LEGISLATIVE AND ADMINISTRATIVE DECISION-MAKING PROC | CESSES | IN ORDE | ER TO | |
| | | SAFEGUARD THE JEWISH COMMUNITY STATE GOVERNMENT SUPPORT FOR T PROGRAMS. IN ADDITION, THE COMMITTEE LOOKS FOR THE OPPORTUNITY | | | | |
| | | ON ISSUES THAT PROTECT THE FREEDOMS WHICH HAS ALLOWED THE JEWI | | | | |
| | | IN FLORIDA AND THROUGHOUT THE UNITED STATES. | | | | |

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DLN: 93493137013471

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

▶ 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.

Open to Public

Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** GREATER MIAMI JEWISH FEDERATION INC 59-0624404 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 262 2 Aggregate value of contributions to (during year) 12,493,053 Aggregate value of grants from (during year) 15.333.100 Aggregate value at end of year 161,426,608 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ✓ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| Par | t IIII | Organizations M | aintaining Col | ections of Art, | Histori | cal T | reas | ures, or | Other | Similar As | sets (conti | nued) | |
|------------|------------------|--|------------------------------|----------------------|-----------|----------|----------|--|------------|---------------|-----------------|----------|-----------|
| 3 | | the organization's acq (check all that apply): | | , and other records | , check | any of | the fo | ollowing t | hat are a | significant u | ise of its coll | ection | |
| а | | Public exhibition | | | d | | Loar | n or excha | ange prog | ırams | | | |
| b | | Scholarly research | | | е | | Othe | er | | | | | |
| С | | Preservation for future | e generations | | | | | | | | | | |
| 4 | Provid Part X | de a description of the | organization's col | ections and explain | how the | ey furt | her th | e organiz | ation's ex | kempt purpo | se in | | |
| 5 | | g the year, did the org s to be sold to raise fur | | | | | | | | | ☐ Yes | | lo |
| Pa | rt IV | Escrow and Cust Complete if the or X, line 21. | | | rm 990 | , Part | : IV, | ine 9, or | reporte | ed an amou | | | |
| 1 a | | organization an agent led on Form 990, Part | | | | | | | | | ☐ Yes | | lo |
| b | If "Ye | s," explain the arrange | ement in Part XIII | and complete the f | ollowina | table: | | Γ | | A | mount | | _ |
| c | | ning balance | | , | | | | | 1c | | | | _ |
| d | _ | ons during the year . | | | | | | The state of the s | 1d | | | | _ |
| е | Distril | butions during the year | r | | | | | | 1e | | | | _ |
| f | Endin | g balance | | | | | | [| 1f | | | | |
| 2 a | | ne organization include | | | | | | | | | | | lo |
| b | If "Ye | s," explain the arrange | | Check here if the e | explanati | ion has | s beer | n provided | d in Part) | KIII | | | |
| Pā | irt V | Endowment Fund | | and IIVaall on Ea | | David | . T) / I | : 10 | | | | | |
| | | Complete if the or | gariization answ | (a) Current year | | rior yea | | (c) Two ye | ears back | (d) Three yea | ars back (e) | our vea | ırs back |
| 1 a | Beginn | ing of year balance . | | 64,945,990 | | 63,49 | | | 2,205,310 | | 675,983 | | 183,594 |
| b | Contrib | outions | | 558,146 | | 43 | 7,377 | | 744,592 | 1, | 719,216 | 3, | 468,409 |
| c | Net inv | estment earnings, gair | ns, and losses | 874,811 | | 2,763 | 3,531 | | 2,641,858 | 3, | 508,252 | - | 606,365 |
| d | Grants | or scholarships | | | | | 0 | | 0 | | 0 | | 0 |
| е | | expenditures for facilition | es | 4,489,009 | | 1,75 | 0,675 | | 1,985,932 | | 598,462 | 3, | 465,311 |
| f | Admini | strative expenses . | | | | | 0 | | 110,071 | | 99,679 | | -95,656 |
| g | End of | year balance | | 61,889,938 | | 64,94 | 5,990 | 6 | 3,495,757 | 62, | 205,310 | 57, | 675,983 |
| 2 | Provid | de the estimated perce | ntage of the curre | nt year end balance | e (line 1 | g, colu | mn (a | a)) held a | s: | | | | |
| а | Board | l designated or quasi-e | ndowment ► | 7.000 % | | | | | | | | | |
| b | Perma | anent endowment ► | 25.000 % | | | | | | | | | | |
| c | Temp | orarily restricted endo | wment ► 68.0 | 00 % | | | | | | | | | |
| | • | ercentages on lines 2a | | • | | | | | | | | | |
| 3а | | nere endowment funds ization by: | not in the posses | sion of the organiza | tion that | t are h | eld ar | nd admini | stered fo | r the | | Yes | No |
| | - | related organizations | | | | | | | | | 3a(i) | Yes | 110 |
| | | elated organizations | | | | | | | | | 3a(ii) | | No |
| b | | s" on 3a(ii), are the re | | | | | | | | | 3b | | |
| 4 | Descr | ibe in Part XIII the inte | | | wment f | funds. | | | | | <u> </u> | | |
| Pa | rt VI | Land, Buildings, Complete if the or | | | rm 990 | , Part | : IV, | ine 11a. | See For | m 990, Pa | rt X, line 1 | 0. | |
| | Descri | ption of property | (a) Cost or oth (investme | er basis (b) Cos | | | | | | lepreciation | | ook valu | ie |
| 1a | Land | | | | | 3,2 | 83,054 | 1 | | | | : | 3,283,054 |
| | | gs | | | | | 05,650 | | | 4,305,650 | | | 0 |
| | | old improvements | | | | | • | | | | | | |
| | | nent | | | | 3,1 | 86,596 | 5 | | 2,567,551 | | | 619,045 |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

3,902,099

| Complete of the organization answerse "Yes" on Form 990, Part IV, line 11.5 See Form 990, Part X, line 12. | Part VII | Investments—Other Securities. Complete if the organization answered "Yes" on F | Form 990. Part IV. line 1 | 1h.See Form 990. F | Part X. line 12. | |
|---|----------------|---|---------------------------|-----------------------|--|------------|
| (1) Financial derivatives (1) Cocception (1) Control (1) Cocception (1) Cocceptio | | (a) Description of security or category | | (c) Metho | d of valuation: | |
| (3) Charles (2) Common (b) most equal from 900, Part X, cot (6) Next (2) (3) Charles (2) (4) C | (1) Financial | | | Cost or end-of | -year market value | |
| STATE OF ISRAEL BOND | (2) Closely-h | | | | | |
| Commonted Comm | (A) ALTERNA | TIVE INVESTMENTS | 141,297,652 | | F | |
| (6) (7) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | (B) STATE O | F ISRAEL BOND | 16,374,879 | | С | |
| F | | DITIES | 798,666 | | F | |
| Complete The organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete The organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Col. Petrol of violation of violation of the color of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Col. Petrol of violation of violation of the color of the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete If the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete If the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete If the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete If the organization answered Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete If the organization answered Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Color of the Yes' on Form 990, Part IV, line 11e or 11f. See Fo | (E) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (8) line 12) 159,471,197 100,000 | (F) | | | | | |
| Total. (Column (8) must equal form 990, Part X, col. (8) line 12.) 155,471,197 Part VIII | (G) | | | | | |
| Testal. (Column (b) most equal form 990, forr X, col. (d) line 12.) 1 | (H) | | | | | |
| Investments | Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 12.) | 158,471,197 | | | , |
| (a) Description of Investment (b) Book value (c) Method of valuation: Cost or enclyser market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form \$80, Part X, col.(b) line 13.) Part X Other Assets. Complete if the organization answered 'Yes' on Form \$90, Part IV, line 11d. See Form \$90, Part X, line 15. (a) Description (b) Book value (c) Method of value-organization answered in the part of the pa | | Investments—Program Related. | · | | | I |
| (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (iz) must equal Form 990, Part X, col.(i) line 13.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (iz) must equal Form 990, Part X, col.(i) line 15.) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Seek Value (c) Value (d) (d) (5) (e) (f) (f) (g) | | · | form 990, Part IV, line 1 | | (c) Method of valuation: Cost or end-of-year market | |
| (4) (5) (6) (7) (8) (9) Total (Column (b) must equal from 990, Part X, col.(8) line 13.) Part XX 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.(8) line 15.) Part XX Other Liabilities. Complete if the organization answered Yes' on Form 990, Part IV, line 11e or 11f.See Form 990, Part X, line 25. (b) Book value (c) Description of liability (d) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | (1) | | | | | 1 |
| (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal form 990, Part X, sol.(8) line 13.) Part XI 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.(8) line 15.) Part XI Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (d) Description of liability (1) Book value (1) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | (2) | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(6) 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.(8) 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (6) | (3) | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) 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) Total. (Column (b) must equal Form 990, Part X, col.(8) 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. (a) Description of liability (b) Book value (1) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | (4) | | | | | ı |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) line 13.) Part XX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) 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. (b) Book value (1) (c) (d) Book value (2) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f | (5) | | | + | | · |
| (6) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) 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 (t) (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. (b) Book value (t) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (6) | (6) | | | | | |
| (6) (9) Total. (Column (b) must equal Form 990, Part X, col.(8) 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 (t) (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. (b) Book value (t) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (6) | (7) | | | | | · |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Total. (Column (b) must equal Form 990, Par | | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. | | | | | | |
| 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 | | 7/h) mariet anniel Farms 000 Part V and 7/h) line 42 | | | | • |
| (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) OBLICATIONS TO AFFILLATED AGENCIES 34,934,624 (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | | | | <u> </u> | | 1 |
| (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 (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | | | | 1d. See Form 990, Par | | |
| (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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | (1) | (a) Description | ' | | (b) Book value | r |
| (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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | (2) | | | | | |
| (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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | (3) | | | | | |
| (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 (1) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | | | | | | |
| (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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | | | | | | |
| (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 (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | | | | | | |
| (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 (34,934,624) (3) SPLIT INTEREST AGREEMENT (2,307,079) (4) (5) (6) (7) (8) | | | | | | |
| 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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | | | | | | |
| 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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | | | | | | |
| 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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | | | | | | - |
| 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 34,934,624 (3) SPLIT INTEREST AGREEMENT 2,307,079 (4) (5) (6) (7) (8) | | | | | <u>▶</u> | i |
| (a) Description of Hability (1) Federal income taxes (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) | | Complete if the organization answered 'Yes' on Fo | | 1e or 11f.See Form | | |
| (2) OBLIGATIONS TO AFFILIATED AGENCIES (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) | | | ability | | | |
| (3) SPLIT INTEREST AGREEMENT (4) (5) (6) (7) (8) | | | | | 34,934,624 | |
| (5) (6) (7) (8) | (3) SPLIT IN | | | | | |
| (6) (7) (8) | | | | | | |
| (8) | | | | | | |
| (8) | (6) | | | | | |
| | (7) | | | | | |
| (9) | (8) | | | | | |
| | (9) | | | | | |
| (10) | (10) | | | | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ 37,241,703 | | | | | | |
| 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 uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII | | | | | | ation's li |

Schedule D (Form 990) 2019

| | Complete if the organi | zation answered 'Yes' on Form 990, Part | IV, li | ine 12a. | | |
|-------------|---|--|------------------|---|-----------|---------------------------|
| 1 | Total revenue, gains, and other s | upport per audited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | ot on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on i | nvestments | 2a | | | |
| b | Donated services and use of facili | ties | 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 ${f 2e}$ from line ${f 1}$. | | | | 3 | |
| 4 | Amounts included on Form 990, F | Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not include | d 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 4 | c. (This must equal Form 990, Part I, line 12.) | | | 5 | |
| Par | | penses per Audited Financial Statem | | • | Retur | n. |
| | · | zation answered 'Yes' on Form 990, Part | | | T . | |
| 1 | ' | dited financial statements | | | 1 | |
| 2 | Amounts included on line 1 but no | , , | | I | | |
| a | Donated services and use of facili | | 2a | | | |
| b | Prior year adjustments | | 2b | | _ | |
| С | Other losses | | 2c | | _ | |
| d | Other (Describe in Part XIII.) . | | 2d | | _ | |
| е | Add lines 2a through 2d | | | | 2e | |
| 3 | Subtract line 2e from line 1 . | | | | 3 | |
| 4 | Amounts included on Form 990, F | | | 1 | | |
| а | Investment expenses not include | d on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) . | | 4b | | _ | |
| С | Add lines 4a and 4b | | | | 4c | |
| 5 | | 1c. (This must equal Form 990, Part I, line 18. |) . | | 5 | |
| Pai | t XIII Supplemental Info | ormation | | | | |
| Prov XI, | ride the descriptions required for P ines 2d and 4b; and Part XII, lines | art II, lines 3, 5, and 9; Part III, lines 1a and $^\circ$ s 2d and 4b. Also complete this part to provide | 4; Pari any a | t IV, lines 1b and 2b; Par Idditional information. | t V, line | e 4; Part X, line 2; Part |
| | Return Reference | | Ex | planation | | |
| See A | Additional Data Table | | | | | |
| | | | | | | |
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| | | | | | | |

Page 4

| chedule D (Form 990) 2019 | Page 5 |
|-----------------------------|----------------------|
| Part XIII Supplemental Info | ormation (continued) |
| Return Reference | Explanation |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 59-0624404

Name: GREATER MIAMI JEWISH FEDERATION INC

Supplemental Information Return Reference

| Explanation |
|-------------|
| |

PART X, LINE 2: THE FEDERATION IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SEC TION 501 (C)(3) OF THE INTERNAL REVENUE CODE. THE FEDERATION RECOGNIZES AND MEASURES TAX P OSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WIL L BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABL E AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE R ECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSES, RESPECTIVELY, THE U.S. FEDERA L JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCO ME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXA MINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2017.

| Supplemental Information | |
|--------------------------|---|
| Return Reference | Explanation |
| | THE ENDOWMENT FUNDS ARE USED FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES AND IN FURTHERANCE OF THE CHARITABLE MISSION OF THE GREATER MIAMI JEWISH FEDERATION. |

| | e GRAPHIC print | - DO NOT | PROCESS | As Filed Data | - | | DLN: | 93493137013471 |
|---|--|------------------------------------|--|--|--|---------------------------|---|--|
| SCHEDULE F (Form 990) | | | ement of | Activities | Outside the Un | Outside the United States | | |
| (1 0 | 1111 330) | ► Comp | nplete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, Attach to Form 990. | | | 5, or 16. | 2019 | |
| Department of the Treasury nternal Revenue Service | | | ► Go to www.irs | .gov/Form990 for i | instructions and the latest | information | • | Open to Public Inspection |
| | e of the organization ATER MIAMI JEWISH F | EDERATION | INC | | | | Employer ider | ntification number |
| JKEA | ATER MIAMI JEWISH I | EDERATION | INC | | | | 59-0624404 | |
| Pa | | nformation Part IV, line | | s Outside the | United States. Compl | ete if the | organization a | nswered "Yes" on |
| 1 | other assistance, t | he grantees' | eligibility for t | he grants or assi | substantiate the amour istance, and the selectio | | | ☑ Yes ☐ No |
| 2 | For grantmakers outside the United | | Part V the org | ganization's proce | edures for monitoring th | e use of its | s grants and ot | her assistance |
| 3 | Activites per Region | . (The followi | ng Part I, line 3 | table can be dupl | icated if additional space | s needed.) | | |
| | (a) Region | | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | fundraising, program | program s | ty listed in (d) is a service, describe cific type of s) in the region | (f) Total expenditures for and investments in the region |
| | MIDDLE EAST AND N AFRICA | ORTH | 1 | . 1 | PROGRAM SERVICES | | I, OR AKIVA HIP, WOMEN'S | 391,000 |
| | | | | | | | | |
| | | | | | | | | |
| | Sub-total Total from continuati | on sheets to | | 1 1 | | | | 391,000 |

| Type of grant or assistance | (b) Region | (c) Number of | (d) Amount of | (e) Manner of cash | (f) Amount of | (g) Description | (h) Method of |
|-----------------------------|--------------------------------|---------------|---------------|--------------------|-----------------------|--------------------------|--|
| | | recipients | cash grant | disbursement | noncash assistance | of noncash assistance | valuation (book, FMV, appraisal, other |
| SCHOLARSHIP | ISRAEL PROGRAM SCHOLARSHIPS | 32 | 41,350 | DIRECT | | N/A | FAIR MARKET VALUE |
| | | | | | | | |
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| Sched | dule F (Form 990) 2019 | | Page 4 |
|-------|---|-------|---------------|
| Par | Toreign 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 F | (Form 990) 2019 | Page 5 |
|--------------------|--|-------------------------------|
| Part V 990 Sche | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information | method); Part III (accounting |
| | Return Reference | Explanation |
| PART III AC | CCOUNTING METHOD: | |

990 Schedule F, Supplemental Information

Doturn

| Reference | Explanation |
|--------------|---|
| PART I, LINE | WITH THE ASSISTANCE OF THE JEWISH FEDERATIONS OF NORTH AMERICA AND THE JEWISH AGENCY FOR ISRAEL AND OUR AGENT |
| 2 | IN ISRAEL, WE MONITOR ALL THE PROGRAM GRANTS PROVIDED THROUGH THE JEWISH FEDERATIONS OF NORTH AMERICA. |

Evalenation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**SCHEDULE G Supplemental Information Regarding**

(Form 990 or 990-EZ)

Internal Revenue Service

DLN: 93493137013471

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ. ►Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public**

Inspection

| ame of the organization REATER MIAMI JEWISH FEDERATION INC | | Employer identification number | • |
|---|---|--|-------|
| REALER MIAMI JEWISH FEDERALION INC | | 59-0624404 | |
| Fundraising Activities. Complete if the organiza Form 990-EZ filers are not required to complete t | | 0, Part IV, line 17. | |
| Indicate whether the organization raised funds through any of ${\sf t}$ | ne following activities. Check all that | apply. | |
| a 🗹 Mail solicitations | e 🗹 Solicitation of non-governr | ment grants | |
| b 🗹 Internet and email solicitations | f 🗹 Solicitation of government | t grants | |
| c 🗹 Phone solicitations | g 🗹 Special fundraising events | 3 | |
| d 🔽 In-person solicitations | | | |
| 2a Did the organization have a written or oral agreement with any or key employees listed in Form 990, Part VII) or entity in conn | | | |
| b If "Yes," list the 10 highest paid individuals or entities (fundrais to be compensated at least \$5,000 by the organization. | rs) pursuant to agreements under w | hich the fundraiser is | |
| i) Name and address of individual or entity (fundraiser) (ii) Activity fundraiser has custody of control of contribution | ve from activity (or funds | Amount paid to retained by) raiser listed in col. (i) (vi) Amount paid (or retained by) organization | |
| Yes No | | | |
| SIEGEL MARKETING GROUP 1845 NORTH FAREWELL AVE SUITE 300 | 117,376 | 45,006 72 | 2,370 |
| MILWAUKEE, WI 53202 | | | |
| | | | |
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| | | | |
| | 117,376 | 45,006 72 | 2,370 |
| 3 List all states in which the organization is registered or licensed to | solicit contributions or has been noti | ified it is exempt from registration or | |

| | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events (add col. (a) through |
|--|--|-----------------------------|--|--------------------------|--|
| | | (event type) | (event type) | (total number) | col. (c)) |
| Keverkie | | | | | |
| | 1 Gross receipts | 242,473 | 250,645 | 656,457 | 1,149,57 |
| - 1 | 2 Less: Contributions | 242,473 | 250,645 | 656,457 | 1,149,57 |
| 1 | 4 Cash prizes | 272,773 | 230,043 | 030,437 | 1,143,37 |
| | 5 Noncash prizes | | | | |
| 20 | 6 Rent/facility costs | 80,006 | 84,811 | 264,959 | 429,77 |
| Direct Experises | 7 Food and beverages | 99,721 | 104,250 | 282,708 | 486,67 |
| ָ ֓֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֞֓֓֓֓֓֓֓֡֓֓֓֓֡֓֓֡֓֓֓֡֓֓ | 8 Entertainment | 33,200 | 38,221 | 38,700 | 110,12 |
| | 9 Other direct expenses | 29,545 | 23,364 | 70,090 | 122,99 |
| | 10 Direct expense summary. Add lines 4 t | hrough 9 in column (d) | | > | 1,149,57 |
| | 11 Net income summary. Subtract line 10 | | | • | |
| art | Gaming. Complete if the organization on Form 990-EZ, line 6a. | anization answered "Ye | s" on Form 990, Part I | IV, line 19, or reported | more than \$15,000 |
| Keverkie | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
| ¥ | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Ď [| 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| 5 | 5 Other direct expenses | | | | |
| | | ☐ Yes % | ☐ Yes % | ☐ Yes % | |
| | 6 Volunteer labor | □ No | ☐ No | ☐ No | |
| | 7 Direct expense summary. Add lines 2 t | hrough 5 in column (d) | | • | |
| | 8 Net gaming income summary. Subtrac | t line 7 from line 1, colum | n (d) | • | |
| a | Enter the state(s) in which the organizati | | | | |
| | If "No," explain: | | | | |
| | | | d or terminated during the | | |

| Sche | dule G (Form 990 or 990-EZ) 20 | 19 | | | | F | age 3 |
|------|---|---|---|----------|---------|-----|--------------|
| 11 | Does the organization conduct | gaming activities with nonmembers | 5? | | Yes | Пио | |
| 12 | Is the organization a grantor, be formed to administer charitable | | member of a partnership or other entity | | Yes | | |
| 13 | Indicate the percentage of gam | ning activity conducted in: | | | | | |
| а | The organization's facility . | | | 13a | | | % |
| b | An outside facility | | | 13b | | | % |
| 14 | Enter the name and address of | the person who prepares the organ | nization's gaming/special events books and | records: | | | |
| | Name • | | | | | | |
| | Address > | | | | | | |
| 15a | | | m the organization receives gaming | | · Yes | Пио | |
| b | If "Yes," enter the amount of g | aming revenue received by the orgained by the third party $ ightharpoons$ | anization 🕨 \$ and | the | | | |
| c | If "Yes," enter name and addre | ss of the third party: | | | | | |
| | Name • | | | | | | |
| | Address ▶ | | | | | | |
| | | | | | | | |
| 16 | Gaming manager information: | | | | | | |
| | Name 🟲 | | | | | | |
| | Gaming manager compensation | 1 ▶ \$ | | | | | |
| | Description of services provided | d ▶ | | | | | |
| | ☐ Director/officer | ☐ Employee | ☐ Independent contractor | | | | |
| 17 | Mandatory distributions: | | | | | | |
| а | <u>-</u> | | stributions from the gaming proceeds to | | □Yes | Пио | |
| b | Enter the amount of distributio | ns required under state law distribu | ited to other exempt organizations or spent | : | ☐ 1e3 | | |
| | | pt activities during the tax year | | | | | |
| Pai | | | ions required by Part I, line 2b, colum licable. Also provide any additional inf | | | | s. |
| | Return Reference | | Explanation | | | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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 2019

DLN: 93493137013471

Open to Public

| epartment of the reasury nternal Revenue Service | | ► Go to <u>wu</u> | w.irs.gov/Form990 for | | on. | | Inspection |
|--|---------------------|------------------------------------|--|--|---|---------------------------------------|------------------------------------|
| ame of the organization | ATTON THE | | | | | Employer identific | ation number |
| REATER MIAMI JEWISH FEDER | ATION INC | | | | | 59-0624404 | |
| Part I General Inforn | nation on Grants | and Assistance | | | | | |
| the selection criteria used | to award the grants | or assistance? | | | for the grants or assistance | e, and | ☑ Yes ☐ N |
| 2 Describe in Part IV the org | | | | | 1 957 | | |
| | | | ind Domestic Governme ditional space is needed. | ents. Complete if the o | rganization answered "Yes" | on Form 990, Part IV, line | 21, for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| 1) See Additional Data | | | | | | | |
| 2) | | | | | | | |
| 3) | | | | | | | |
| 4) | | | | | | | |
| 5) | | | | | | | |
| 6) | | | | | | | |
| 7) | | | | | | | |
| 8) | | | | | | | |
| 9) | | | | | | | |
| 10) | | | | | | | |
| 11) | | | | | | | |
| 12) | | | | | | | |
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| | | | | | | | |

(Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Schedule I (Form 990) 2019

| PANDEMIC RELIEF GRANTS - NEED BASED ASSISTANCE | 213 | 327,132 | | |
|---|-----|---------|--|--|
| (2) INTEREST-FREE LOANS - NEED BASED ASSISTANCE | 29 | 171,250 | | |
| (3) OTHER GRANTS - NEED BASED ASSISTANCE | 77 | 75,301 | | |

Page **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.

Return Reference Explanation

WHEN FUNDS ARE GRANTED FOR A SPECIFIC PROJECT, THERE IS USUALLY A GRANT AGREEMENT OR LETTER OF DIRECTION, WHICH INCLUDES REPORTING PART I, LINE 2

REQUIREMENTS. FOR GENERAL SUPPORT GRANTS, THERE ARE NO REPORTING REQUIREMENTS. THE TAX STATUS AND PUBLIC CHARITY CLASSIFICATION OF ALL GRANTEES ARE VERIFIED. IF ADVERSE INFORMATION ABOUT POSSIBLE MISUSE OF FUNDS BY A GRANTEE IS OBTAINED, E.G., THROUGH REPORTS IN THE MEDIA.

IGRANTS TO THAT ORGANIZATION ARE SUBJECT TO FURTHER SCRUTINY AND ADDITIONAL INFORMATION MAY BE REOUIRED. GRANTS FOR GENERAL ASSISTANCE ARE MONITORED BY THE PLANNING AND DISTRIBUTION DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA INDICATING HOW FUNDS ARE UTILIZED. Schedule I (Form 990) 2019

Additional Data

(a) Name and address of

25 BROADWAY SUITE 1700

NEW YORK, NY 100041010

NORTH AMERICA

SERVICES

JEWISH COMMUNITY

MIAMI, FL 33161

12000 BISCAYNE BLVD

Software ID: Software Version:

(b) FIN

59-0637867

EIN: 59-0624404 Name: GREATER MIAMI JEWISH FEDERATION INC

(d) Amount of cash

2,518,390

| Form 990. Schedule I. Part II. Grants and Ot | her Assistance to Domestic | Organizations and Domestic | c Governments. |
|--|----------------------------|----------------------------|----------------|

| organization or government | (b) Liv | if applicable | grant | cash assistance | (book, FMV, appra other) |
|-------------------------------|------------|---------------|-----------|--------------------|-----------------------------|
| THE JEWISH FEDERATIONS OF | 13-1624240 | 501 (C) (3) | 8,274,316 | | |

501 (C) (3)

(c) IRC section

(e) Amount of non- (f) Method of valuation oraisal,

(q) Description of non-cash assistance

(h) Purpose of grant

GENERAL SUPPORT TO

GENERAL SUPPORT TO CARRY OUT THE

or assistance

CARRY OUT THE

MISSION OF THE

MISSION OF THE

ORGANIZATION

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137 | 59-0624373 | 501 (C) (3) | 1,213,631 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-----------|--|---|
| | | | | | |

IMISSION OF THE

ORGANIZATION

501 (C) (3) 1,118,560 IGENERAL SUPPORT TO JACOB'S PILLOW DANCE 04-6002993 FESTIVAL INC ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

358 GEORGE CARTER ROAD

BECKET, MA 01223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CHILDRENS HOSPITAL OF 23-1352166 501 (C) (3) 1.000.000 GENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33176

| PHILADELPHIA 34TH ST AND CIVIC CENTER BLVD PHILADELPHIA, PA 19104 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|--------------------------------|
| DAVE & MARY ALPER JCC 11155 SW 112TH AVE | 59-2736411 | 501 (C) (3) | 891,312 | | GENERAL SUPPORT TO |

MISSION OF THE

IORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

MISSION OF THE

ORGANIZATION

| HOLOCAUST MEMORIAL | 59-2659641 | 501 (C) (3) | 866,255 | | GENERAL SUPPORT TO |
|---------------------------|------------|-------------|---------|--|--------------------|
| COMMITTEE | | | | | CARRY OUT THE |
| 1933-1945 MERIDIAN AVENUE | | | | | MISSION OF THE |
| MIAMI BEACH, FL 33139 | | | | | ORGANIZATION |
| | | | | | |

MICHAEL-ANN RUSSELL JCC 59-2791269 501 (C) (3) 854.606

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI BEACH, FL

33180

IGENERAL SUPPORT TO 18900 NE 25TH AVENUE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI, FL 33161

| BRAIN & BEHAVIOR RESEARCH FOUNDATION 747 THIRD AVENUE 33RD FLOOR NEW YORK, NY 10017 | 31-1020010 | 501 (C) (3) | 581,651 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| JEWICH COMMUNITY | F0 0637067 | FO1 (C) (2) | FF0 000 | | CENERAL CURRORT TO |

ORGANIZATION

JEWISH COMMUNITY 59-0637867 501 (C) (3) 550,0001 IGENERAL SUPPORT TO SERVICES ICARRY OUT THE 735 NE 125TH STREET IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-2791269 501 (C) (3) 540.000 MICHAEL-ANN RUSSELL JCC IGENERAL SUPPORT TO 18900 NE 25TH AVENUE ICARRY OUT THE NORTH MIAMI BEACH, FL MISSION OF THE

33180 ORGANIZATION 94-1156533 501 (C) (3) 500.000 GENERAL SUPPORT TO JEWISH COMMUNITY FEDERATION OF SAN CARRY OUT THE FRANCISCO THE PENINSULA MISSION OF THE MARIN & SONOM IORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

121 STEUART STREET SAN FRANCISCO, CA 94105

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COMMUNITY CENTER

4221 PINE TREE DRIVE

MIAMI BEACH, FL 33140

| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | 59-1296635 | 501 (C) (3) | 479,022 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| MIAMI BEACH JEWISH | 59-2788834 | 501 (C) (3) | 460,651 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 429.000 HILLEL INTERNATIONAL 52-1844823 IGENERAL SUPPORT TO ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

(FLORIDA HILLEL COUNCIL) 800 FIGHTH STREET NW WASHINGTON, DC 20001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROOKLYN, NY 11214

IORGANIZATION 501 (C) (3) 400.000 OR HACHAYIM INC. 13-6181949 IGENERAL SUPPORT TO 2132 84TH STREET ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-2736411 501 (C) (3) 392.000 GENERAL SUPPORT TO DAVE & MARY ALPER JCC 11155 SW 112TH AVE ICARRY OUT THE MIAMI, FL 33176 MISSION OF THE IORGANIZATION 59-1870702 501 (C) (3) 375.644 GENERAL SUPPORT TO CARRY OUT THE

TORAS EMES ACADEMY OF MIAMI INC 1025 NE MIAMI GARDENS MISSION OF THE DRIVE ORGANIZATION NORTH MIAMI BEACH, FL

33179

organization or government if applicable grant cash assistance or dependent or government grant cash assistance or dependent or depende

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

| ISSIE SHAPIRO 18900 NE 25TH AVENUE N MIAMI BEACH, FL 33180 | | | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| GREATER MIAMI HEBREW | 59-0651086 | 501 (C) (3) | 313,735 | | GENERAL SUPPORT TO |

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

ACADEMY

2400 PINE TREE DRIVE

MIAMI BEACH, FL 33140

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 304.000 MIAMI BEACH JEWISH 59-2788834 IGENERAL SUPPORT TO ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

COMMUNITY CENTER 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33199

IORGANIZATION 501 (C) (3) 300.000 FIU FOUNDATION INC 23-7047106 IGENERAL SUPPORT TO 11200 SW 8TH STREET ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 300.000 MUSEUM OF SCIENCE INC. 59-0854960 IGENERAL SUPPORT TO 1101 BISCAYNE BLVD ICARRY OUT THE

IORGANIZATION

MIAMI, FL 33132 IMISSION OF THE 53-0196603 501 (C) (3) 250.000 GEORGETOWN UNIVERSITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20073

IORGANIZATION GENERAL SUPPORT TO GIFT PROCESSING ICARRY OUT THE IMISSION OF THE DEPARTMENT 0734

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 250.000 OR HACHAYIM INC 13-6181949 IGENERAL SUPPORT TO

IORGANIZATION

2132 84TH STREET ICARRY OUT THE BROOKLYN, NY 11214

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COCONUT GROVE, FL 33133

IMISSION OF THE IORGANIZATION 59-0659070 501 (C) (3) 250.000 GENERAL SUPPORT TO RANSOM EVERGLADES SCHOOL ICARRY OUT THE 3575 MAIN HIGHWAY IMISSION OF THE

(book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash assistance other) or government THE JEWICH FEDERATIONS OF 12 1624240 EO1 (C) (3) 240 766 CENERAL CURRORT TO

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MISSION OF THE

ORGANIZATION

| NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 100041010 | 13-1624240 | 501 (C) (3) | 240,766 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| CAJE TEACHER FRINGE | 59-0624373 | 501 (C) (3) | 232.700 | | GENERAL SUPPORT TO |

CAJE TEACHER FRINGE 59-0624373 232,700 501 (C) (3) BENEFITS PROGRAM ICARRY OUT THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

4200 BISCAYNE BOULEVARD

MIAMI, FL 33137

(b) EIN

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

SCHOOL

727 77TH STREET

MIAMI BEACH, FL 33141

| ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570 | 59-0173782 | 501 (C) (3) | 229,123 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| LEHRMAN COMMUNITY DAY | 65-1119268 | 501 (C) (3) | 202,100 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 200.000 FRIENDS OF THE 53-0206027 IGENERAL SUPPORT TO SMITHSONIAN ICARRY OUT THE IMISSION OF THE

200.000

IORGANIZATION

ICARRY OUT THE

MISSION OF THE ORGANIZATION

IGENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

13-6181949

PO BOX 37012 MRC 970 WASHINGTON, DC 20013

2132 84TH STREET

BROOKLYN, NY 11214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) SCHECK HILLEL COMMUNITY 59-1296635 501 (C) (3) 200.000 GENERAL SUPPORT TO CARRY OUT THE SCHOOL

| 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVENUE | 59-0830840 | 501 (C) (3) | 200,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

MIAMI, FL 331292712

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

GENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

YESHIVA ELEMENTARY

33180

65-0063045

| SCHOOL 7902 CARLYLE AVENUE MIAMI BEACH, FL 33141 | 03-0003043 | 301 (0) (3) | 173,033 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| KESHER LD C/O MICHAEL-ANN RUSSELL JCC NORTH MIAMI BEACH, FL | 65-0591858 | 501 (C) (3) | 161,687 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

175 659

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FRIENDS OF AHAVAT SHALOM 22-3341784 501 (C) (3) 150.000 GENERAL SUPPORT TO

NORTH BEACH, FL 33181

| MONSEY, NY 10952 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| FRIENDS OF THE ISRAEL DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 | 13-3156445 | 501 (C) (3) | 150,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) MOUNT SINAI MEDICAL 59-1711400 501 (C) (3) 150.000 GENERAL SUPPORT TO

33180

| CENTER FOUNDATION 4300 ALTON ROAD SUITE 100 MIAMI BEACH, FL 33140 | | | | | MIS | RRY OUT THE SSION OF THE GANIZATION |
|--|------------|-------------|---------|--|------------|---|
| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL | 59-1296635 | 501 (C) (3) | 130,000 | | CAR MIS | NERAL SUPPORT TO RRY OUT THE SSION OF THE GANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10016

| TEMPLE BETH AM 5950 NORTH KENDALL DRIVE MIAMI, FL 33156 | 59-0855408 | 501 (C) (3) | 126,628 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| BIRTHRIGHT ISRAEL NORTH AMERICA INC 33 EAST 33RD STREET FLOOR 7 | 13-4092050 | 501 (C) (3) | 125,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| MICHAEL-ANN RUSSELL JCC 18900 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | 59-2791269 | 501 (C) (3) | 120,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC | 13-1656634 | 501 (C) (3) | 103,500 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

220 EAST 42ND ST ORGANIZATION NEW YORK, NY 10017

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 59-2750308 501 (C) (3) 100.000 BETH TORAH CONGREGATION IGENERAL SUPPORT TO BENNY ROK CAMPUS ICARRY OUT THE IMISSION OF THE NORTH MIAMI BEACH, FL IORGANIZATION

IGENERAL SUPPORT TO

ICARRY OUT THE

IMISSION OF THE IORGANIZATION

33180 45-2405071 501 (C) (3) 100.000 FOCUSING PHILANTHROPY INC

1637 16TH STREET

SANTA MONICA, CA 90404

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF THE ISRAEL 13-3156445 501 (C) (3) 100 0001 GENERAL SUPPORT TO

| DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 | 13-3130443 | 301 (0) | 100,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|---------|--|---|
| NORTH BEACH, FL 33181 | | | | | |
| SARRINA COHEN FOLINDATION | 03-0579618 | 501 (C) (3) | 100.000 | | CENERAL SUPPORT TO |

IORGANIZATION

SABRINA COMEN FOUNDATION 03-05/9618 201 (C) (3) 100,000 IGENERAL SUPPORT TO 1800 SUNSET HARBOR DRIVE ICARRY OUT THE MISSION OF THE MIAMI BEAC, FL 33139

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MIAMI, FL 331292712

| THE JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 100041010 | 13-1624240 | 501 (C) (3) | 100,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|---------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVENUE | 59-0830840 | 501 (C) (3) | 100,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) UNIVERSITY OF MIAMI HILLEL 52-1758796 501 (C) (3) 100.000 GENERAL SUPPORT TO

| 1100 STANFORD DRIVE CORAL GABLES, FL 33146 | 02 27 007 0 | 332 (3) (3) | 200,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|-------------|-------------|---------|--|---|
| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL | 59-1296635 | 501 (C) (3) | 92,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

33180

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CARRY OUT THE

ORGANIZATION

MISSION OF THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

FOUNDATION INC 251 H STREET NW

WASHINGTON, DC 20001

(b) EIN

| BANK OF AMERICA CHARITABLE GIFT FUND PO BOX 55850 | 04-6010342 | 501 (C) (3) | 91,560 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |
|---|------------|-------------|--------|--|---|
| BOSTON, MA 022055850 | | | | | ORGANIZATION |
| AMERICAN ISRAEL EDUCATION | 52-1623781 | 501 (C) (3) | 75,000 | | GENERAL SUPPORT TO |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 52-1623781 501 (C) (3) 75.000l AMERICAN ISRAEL EDUCATION IGENERAL SUPPORT TO FOUNDATION INC ICARRY OUT THE 251 H STREET NW IMISSION OF THE

75.000l

IORGANIZATION

ICARRY OUT THE

MISSION OF THE ORGANIZATION

IGENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

WASHINGTON, FL 20001
CHABAD OF THE GROVE

COCONUT GROVE, FL 33133

3713 MAIN HIGHWAY

65-0132853

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 47-1251523 501 (C) (3) 75,000 INSTITUTE OF IGENERAL SUPPORT TO RRY OUT THE STON OF THE

ICARRY OUT THE

IMISSION OF THE IORGANIZATION

| CONTEMPORARY ART 61 NE 41ST STREET MIAMI, FL 33137 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| UNITED ISRAEL APPEAL | 13-1760102 | 501 (C) (3) | 72,000 | | GENERAL SUPPORT TO |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UNITED ISKAEL APPEAL 13-1/60102 501 (C) (3)| 25 BROADWAY 17TH FLOOR

NEW YORK, NY 10004

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (h) Purpose of grant (c) IRC section (d) Amount of cash (a) Description of organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) THE SHABBAT PROJECT INC. 46-4715368 501 (C) (3) 64.000l IGENERAL SUPPORT TO ZO MADICON AVE ELOOD O ICARRY OUT THE ON OF THE

MISSION OF THE ORGANIZATION

| NEW YORK, NY 10016 | | | | | MISSION OF THE ORGANIZATION |
|--------------------|------------|-------------|--------|--|-----------------------------|
| AFYA FOUNDATION | 26-1300361 | 501 (C) (3) | 62,000 | | GENERAL SUPPORT TO |

140 SAW MILL RIVER RD ICARRY OUT THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

YONKERS, NY 10701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 60,000 CADENA FOUNDATION 81-2702562 IGENERAL SUPPORT TO Y OUT THE ION OF THE

IORGANIZATION

| LITE EL INTERNIATIONAL | F2 4044022 | E04 (6) (2) | F0 000 | | CENEDA |
|--|------------|-------------|--------|--|-----------------------------|
| 520 S DIXIE HWY HALLANDALE BEACH, FL 33009 | | | | | CARRY (MISSIO ORGANI |

HILLEL INTERNATIONAL 52-1844823 501 (C) (3) 58,0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NIZATION IGENERAL SUPPORT TO 800 EIGHTH STREET NW ICARRY OUT THE WASHINGTON, DC 20001 IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MIAMI DADE COLLEGE 59-6169745 501 (C) (3) 55,928 GENERAL SUPPORT TO CARRY OUT THE FOUNDATION

AVENUE

MIAMI, FL 331292712

| 300 NE 2ND AVENUE SUITE 1423 MIAMI, FL 33132 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD | 59-0830840 | 501 (C) (3) | 55,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

ORGANIZATION

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | 59-1296635 | 501 (C) (3) | 54,400 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| JEWISH COMMUNITY | 59-0637867 | 501 (C) (3) | 54.073 | | GENERAL SUPPORT TO |

ORGANIZATION

JOT (C) (J) SERVICES ICARRY OUT THE 735 NE 125TH STREET IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI, FL 33161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

DISTRIBUTION COMMITTEE

220 EAST 42ND ST

NEW YORK, NY 10017

| GREATER MIAMI COUNCIL BBYO 2020 K STREET NW 7TH FLOOR WASHINGTON, DC 20006 | 31-1794932 | 501 (C) (3) | 53,940 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| AMERICAN JEWISH JOINT | 13-1656634 | 501 (C) (3) | 52,875 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 65-0204289 501 (C) (3) 52,177 GENERAL SUPPORT TO HEBREW FREE LOAN ASSOCIATION OF SOUTH ICARRY OUT THE

MISSION OF THE

ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

FLORIDA

SUITE 305

HOLLYWOOD, FL 33020

| PO BOX 630362 MIAMI, FL 331630362 | | | | | ORGANIZATION |
|--|------------|-------------|--------|--|---|
| AMERICAN FRIENDS OF THE HEBREW UNIVERSITY 1930 HARRISON STREET | 13-1568923 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

MISSION OF THE

ORGANIZATION

| MIAMI, FL 33166 | | | | | ORGANIZATION |
|----------------------------|------------|-------------|--------|--|--------------------|
| 6355 NW 36TH ST SUITE 2201 | | | | | MISSION OF THE |
| JUSTICE | | | | | CARRY OUT THE |
| AMERICANS FOR IMMIGRANT | 65-0610872 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO |

50.0001 BAIS HAVAAD LINYONEI 26-3711474 501 (C) (3) IGENERAL SUPPORT TO MISHPAT ICARRY OUT THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

105 RIVER AVENUE SUITE 301

LAKEWOOD, NJ 08701

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash assistance other) or government EQ 222E606 EQ4 (Q) (Q) F0 000

MISSION OF THE

ORGANIZATION

| 33162 | | | | | ORGANIZATION |
|------------------------|------------|-------------|--------|--|--------------------|
| NORTH MIAMI BEACH, FL | | | | | MISSION OF THE |
| 1110 NE 163RD STREET | | | | | CARRY OUT THE |
| BETH JACOB HIGH SCHOOL | 59-2335606 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO |

50.0001 IGENERAL SUPPORT TO CAMP RAMAH DAROM 58-2146741 501 (C) (3) 6400 POWERS FERRY ROAD ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NW SUITE 215

ATLANTA, GA 30339

(b) EIN (e) Amount of non-(f) Method of valuation (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 65-0804650 501 (C) (3) 50.000 IGENERAL SUPPORT TO CATHOLIC LEGAL SERVICES

(a) Description of

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

MIAMI, FL 33137

| ARCHDIOCESE OF MIAMI INC 25 SE 2ND AVENUE SUITE 220 MIAMI, FL 33131 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION | |
|---|------------|-------------|--------|--|---|---|
| CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION 4200 BISCAYNE BOULEVARD | 59-0624373 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION | 0 |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance or assistance if applicable grant cash or government assistance other) CHARAD OF THE GROVE 65-0132853 501 (C) (3) 50 0001 GENERAL SUPPORT TO

(NEW YORK)

118 WEST 95TH STREET

NEW YORK, NY 10025

| 3713 MAIN HIGHWAY COCONUT GROVE, FL 33133 | | (-) (-) | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| CONGREGATION OHAB ZEDEK | 13-1790762 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO |

CARRY OUT THE

ORGANIZATION

IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 50.000 DUKE UNIVERSITY 56-0532129 IGENERAL SUPPORT TO 710 WEST MAIN STREET SUITE ICARRY OUT THE IMISSION OF THE 200 DURHAM, NC 27701 IORGANIZATION

GENERAL SUPPORT TO

ICARRY OUT THE

MISSION OF THE ORGANIZATION

50.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

59-2468114

EDUCATION FUND 6713 MAIN STREET

MIAMI LAKES, FL 33014

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 12 2070010 EQ4 (Q) (Q) F0 000 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| NEW YORK, NY 10036 | | | | | ORGANIZATION |
|----------------------------|------------|----------------|--------|--|----------------|
| 580 FIFTH AVENUE SUITE 800 | | | | | MISSION OF THE |
| COMMUNITIES OF THE CIS | | | | | CARRY OUT THE |
| FEDERATION OF JEWISH | 13-39/0940 | [501 (C) (3)] | 50,000 | | GENERAL SUPPOR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2121 NW 21ST STREET

MIAMI, FL 331427382

ION OF THE NIZATION 59-0866126 50.000 GOODWILL INDUSTRIES OF 501 (C) (3) IGENERAL SUPPORT TO SOUTH FLORIDA ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 50.000 ISRAEL EDUCATION FUND 13-1624240 IGENERAL SUPPORT TO

IORGANIZATION

25 BROADWAY SUITE 1700 ICARRY OUT THE IMISSION OF THE NEW YORK, NY 10004

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION 27-0856599 501 (C) (3) 50.000 GENERAL SUPPORT TO JACK KEMP FOUNDATION 200 NEW HAMPSHIRE AVENUE ICARRY OUT THE IMISSION OF THE NW 800

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 92-0233563 501 (C) (3) 50.000 LOTUS ENDOWMENT FUND IGENERAL SUPPORT TO OUT THE

| MOUNT SINAI MEDICAL | 59-1711400 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT |
|---|------------|-------------|--------|--|---------------------------------|
| CORAL GABLES, FL 33134 | | | | | ORGANIZATION |
| 1311 CAPRI STREET CORAL GABLES, FL 33134 | | | , | | CARRY OUT THE MISSION OF THE |

MOON! SINAI MEDICAL **59-1/11400** 201 (C) (3) 50,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33140

IIZATION CENTER

IGENERAL SUPPORT TO

ICARRY OUT THE 4300 ALTON ROAD IMISSION OF THE

IORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

IGENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

NATIONAL JEWISH POLICY

333147796

52-1433850

| CENTER 50 F STREET NW WASHINGTON, DC 20001 | | () () | • | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|--|---|
| NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVENUE FT LAUDERDALE, FL | 59-1083502 | 501 (C) (3) | 50,000 | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

50.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) ONE ISRAEL FUND 11-3195338 501 (C) (3) 50.000 IGENERAL SUPPORT TO

33180

| 445 CENTRAL AVENUE SUITE 210 CEDARHURST, NY 11516 | | | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL | 59-1296635 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MIAMI, FL 331292712

| TEMPLE BETH SHOLOM-MIAMI BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140 | 59-0714828 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVENUE | 59-0830840 | 501 (C) (3) | 50,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EO 06044E0 EQ4 (Q) (Q) E0 000 IGENERAL SUPPORT TO RY OUT THE

MISSION OF THE

ORGANIZATION

| VECUTA ELEMENTADA | 45 0040045 | Eat (6) (3) | E0.000 | | 051155 |
|------------------------|------------|---------------|--------|--|--------|
| CORAL GABLES, FL 33146 | | | | | ORGAN |
| SUITE 300 | | | | | MISSIC |
| 6200 SAN AMARO DRIVE | | | | | CARRY |
| UNIVERSITY OF MIAMI | 59-0624458 | [501 (C) (3) | 50,000 | | GENER |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7902 CARLYLE AVENUE

MIAMI BEACH, FL 33141

SION OF THE ANIZATION IGENERAL SUPPORT TO YESHIVA ELEMENTARY 65-0063045 50,000 501 (C) (3) SCHOOL ICARRY OUT THE

(e) Amount of non-(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

11570

| UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DRIVE CORAL GABLES, FL 33146 | 52-1758796 | 501 (C) (3) | 48,648 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION 78 RANDALL AVENUE ROCKVILLE CENTRE, NY | 59-0173782 | 501 (C) (3) | 45,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION INC 38546 EAGLE WAY CHICAGO, IL 60678 | 41-0793046 | 501 (C) (3) | 45,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| 4 | | | | | |

IMISSION OF THE

ORGANIZATION

47-1251523 501 (C) (3) 45,000 GENERAL SUPPORT TO INSTITUTE OF CONTEMPORARY ART ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

61 NE 41ST STREET

MIAMI, FL 33137

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CENEDAL SUDDODT TO

IORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EU1 (C) (3)

DADY AVENUE SYNAGOGUE

702

MIAMI, FL 33137

22-22/208/

| 50 EAST 87TH STREET NEW YORK, NY 10128 | 22-2343964 | 301 (C) (3) | 43,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| MURRAY DRANOFF FOUNDATION INC 3550 BISCAYNE BLVD SUITE | 59-2726057 | 501 (C) (3) | 44,742 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

45 000l

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| AMERICAN FRIENDS OF BAR ILAN UNIVERSITY 160 EAST 56TH STREET 5TH FLOOR NEW YORK, NY 10022 | 13-6192275 | 501 (C) (3) | 40,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|

MISSION OF THE

ORGANIZATION

52-1623781 501 (C) (3) 40,000 GENERAL SUPPORT TO AMERICAN ISRAEL EDUCATION FOUNDATION INC CARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

251 H ST NW

WASHINGTON, DC 20001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 13-3843506 501 (C) (3) 40.000 FRIENDS OF ISRAEL SCOUTS GENERAL SUPPORT TO OUT THE

IMISSION OF THE IORGANIZATION

| INC 575 5TH AVENUE 11TH FLOOR NEW YORK, NY 10018 | | | | | CARRY O MISSION ORGANIZ |
|--|------------|-------------|--------|--|-------------------------------|
| NEW TORK, NT 10016 | | | | | OKGANIZ |
| ONWARD ICRAEL LICA INC | 01 2507412 | E01 (C) (2) | 20.210 | | CENEDAL |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10017

ON OF THE IZATION IGENERAL SUPPORT TO ONWARD ISRAEL USA INC 81-2507413 501 (C) (3) 39,318 633 3RD AVE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 38.325 BETH TORAH 59-2750308 IGENERAL SUPPORT TO BENNY ROK CAMPUS ICARRY OUT THE

33180 WYOMING SEMINARY

IMISSION OF THE NORTH MIAMI BEACH, FL IORGANIZATION 24-0795509 501 (C) (3) 37.500 201 NORTH SPRAGUE AVENUE ICARRY OUT THE

IGENERAL SUPPORT TO KINGSTON, PA 18704 IMISSION OF THE

IORGANIZATION

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) 54-1105215 501 (C) (3) 36.912 OPEN HANDS INC. IGENERAL SUPPORT TO 523 LEXINGTON AVENUE ICARRY OUT THE

ORGANIZATION

CHARLOTTESVILLE, VA 22902 MISSION OF THE IORGANIZATION

SOUNDS TRUE FOUNDATION 01-0574675 501 (C) (3) 36.912

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

413 S ARTHUR AVENUE

GENERAL SUPPORT TO ICARRY OUT THE LOUISVILLE, CO 80027 MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

ORGANIZATION

800 EIGHTH STREET NW

WASHINGTON, DC 20001

| BAIS HAVAAD LINYONEI | 26-3711474 | 501 (C) (3) | 36,000 | | GENERAL SUPPORT TO |
|----------------------------|------------|-------------|--------|--|--------------------|
| MISHPAT | | | | | CARRY OUT THE |
| 105 RIVER AVENUE SUITE 301 | | | | | MISSION OF THE |
| LAKEWOOD, NJ 08701 | | | | | ORGANIZATION |
| BBYOB'NAI BRITH YOUTH | 31-1794932 | 501 (C) (3) | 36,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 59-2750308 501 (C) (3) 36.000l BETH TORAH CONGREGATION IGENERAL SUPPORT TO BENNY ROK CAMPUS ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

NORTH MIAMI BEACH, FL 33180

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 331562068

IORGANIZATION 59-0855408 501 (C) (3) 36.000l TEMPLE BETH AM (MIAMI) IGENERAL SUPPORT TO 5950 N KENDALL DRIVE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) NCCV 12-5622717 EU1 (C) (3) 21 500

MISSION OF THE

ORGANIZATION

| NCSY 7200 WEST CAMINO REAL SUITE 214 BOCA RATON, FL 33433 | 13-5623717 | 501 (C) (3) | 31,500 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| JEWISH COUNCIL FOR PUBLIC | 13-1624104 | 501 (C) (3) | 31,000 | | GENERAL SUPPORT TO |

JEWISH COUNCIL FOR PUBLIC 13-1024104 201 (C) (3) 31,000 AFFAIRS ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

25 BROADWAY SUITE 1700

NEW YORK, NY 10004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CHARAD OF THE CROVE 65-01229E2 EU1 (C) (3) וחחח חב CENEDAL SUBBOOK TO

18900 NE 25TH AVENUE

NORTH MIAMI BEACH, FL

33180

| 3713 MAIN HIGHWAY COCONUT GROVE, FL 33133 | 03-0132033 | 301 (C) (3) | 30,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| MICHAEL-ANN RUSSELL JCC | 59-2791269 | 501 (C) (3) | 30,000 | | GENERAL SUPPORT TO |

CARRY OUT THE

ORGANIZATION

IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) MOTCHE HOUSE 26-2500786 EU1 (C) (3) וחחח חב CENEDAL SUBBOOK TO

| CHARLOTTE, NC 28212 | | | | | MISSION OF THE ORGANIZATION |
|---------------------|------------|-------------|--------|--|-----------------------------|
| 5802 MONROE ROAD | | | | | CARRY OUT THE |
| MOISHE HOUSE | 20-2399/00 | 301 (C) (3) | 30,000 | | GENERAL SUPPORT TO |

MT SINAI MEDICAL CENTER 30.000 59-1711400 501 (C) (3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33140

IGENERAL SUPPORT TO FOUNDATION ICARRY OUT THE 4300 ALTON ROAD SUITE 100 IMISSION OF THE

IORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TEMPLE JUDEA (CORAL 59-0791048 501 (C) (3) 27,964 GENERAL SUPPORT TO

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

| 5500 GRANADA BOULEVARD CORAL GABLES, FL 33146 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|--------------------------------|
| TEMPLE JUDEA (CORAL | 59-0791048 | 501 (C) (3) | 27,684 | | GENERAL SUPPORT TO |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GABLES)

5500 GRANADA BOULEVARD

CORAL GABLES, FL 33146

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| FUENTE LATINA 7300 BISCAYNE BLVD SUITE 200 MIAMI, FL 33138 | 47-1624899 | 501 (C) (3) | 27,500 | | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|--|--|---|
|---|------------|-------------|--------|--|--|--|---|

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

AVENTURA TURNBERRY 59-1673246 501 (C) (3) 26.637 IGENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JEWISH CENTER (MIAMI)

20400 NE 30TH AVE

AVENTURA, FL 33180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) RIDTUDICUT ICDAEL 12-4002050 EU1 (C) (3) 26 0001 CENERAL SUBBORT TO

| FOUNDATION 33 EAST 33RD STREET 7TH FLOOR NEW YORK, NY 10016 | 13-4092030 | 301 (0) | 20,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| TEMPLE BETH AM (MIAMI) | 59-0855408 | 501 (C) (3) | 25 505 | | GENERAL SUPPORT TO |

ORGANIZATION

201 (C) (3) 25,555 5950 N KENDALL DRIVE ICARRY OUT THE MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 331562068

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

501 (C) (3)

CHILDREN'S BEREAVEMENT

SOUTH MIAMI, FL 33143

7600 S RED ROAD SUITE 307

CENTER

65-0918564

| ANTI-DEFAMATION LEAGUE | 13-1818723 | 501 (C) (3) | 25,000 | | GENERAL SUPPORT TO |
|------------------------|------------|-------------|--------|--|--------------------|
| (NY) | | | | | CARRY OUT THE |
| 605 THIRD AVENUE | | | | | MISSION OF THE |
| NEW YORK, NY 10158 | | | | | ORGANIZATION |
| | | | | | |

IGENERAL SUPPORT TO

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

25.000

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) 65-0342192 501 (C) (3) 25.000l FARM SHARE INC. IGENERAL SUPPORT TO 14125 SW 320TH STREET ICARRY OUT THE HOMESTEAD, FL 33033 MISSION OF THE

MISSION OF THE ORGANIZATION

FFEDING SOUTH FLORIDA 59-2097520 25.000l

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PEMBROKE PARK, FL 33023

IORGANIZATION 501 (C) (3) GENERAL SUPPORT TO 2501 SW 32ND TERRACE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) FOUNDATION FOR DEFENSE 13-4174402 501 (C) (3) 25.000 IGENERAL SUPPORT TO

| OF DEMOCRACIES PO BOX 33249 WASHINGTON, DC 20033 | | | , i | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| GOODWILL INDUSTRIES OF | 59-0866126 | 501 (C) (3) | 25,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

SOUTH FLORIDA

2121 NW 21ST STREET

MIAMI, FL 331427382

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

PHILADELPHIA, PA 19121

| HEBREW FREE LOAN ASSOCIATION OF SOUTH FLORIDA 4200 BISCAYNE MIAMI, FL 33137 | 65-0204289 | 501 (C) (3) | 25,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| HILLEL THE FOLINDATION FOR | 82-5358584 | 501 (C) (3) | 25 000 | | GENERAL SUPPORT TO |

HILLEL THE FOUNDATION FOR 82-5358584 201 (C) (3) 25,000 IGENERAL SUPPORT TO JEWISH CAMPUS LIFE ICARRY OUT THE 1441 W NORRIS ST IMISSION OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 36-4946642 501 (C) (3) 25.000 HOPE MISSION INC IGENERAL SUPPORT TO

IORGANIZATION

1490 WEST 68 STREET 201 ICARRY OUT THE HIALEAH, FL 33014 IMISSION OF THE 52-1233683 25.000 JEWISH INSTITUTE FOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20005

IORGANIZATION 501 (C) (3) GENERAL SUPPORT TO NATIONAL SECURITY AFFAIRS ICARRY OUT THE IMISSION OF THE 1101 14TH STREET NW

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 25.000 MIAMI CHILDREN'S MUSEUM 59-2396999 IGENERAL SUPPORT TO ICARRY OUT THE

IMISSION OF THE

IORGANIZATION

980 MACARTHUR CAUSEWAY MIAMI, FL 33132 IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4000 ALTON ROAD

MIAMI BEACH, FL 33140

IORGANIZATION 59-1571122 501 (C) (3) 25.000 GENERAL SUPPORT TO TALMUDIC COLLEGE OF FLORIDA ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 27-4629468 501 (C) (3) 25.000 TAMPABAY-JOB-LINKS INC IGENERAL SUPPORT TO 1211 N WEST SHORE BLVD ICARRY OUT THE IMISSION OF THE

IORGANIZATION

SUITE 300 TAMPA, FL 33607

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION 27-4629468 501 (C) (3) 25.000 TAMPABAY-JOB-LINKS INC

IGENERAL SUPPORT TO 4100 W KENNEDY BLVD 205 ICARRY OUT THE TAMPA, FL 33609 IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) THE JEWISH FEDERATIONS OF 13-1624240 501 (C) (3) 25,000 GENERAL SUPPORT TO ICARRY OUT THE NORTH AMERICA ION OF THE

| 25 BROADWAY SUITE 1700 NEW YORK, NY 100041010 | | | | MISSION OF THE ORGANIZATION |
|--|-------------|--------|--|---|
| UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA - SOUTHERN REGION 7200 W CAMINO REAL SUITE 214 | 501 (C) (3) | 25,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

BOCA RATON, FL 33433

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF MIAMI-DADE 59-0830840 501 (C) (3) 25,000 GENERAL SUPPORT TO CARRY OUT THE COUNTY

| 3250 SOUTHWEST THIRD AVENUE MIAMI, FL 331292712 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW SUITE 500 | 52-1376034 | 501 (C) (3) | 25,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10017

| JTA-MJL NEW CORP 24 WEST 30TH STREET NEW YORK, NY 10001 | 13-0887610 | 501 (C) (3) | 23,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| JEWISH AGENCY FOR ISRAEL NORTH AMERICA 633 THIRD AVENUE 21ST FLOOR | 23-0053483 | 501 (C) (3) | 22,966 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF THE ISRAEL 13-3156445 501 (C) (3) 22,500 IGENERAL SUPPORT TO CARRY OUT THE DEFENSE FORCES INC

NORTH BEACH, FL 33181

| 301 NORTH BEACH, FL 33181 | | | | | ORGANIZATION |
|---|------------|-------------|--------|--|---|
| FRIENDS OF THE ISRAEL DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 | 13-3156445 | 501 (C) (3) | 22,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) THE CHILL OF DOWNTOWN 20 2252547 EO1 (C) (2) 22 000 CENTERAL CURRORT TO

ICARRY OUT THE IMISSION OF THE

IORGANIZATION

| 35 SE 9TH STREET MIAMI, FL 33131 | 20-2253547 | 501 (C) (3) | 22,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|-------------------------------------|------------|-------------|--------|--|---|
| BETH TORAH CONGREGATION | 59-2750308 | 501 (C) (3) | 21.600 | | GENERAL SUPPORT TO |

21.600 BETH TORAH CONGREGATION 59-2750308 501 (C) (3) BENNY ROK CAMPUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI BEACH, FL

33180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

501 (C) (3)

| JEWISH ADOPTION & FOSTER CARE OPTIONS 4200 NORTH UNIVERSITY DRIVE SUNRISE, FL 33351 | 20-0898587 | 501 (C) (3) | 20,728 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| | | | | | |

GENERAL SUPPORT TO

CARRY OUT THE

IMISSION OF THE

ORGANIZATION

20,141

JEWISH MUSEUM OF FLORIDA - FIU

301 WASHINGTON AVE

MIAMI BEACH, FL 33139

65-0198264

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

FRESH MEADOWS, NY 11365

| TEMPLE BETH SHOLOM-MIAMI BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140 | 59-0714828 | 501 (C) (3) | 20,111 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| AMERICAN FRIENDS OF KEHILLAS SIMCHAS HATORAH INC 6531 173RD ST | 81-5463397 | 501 (C) (3) | 20,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| AMERICAN FRIENDS OF TEN YAD BRAZIL 553 MONTGOMERY STREET BROOKLYN BROOKLYN, NY 11225 | 03-0385999 | 501 (C) (3) | 20,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| | | | | | |

MISSION OF THE

ORGANIZATION

BIKUR CHOLIM OF LAKEWOOD 22-3251871 501 (C) (3) 20,000 GENERAL SUPPORT TO INC CARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

93 PROSPECT ST

LAKEWOOD, NJ 08701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 20.000 EDUCATION FUND 59-2468114 IGENERAL SUPPORT TO

IORGANIZATION

6713 MAIN STREET ICARRY OUT THE MIAMI LAKES, FL 33014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI, FL 33161

IMISSION OF THE IORGANIZATION 59-0637867 501 (C) (3) 20.000 GENERAL SUPPORT TO JEWISH COMMUNITY SERVICES ICARRY OUT THE 735 NF 125TH STREET IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

GENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

RANSOM EVERGLADES

59-0659070

| SCHOOL 3575 MAIN HIGHWAY COCONUT GROVE, FL 33133 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| SCHECK HILLEL COMMUNITY SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | 59-1296635 | 501 (C) (3) | 20,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

20,000

(b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) SIMON WIESENTHAL CENTER 95-3964928 501 (C) (3) 20.000 IGENERAL SUPPORT TO

(c) IRC section

(a) Name and address of

BEACH

4144 CHASE AVENUE

MIAMI BEACH, FL 33140

| (CA) 1399 S ROXBURY DRIVE LOS ANGELES, CA 90035 | | | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| TEMPLE BETH SHOLOM-MIAMI | 59-0714828 | 501 (C) (3) | 20.000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) THE MIAMI FOUNDATION INC. 65-0350357 501 (C) (3) 20.000 IGENERAL SUPPORT TO 40 NW 3RD STREET SUITE 305 ICARRY OUT THE MISSION OF THE

ICARRY OUT THE

IMISSION OF THE ORGANIZATION

MIAMI, FL 33128 IORGANIZATION 72-0423889 501 (C) (3) 20.000 GENERAL SUPPORT TO

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TULANE UNIVERSITY 6823 ST CHARLES AVENUE

NEW ORLEANS, LA 70118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) UNIVERSITY OF MIAMI HILLEL 52-1758796 501 (C) (3) 19.088 IGENERAL SUPPORT TO 1100 STANFORD DRIVE ICARRY OUT THE

IMISSION OF THE

IORGANIZATION

CORAL GABLES, FL 33146 IMISSION OF THE IORGANIZATION 59-0714828 501 (C) (3) 18.686 GENERAL SUPPORT TO TEMPLE BETH SHOLOM-MIAMI ICARRY OUT THE

BEACH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4144 CHASE AVENUE

MIAMI BEACH, FL 33140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) CHABAD RUSSIAN CENTER 04-3758388 501 (C) (3) 18,605 GENERAL SUPPORT TO CARRY OUT THE 252 SUNNY ISLES BLVD SUITE

6TH FLOOR BOSTON, MA 02445

| 3 SUNNY ISLES BEACH, FL 33160 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST | 04-2263040 | 501 (C) (3) | 18,456 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 70 FACES MEDIA 13-0887610 501 (C) (3) 18 0001 GENERAL SUPPORT TO

IMISSION OF THE

IORGANIZATION

| 24 WEST 30TH STREET | 25 555,525 | | 10,000 | | CARRY OUT THE |
|---------------------------|------------|-------------|--------|--|-----------------------------|
| NEW YORK, NY 10001 | | | | | MISSION OF THE ORGANIZATION |
| DETIL TODALL CONCDECATION | F0 37F0300 | F01 (C) (2) | 10,000 | | CENEDAL CURRORT TO |

59-2750308 501 (C) (3) 18,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI BEACH, FL

33180

IGENERAL SUPPORT TO BETH TORAH CONGREGATION BENNY ROK CAMPUS ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 65-0833192 501 (C) (3) 18.000l CHABAD OF GOLDEN BEACH IGENERAL SUPPORT TO FLORIDA ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

19201 COLLINS AVENUE SUNNY ISLES, FL 33160

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROOKLYN, NY 11213

IORGANIZATION 11-3254483 501 (C) (3) 18.000l COLEL CHARAD IGENERAL SUPPORT TO 806 EASTERN PARKWAY ICARRY OUT THE

(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

CENERAL CURRORT TO

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EO1 (C) (3)

(a) Name and address of

EO 0627067

TEMICAL COMMUNITY

17330 NW 7TH AVENUE

MIAMI, FL 33169

CENTER

| SERVICES 735 NE 125TH STREET NORTH MIAMI, FL 33161 | 59-063/86/ | 501 (C) (3) | 18,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| LUBAVITCH EDUCATIONAL | 51-0188269 | 501 (C) (3) | 18,000 | | GENERAL SUPPORT TO |

10 000

(e) Amount of non-(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10017

| OR HACHAYIM INC 2132 84TH STREET BROOKLYN, NY 11214 | 13-6181949 | 501 (C) (3) | 18,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH FLOOR | 13-6104086 | 501 (C) (3) | 18,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) SCHECK HILLEL COMMUNITY 59-1296635 501 (C) (3) 18.000l IGENERAL SUPPORT TO

SURFSIDE, FL 33154

| SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| SHUL OF BAL HARBOUR 9540 COLLINS AVENUE | 59-2302315 | 501 (C) (3) | 18,000 | | GENERAL SUPPORT TO CARRY OUT THE |

MISSION OF THE

ORGANIZATION

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ORGANIZATION

| TEMPLE BETH SHOLOM-MIAMI | 59-0714828 | 501 (C) (3) | 18,000 | | GENERAL SUPPORT TO |
|--------------------------|------------|-------------|--------|--|--------------------|
| BEACH | | | | | CARRY OUT THE |
| 4144 CHASE AVENUE | | | | | MISSION OF THE |
| MIAMI BEACH, FL 33140 | | | | | ORGANIZATION |
| YESHIVA UNIVERSITY | 13-1624225 | 501 (C) (3) | 18.000 | | GENERAL SUPPORT TO |

YESHIVA UNIVERSIT 13-1624225 501 (C) (3)| 18,000 500 W 185TH STREET ROOM ICARRY OUT THE BH324 MISSION OF THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

NEW YORK, NY 10033

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) HILLEL AT FLORIDA 47-4532260 501 (C) (3) 16,500 GENERAL SUPPORT TO CARRY OUT THE INTERNATIONAL UNIVERSITY

11570

| C/O GREATER MIAMI JEWISH FEDERATION MIAMI, FL 33137 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION 78 RANDALL AVENUE ROCKVILLE CENTRE, NY | 59-0173782 | 501 (C) (3) | 16,368 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-0637867 501 (C) (3) 16.128 JEWISH COMMUNITY IGENERAL SUPPORT TO

ORGANIZATION

SERVICES ICARRY OUT THE 735 NE 125TH STREET NORTH MIAMI, FL 33161

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33140

MISSION OF THE IORGANIZATION FRIENDSHIP CIRCLE OF MIAMI 27-1027169 501 (C) (3) 16.000l IGENERAL SUPPORT TO BEACH & NORTH DADE ICARRY OUT THE PO BOX 402113 MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 15.000l AYUDA INC 59-1761257 IGENERAL SUPPORT TO 7144 BYRON AVE ICARRY OUT THE

IORGANIZATION

MIAMI BEACH, FL 33141 65-0394819 15.000l BETH DAVID HIGHLAND LAKES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVENTURA, FL 33180

IMISSION OF THE IORGANIZATION 501 (C) (3) GENERAL SUPPORT TO SHUL ICARRY OUT THE 2600 NF 209 ST IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

A-2

NEW YORK, NY 100277297

| BETH TORAH ADATH YESHURUN 20350 NE 26TH AVENUE NORTH MIAMI BEACH, FL | 59-2750308 | 501 (C) (3) | 15,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| 33180 | | | | | |
| | | | | | |

IMISSION OF THE

ORGANIZATION

COLUMBIA LAW SCHOOL 13-5598093 501 (C) (3) 15,000 IGENERAL SUPPORT TO 435 WEST 116TH STREET BOX ICARRY OUT THE

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

GENERAL SUPPORT TO

ORGANIZATION

| 20807 BISCAYNE BOULEVARD | 22 3331032 | 301 (0) (3) | 13,000 | | CARRY OUT THE |
|---------------------------------|------------|-------------|--------|--|-----------------------------|
| SUITE 100 AVENTURA, FL 33180 | | | | | MISSION OF THE ORGANIZATION |
| JEWISH NATIONAL FUND (NEW | 13-1659627 | 501 (C) (3) | 15,000 | | GENERAL SUPPORT TO |

15 0001

YORK)

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

(c) IRC section

(a) Name and address of

ISRAELT AMERICAN COUNCIL

NEW YORK, NY 100215093

(b) EIN

22-3951652

CARRY OUT THE 42 EAST 69TH STREET 4TH FL MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LORI SCHOTTENSTEIN 31-1427001 501 (C) (3) 15.000l IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| CHABAD CENTER (O S U CHABAD HOUSE INC) 207 E 15TH AVENUE NEW ALBANY, OH 43054 | | | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| MIAMI CITY BALLET | 59-2578534 | 501 (C) (3) | 15.000 | | GENERAL SUPPORT TO |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33139

DEVELOPMENT OFFICE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) MOUNT SINAI MEDICAL 501 (C) (3) 15.000l 59-1711400 IGENERAL SUPPORT TO CENTER ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

4300 ALTON ROAD MIAMI BEACH, FL 33140 59-0855408 15.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION 501 (C) (3) TEMPLE BETH AM (MIAMI) IGENERAL SUPPORT TO ICARRY OUT THE

5950 N KENDALL DRIVE MIAMI, FL 331562068

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) THE JEWISH FEDERATIONS OF I 13-1624240 501 (C) (3) 15,000 GENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| NORTH AMERICA 25 BROADWAY SUITE 1700 | | | | | CARRY OUT THE MISSION OF THE |
|---|------------|-------------|--------|--|---------------------------------|
| NEW YORK, NY 100041010 | | | | | ORGANIZATION |
| UNION OF ORTHODOX JEWISH | 13-5623717 | 501 (C) (3) | 15,000 | | GENERAL SUPPOR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9831 W PICO BLVD SUITE 101

LOS ANGELES, CA 90035

ION OF THE NIZATION RAL SUPPORT TO CONGREGATIONS OF AMERICA ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| UNITED WAY OF MIAMI-DADE | 59-0830840 | 501 (C) (3) | 15,000 | | GENERAL SUPPORT TO |
|--------------------------|------------|-------------|--------|--|--------------------|
| COUNTY | | | | | CARRY OUT THE |
| 3250 SOUTHWEST THIRD | | | | | MISSION OF THE |
| AVENUE | | | | | ORGANIZATION |
| MIAMI, FL 331292712 | | | | | |
| | | | | | |

ORGANIZATION

AVENUE MIAMI, FL 331292712

AMERICAN FRIENDS OF 20-1901828 501 (C) (3) 14,900

SHOVU YISROEL CARRY OUT THE MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROOKLYN, NY 11230

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash assistance other) or government TEMICAL COMMUNITY EO 0627067 EO1 (C) (3) 44 542 IGENERAL SUPPORT TO

ORGANIZATION

| SERVICES 735 NE 125TH STREET NORTH MIAMI, FL 33161 | 59-063/86/ | 501 (C) (3) | 14,543 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| AMEDICAN EDIENDS OF TEL | 12 1006126 | E01 (C) (3) | 14 400 | | CENEDAL CURROR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10006

ON OF THE NIZATION IGENERAL SUPPORT TO AMERICAN FRIENDS OF TEL 13-1996126 501 (C) (3) 14,400 AVIV UNIVERSITY ICARRY OUT THE 39 BROADWAY SUITE 1510 MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

EQ4 (C) (3)

PO BOX 01-9731

MIAMI, FL 33101

| DAY SCHOOLS 254 WEST 54TH STREET 11TH FLOOR NEW YORK, NY 10019 | 81-1/50864 | 501 (C) (3) | 14,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| FRIENDS OF WLRN INC | 23-7365001 | 501 (C) (3) | 13,941 | | GENERAL SUPPORT TO |

CARRY OUT THE MISSION OF THE

ORGANIZATION

4 4 000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 59-0855408 501 (C) (3) 13.940 TEMPLE BETH AM (MIAMI) IGENERAL SUPPORT TO 5950 N KENDALL DRIVE ICARRY OUT THE

MISSION OF THE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 331562068

TEMPLE ISRAEL OF GREATER

59-0683270

TEMPLE ISRAEL OF GREATER 59-0683270 501 (C) (3) 12,765 GENERAL SUPPORT TO CARRY OUT THE 137 NE 19TH STREET MIAMI, FL 33132 GREATER ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 12.600 COLEL CHABAD 11-3254483 IGENERAL SUPPORT TO ICARRY OUT THE

IMISSION OF THE

IORGANIZATION

806 EASTERN PARKWAY BROOKLYN, NY 11213 51-0188269 501 (C) (3) 12.600 FRIENDS OF LUBAVITCH OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

17330 NW 7TH AVENUE

MIAMI. FL 33169

IMISSION OF THE IORGANIZATION GENERAL SUPPORT TO ICARRY OUT THE

FLORIDA INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 12.600 HASBARA FELLOWSHIPS 13-3740640 IGENERAL SUPPORT TO

IORGANIZATION

313 WEST 83RD STREET ICARRY OUT THE IMISSION OF THE NEW YORK, NY 10024

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION 59-0637867 501 (C) (3) 12.600 GENERAL SUPPORT TO ICARRY OUT THE IMISSION OF THE

JEWISH COMMUNITY SERVICES 735 NF 125TH STREET

NORTH MIAMI, FL 33161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

| LUBAVITCH YOUTH | 13-4101112 | 501 (C) (3) | 12,600 | | GENERAL SUPPORT TO |
|-------------------------|------------|-------------|--------|--|--------------------|
| ORGANIZATION | | | | | CARRY OUT THE |
| 770 EASTERN PARKWAY | | | | | MISSION OF THE |
| BROOKLYN, NY 11213 | | | | | ORGANIZATION |
| RABBI ALEXANDER S GROSS | 59-0651086 | 501 (C) (3) | 12.600 | | GENERAL SUPPORT TO |

59-0651086 12.600 RABBI ALEXANDER S GROSS 501 (C) (3) HEBREW ACADEMY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2400 PINE TREE DRIVE

MIAMI BEACH, FL 33140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 13-2670365 501 (C) (3) 12.500 EMUNAH OF AMERICA IGENERAL SUPPORT TO

ORGANIZATION

315 W 36TH STREET 2ND ICARRY OUT THE FLOOR MISSION OF THE NEW YORK, NY 10018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHILADELPHIA, PA 19102

IORGANIZATION AMERICAN FRIENDS SERVICE 23-1352010 501 (C) (3) 12.304 IGENERAL SUPPORT TO COMMITTEE ICARRY OUT THE 1501 CHERRY STREET MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

CAMBRIDGE, MA 02138

| NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011 | 13-2654926 | 501 (C) (3) | 12,304 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| UNION OF CONCERNED SCIENTISTS INC TWO BRATTLE SQUARE 6TH FLOOR | 04-2535767 | 501 (C) (3) | 12,304 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 13-4092050 501 (C) (3) 12.000 BIRTHRIGHT ISRAEL GENERAL SUPPORT TO FOUNDATION ICARRY OUT THE

SUITE A

DAVIE, FL 33328

33 EAST 33RD STREET 7TH
FLOOR
NEW YORK, NY 10016

DAVID POSNACK JEWISH DAY S9-1606514 S01 (C) (3) 12,000
SCHOOL
5810 S PINE ISLAND ROAD

MISSION OF THE ORGANIZATION

GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) EDIENDS OF WILDNING 22 7265001 EO1 (C) (2) 44 072 IGENERAL SUPPORT TO

IMISSION OF THE

IORGANIZATION

| | | | | | ORGANIZATION |
|---------------------|------------|-------------|--------|--|----------------|
| MIAMI, FL 33101 | | | | | MISSION OF THE |
| PO BOX 01-9731 | | | | | CARRY OUT THE |
| FRIENDS OF WERN INC | 23-730500I | JOT (C) (3) | 11,9/2 | | GENERAL SUPPOR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

18801 NF 22ND AVENUE

MIAMI. FL 33180

ON OF THE NIZATION TEMPLE SINAI OF NORTH 59-0903811 501 (C) (3) 11.824 IGENERAL SUPPORT TO DADE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF THE ISRAEL 13-3156445 501 (C) (3) 11.750 GENERAL SUPPORT TO

CENTER ASPEN VALLEY 435 WEST MAIN STREET

ASPEN, CO 81611

| DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 NORTH MIAMI BEACH, FL 33181 | 13 3130443 | 301 (6) (3) | 11,730 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| CHABAD JEWISH COMMUNITY CENTER ASPEN VALLEY | 22-3787221 | 501 (C) (3) | 11,000 | | GENERAL SUPPORT TO CARRY OUT THE |

MISSION OF THE

ORGANIZATION

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| HEBREW IMMIGRANT AID SOCIETY (HIAS INC) 1300 SPRING STREET STE 500 SILVER SPRING, MD 20910 | 13-5633307 | 501 (C) (3) | 11,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| CANTOR FITZGERALD RELIEF FUND 110 EAST 59TH STREET 5TH FLOOR NEW YORK, NY 10022 | 13-4189179 | 501 (C) (3) | 10,800 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash assistance other) or government MIAMI DEACH JEWICH E0 2700024 EO1 (C) (3) 10 000

MISSION OF THE

ORGANIZATION

| PARRY ALEXANDER C CROSS | F0 05F4005 | F04 (C) (2) | 10.000 | | CENERAL CURRENT |
|---|------------|-------------|--------|--|-----------------------------|
| 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140 | | | | | MISSION OF THE ORGANIZATION |
| COMMUNITY CENTER | | | | | CARRY OUT THE |
| MITAMIT DEACH JEANIOH | 39-2/00034 | JOT (C) (3) | 10,600 | | GENERAL SUPPORT |

IGENERAL SUPPORT TO RABBI ALEXANDER S GROSS 59-0651086 10.8001 501 (C) (3) HEBREW ACADEMY ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2400 PINE TREE DRIVE

MIAMI BEACH, FL 33140

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

MONSEY, NY 10952

| FRIENDS OF THE ISRAEL DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 NORTH BEACH, FL 33181 | 13-3156445 | 501 (C) (3) | 10,200 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| KULLEL SHAS KEREN | 13-3011384 | 501 (C) (3) | 10 100 | | GENERAL SUPPORT TO |

ORGANIZATION

KULLEL SHAS KEKEN 13-3911384 201 (C) (3) 10,100 IGENERAL SUPPORT TO HATORAH INC ICARRY OUT THE 5 WIENER DRIVE IMISSION OF THE

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMERICAN FRIENDS OF BEIT 13-3434781 501 (C) (3) 10 0001 GENERAL SUPPORT TO

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

| ISSIE SHAPIRO 18900 NE 25TH AVENUE N MIAMI BEACH, FL 33180 | 10 0 10 17 01 | 301 (0) (0) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|---------------|-------------|--------|--|---|
| AMERICAN FRIENDS OF | 56-2676533 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO |

SHALVA ISRAEL INC

(b) EIN

(a) Name and address of

315 FIFTH AVENUE 6TH FLOOR

NEW YORK, NY 10016

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) AMERICAN SOCIETY FOR 13-0434195 501 (C) (3) 10 0001 GENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY 55 E 59TH STREET NEW YORK, NY 10022 | 13 0 13 1233 | 301 (8) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|--------------|-------------|--------|--|---|
| BARTIST HEALTH FOLINDATION | 50-1023/01 | 501 (C) (3) | 10.000 | | CENEDAL SUDDODT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORAL GABLES, FL 33143

IGENERAL SUPPORT TO BAPTIST HEALTH FOUNDATION 59-1923401 501 (C) (3) 10,0001 6855 RED ROAD SUITE 600 ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 04-3263298 501 (C) (3) 10.000 BARRINGTON STAGE IGENERAL SUPPORT TO

ORGANIZATION

COMPANY ICARRY OUT THE 122 NORTH STREET PITTSFIELD, MA 01201

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

AVENTURA, FL 33180

MISSION OF THE IORGANIZATION BEIT DAVID HIGHLAND LAKES 65-0394819 501 (C) (3) 10.000 IGENERAL SUPPORT TO SHUL ICARRY OUT THE 2600 NE 209TH STREET MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10017

| BERNARD ZELL ANSHE EMET DAY SCHOOL 3751 N BROADWAY STREET CHICAGO, IL 60613 | 36-2166955 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE - 10TH FLOOR | 13-4092050 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(d) Amount of cash (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BIRTHRIGHT ISRAFI 13-4092050 501 (C) (3) 10 0001 IGENERAL SUPPORT TO

(e) Amount of non-

(f) Method of valuation

ORGANIZATION

| FOUNDATION PO BOX 21615 NEW YORK, NY 10087 | | | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| BIT-BY-BIT MEDICAL | 03-0468799 | 501 (C) (3) | 10.000 | | GENERAL SUPPOR |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

DAVIE, FL 33330

(b) EIN

STON OF THE SANIZATION GENERAL SUPPORT TO 301 (C) (3) THERAPEUTIC RIDING CENTER ICARRY OUT THE 3141 SW 118TH TERRACE MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 10.000 BRANDEIS HILLEL DAY 47-1253063 IGENERAL SUPPORT TO SCHOOL- MARIN ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

180 N SAN PEDRO RD SAN RAFAEL, CA 94903

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SEATTLE, WA 98134

IORGANIZATION 501 (C) (3) 10.000 BROTHERS FOR LIFE 91-2105756 IGENERAL SUPPORT TO 270 SOUTH HANFORD STREET ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 05-0258809 501 (C) (3) 10.000 BROWN UNIVERSITY -IGENERAL SUPPORT TO MEDICAL ADVANCEMENT CARRY OUT THE SSION OF THE

IMISSION OF THE IORGANIZATION

| BROWN UNIVERSITY BMAF PROVIDENCE, RI 029121976 | | | | | MISSI ORGA |
|---|------------|-------------|--------|--|---------------|
| CAMILLUS HOUSE | 65-0032862 | 501 (C) (3) | 10.000 | | GENE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33136

GANIZATION GENERAL SUPPORT TO 30± (C) (3)| 1603 NW 7TH AVENUE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| CHABAD JEWISH CENTER OF OAKLAND | 20-5631408 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE |
|---|------------|-------------|--------|--|----------------------------------|
| 3014 LAKESHORE AVE OAKLAND, CA 94610 | | | | | MISSION OF THE ORGANIZATION |

MISSION OF THE

ORGANIZATION

COMMUNITIES IN SCHOOLS 65-0140488 501 (C) (3) 10.000 IGENERAL SUPPORT TO OF MIAMI INC ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

12485 SW 137TH AVE STE 109

MIAMI, FL 33186

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) EEEDING COLITH ELOPIDA 50-2007520 EU1 (C) (3) 10 0001 CENEDAL SUBBOOK TO

155 NW 3RD STREET SUITE

MIAMI, FL 33128

4338

| 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023 | 39-209/320 | 301 (C) (3) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| FOSTER CARE REVIEW | 65-0118944 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO |

CARRY OUT THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| FOUNDATION FOR DEFENSE OF DEMOCRACIES PO BOX 33249 WASHINGTON, DC 20033 | 13-4174402 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| FRIENDS OF MIAMI ANIMALS FOUNDATION INC 2665 S BAYSHORE DR STE | 81-4578892 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

1200 ORGANIZATION MIAMI, FL 33133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MIAMI, FL 33137

| HADASSAH 4200 BISCAYNE BOULEVARD MIAMI, FL 33137 | 59-1097043 | 501 (C) (3) | 10,000 | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|---|
| HILLEL AT FLORIDA INTERNATIONAL UNIVERSITY C/O GREATER MIAMI JEWISH FEDERATION | 47-4532260 | 501 (C) (3) | 10,000 | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 36-4946642 501 (C) (3) 10.000 HOPE MISSION INC IGENERAL SUPPORT TO

IORGANIZATION

1490 WEST 68 STREET 201 ICARRY OUT THE HIALEAH, FL 33014

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI. FL 33137

IMISSION OF THE IORGANIZATION 47-1251523 501 (C) (3) 10.000 GENERAL SUPPORT TO INSTITUTE OF CONTEMPORARY ART ICARRY OUT THE IMISSION OF THE 61 NF 41ST STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 10.000 JEWISH COMMUNITY 59-0637867 IGENERAL SUPPORT TO SERVICES ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

735 NF 125TH STREET NORTH MIAMI, FL 33161

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10028

IORGANIZATION 27-1260407 501 (C) (3) 10.000 JEWISH LATIN CENTER NYC IGENERAL SUPPORT TO ICARRY OUT THE

306 EAST 81 STREET

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

BOSTON, MA 02130

| FLOOR NEW YORK, NY 100215093 | | | | | ORGANIZATION |
|---------------------------------|------------|-------------|--------|--|--------------------|
| 42 EAST 69TH STREET 4TH | | | | | MISSION OF THE |
| YORK) | | | | | CARRY OUT THE |
| JEWISH NATIONAL FUND (NEW | 13-1659627 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO |

MISSION OF THE

ORGANIZATION

KESHET INC 48-1278664 10,000 IGENERAL SUPPORT TO 501 (C) (3) 284 AMORY STREET SUITE 4 ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 10.000 KOLLEL SHAS KEREN 13-3911384 IGENERAL SUPPORT TO HATORAH INC ICARRY OUT THE 5 WIENER DRIVE IMISSION OF THE MONSEY, NY 10952 IORGANIZATION

IGENERAL SUPPORT TO

ICARRY OUT THE

MISSION OF THE ORGANIZATION

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

74-3062098

KSPACE

3575 NE 207 STREET

AVENTURA, FL 33180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10022

| LOTUS ENDOWMENT FUND 1311 CAPRI STREET CORAL GABLES, FL 33134 | 92-0233563 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| LUNG CANCER RESEARCH FOUNDATION 155 EAST 55TH STREET SUITE 6H | 14-1935776 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) MECHON HADAD 26-4412164 EU1 (C) (3) 10 0001 GENERAL SUPPORT TO

IMISSION OF THE

IORGANIZATION

| 190 AMSTERDAM AVENUE NEW YORK, NY 10023 | 20-4412104 | 501 (C) (3) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| MILWALIZEE IEWICH | 20.0006212 | E01 (C) (3) | 10.000 | | CENERAL CURRORT TO |

IGENERAL SUPPORT TO MILWAUKEE JEWISH 39-0806312 501 (C) (3)| 10,000 FEDERATION ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1360 NORTH PROSPECT

MILWAUKEE, WI 53202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash other) or government assistance 26 2500706 EQ4 (Q) (Q) 40.000 CENTER AL CLIPPORT TO

| 5007 PROVIDENCE ROAD SUITE E216 CHARLOTTE, NC 28226 | 26-2599/86 | 501 (C) (3) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|--------|--|---|
| MT SINAI MEDICAL CENTER | 59-1711400 | 501 (C) (3) | 10.000 | | GENERAL SUPPORT TO |

MISSION OF THE

ORGANIZATION

MT SINAL MEDICAL CENTER 59-1/11400 501 (C) (3)| 10,000 FOUNDATION ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4300 ALTON ROAD SUITE 100

MIAMI BEACH, FL 33140

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) NACHALAT MOSHE INC. 11-2668887 501 (C) (3) 10.000 IGENERAL SUPPORT TO 1548 EAST 10TH STREET ICARRY OUT THE MISSION OF THE

| BROOKLYN, NY 11230 | | | | |
|--------------------|------------|-------------|--------|--|
| OR HACHAYIM INC | 13-6181949 | 501 (C) (3) | 10,000 | |

2132 84TH STREET

BROOKLYN, NY 11214

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION GENERAL SUPPORT TO

ICARRY OUT THE

MISSION OF THE ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 10.000 PARDES INSTITUTE OF 22-2594099 IGENERAL SUPPORT TO 1EWISH STUDIES CARRY OUT THE TON OF THE

IMISSION OF THE IORGANIZATION

| 404 5TH AVENUE SUITE 7013 NEW YORK, NY 10018 | | | | | MISSIO ORGANI |
|---|------------|-------------|--------|--|------------------|
| PARK AVENUE SYNAGOGUE | 13-1860028 | 501 (C) (3) | 10.000 | | GENERA |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10128

NIZATION RAL SUPPORT TO 50 EAST 87TH STREET ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) POSNACK HOCHBERG LOWER 59-1606514 501 (C) (3) 10,000 GENERAL SUPPORT TO CARRY OUT THE SCHOOL

NEW YORK, NY 10019

| 5810 S PINE ISLAND ROAD SUITE A DAVIE, FL 33328 | | | | | MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| PRIZMAH CENTER FOR JEWISH DAY SCHOOLS 254 WEST 54TH STREET 11TH FLOOR | 81-1750864 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) SCHECK HILLEL COMMUNITY 59-1296635 501 (C) (3) 10 0001 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| SCHOOL 19000 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | 33 1230033 | 301 (6) (3) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| 33180 | | | | | |
| SHUL OF BAL HARBOUR | 59-2302315 | 501 (C) (3) | 10 000 | | GENERAL SUPPORT T |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SURFSIDE, FL 33154

201 (C) (3) 10,000 9540 COLLINS AVENUE ICARRY OUT THE

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant non-cash assistance organization if applicable (book, FMV, appraisal, or assistance arant cash or aovernment assistance other) SOUTH FLORIDA PBS 59-0737868 501 (C) (3) 10.000 IGENERAL SUPPORT TO ICARRY OUT THE

ORGANIZATION

PO BOX 610002 MIAMI, FL 33181 MISSION OF THE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IORGANIZATION STORM KING ART CENTER 14-1457573 501 (C) (3) 10.000 GENERAL SUPPORT TO 1 MUSEUM ROAD ICARRY OUT THE WINDSOR, NY 12553 MISSION OF THE

(b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| TEMPLE BETH SHOLOM-MIAMI | 59-0714828 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO |
|---------------------------|------------|-------------|--------|--|--------------------|
| BEACH | | | | | CARRY OUT THE |
| 4144 CHASE AVENUE | | | | | MISSION OF THE |
| MIAMI BEACH, FL 33140 | | | | | ORGANIZATION |
| THE JEWICH FEDERATIONS OF | 12 1624240 | F01 (C) (2) | 10.000 | | CENERAL CURRORT TO |

MISSION OF THE

ORGANIZATION

THE JEWISH FEDERATIONS OF 13-1624240 501 (C) (3) 10,000 IGENERAL SUPPORT TO NORTH AMERICA ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

25 BROADWAY SUITE 1700

NEW YORK, NY 100041010

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CE 0350357 EQ4 (Q) (Q) 40 000

IMISSION OF THE

IORGANIZATION

| | | | | 1 | 1 | |
|----------------------------|------------|-------------|--------|---|---|--------------------|
| · | | | | | | ORGANIZATION |
| MIAMI, FL 33128 | | | | | | MISSION OF THE |
| 40 NW 3RD STREET SUITE 305 | | | | | | CARRY OUT THE |
| THE MIAMI FOUNDATION INC. | 65-035035/ | 501 (C) (3) | 10,000 | | | IGENERAL SUPPORT T |

10.000 IGENERAL SUPPORT TO THE SUNDARI FOUNDATION 81-0652266 501 (C) (3) INC ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

217 NW 15TH ST

MIAMI, FL 33136

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) LIJA FEDERATION OF NEW 51-0172429 501 (C) (3) 10 0001 GENERAL SUPPORT TO

MEMORIAL MUSEUM

ALBERT LEA, MN 560078023

PO BOX 7023

| YORK 130 EAST 59TH STREET NEW YORK, NY 10022 | 31 01/2423 | 301 (0) (3) | 10,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|--------|--|---|
| UNITED STATES HOLOCAUST | 52-1309391 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) UNITED WAY OF MIAMI-DADE 59-0830840 501 (C) (3) 10.000 GENERAL SUPPORT TO COUNTY ICARRY OUT THE IMISSION OF THE

| AVENUE MIAMI, FL 331292712 | | | | ORGANIZATION |
|--|-------------|--------|--|---|
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW SUITE 500 | 501 (C) (3) | 10,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

WASHINGTON, DC 20036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 10.000 YESHIVA ELEMENTARY 65-0063045 IGENERAL SUPPORT TO SCHOOL ICARRY OUT THE 7902 CARLYLE AVENUE IMISSION OF THE

MIAMI BEACH, FL 33141

IORGANIZATION

IORGANIZATION

20-3273423 501 (C) (3) 10.000 YESHIVAS DORESH IGENERAL SUPPORT TO 2636 NW 205TH STREET ICARRY OUT THE AVENTURA, FL 33180 IMISSION OF THE

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

(e) Amount of non-

CENEDAL SUBBOOK TO

ORGANIZATION

| RESEARCH 15 WEST 16TH STREET | 13-1041002 | 301 (C) (3) | 10,000 | | CARRY OUT THE MISSION OF THE |
|------------------------------|------------|-------------|--------|--|---------------------------------|
| NEW YORK, NY 10011 | | | | | ORGANIZATION |
| VOLING TORACL OF BAL | 6E 000E070 | E01 (C) (3) | 10.000 | | CENERAL CURRORT TO |

YOUNG ISKAEL OF BAL 65-0905878 501 (C) (3)| 10,000 IGENERAL SUPPORT TO HARBOUR ICARRY OUT THE 9580 ABBOTT AVENUE MISSION OF THE

10 0001

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EU1 (C) (3)

(c) IRC section

12-16/1092

(a) Name and address of

VIVO INCTITUTE FOR JEWICH

SURFSIDE, FL 331545985

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NORTH MIAMI, FL 33181

| JEWISH COMMUNITY SERVICES 735 NE 125TH STREET NORTH MIAMI, FL 33161 | 59-0637867 | 501 (C) (3) | 9,934 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| CHABAD LUBAVITCH OF NORTH MIAMI 12550 BISCAYNE BLVD SUITE 310 | 65-1124450 | 501 (C) (3) | 9,800 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 46 4404070 EQ4 (Q) (Q) 0.000

MISSION OF THE

ORGANIZATION

| 19582 EMBASSY CT NORTH MIAMI BEACH, FL 33179 | 46-4404979 | 501 (C) (3) | 9,800 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| JEWISH COMMUNITY | 59-0637867 | 501 (C) (3) | 9.367 | | GENERAL SUPPORT TO |

JEWISH COMMUNITY 59-0637867 9,367 501 (C) (3) SERVICES ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

735 NE 125TH STREET

NORTH MIAMI, FL 33161

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other)

IMISSION OF THE

IORGANIZATION

| COMMON GROUND FARM INC PO BOX 148 BEACON, NY 12508 | 01-0574675 | 501 (C) (3) | 9,228 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| | | | | | |

23-7047106 501 (C) (3) 9.228 FLORIDA INTERNATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

301 WASHINGTON AVE

MIAMI BEACH, FL 33139

IGENERAL SUPPORT TO UNIVERSITY FOUNDATION INC. ICARRY OUT THE

(c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PLANNED PARENTHOOD 04-2698497 501 (C) (3) 9,228 GENERAL SUPPORT TO

ORGANIZATION

| LEAGUE OF MASSACHUSETTS INC 1055 COMMONWEALTH AVENUE BOSTON, MA 02215 | | ,,,,, | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| HONEST REPORTING | 06-1611859 | 501 (C) (3) | 9,018 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

NEW YORK, NY 10022

(b) EIN

SUPPORT TO 165 EAST 56TH STREET 2ND ICARRY OUT THE FLOOR MISSION OF THE

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) AMEDICAN EDIENDS OF CE 1210010 EO1 (C) (3) 0.000 IGENERAL SUPPORT TO

(e) Amount of non-

ORGANIZATION

| DETU TODALI CONCDECATION | F0 27F0200 | F01 (C) (2) | 0.000 | | CENERAL CURRORT |
|--|------------|-------------|-------|--|-----------------------------|
| 320 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10001 | | | | | MISSION OF THE ORGANIZATION |
| YIRGUN YRA | 65-1319818 | 501 (C) (3) | 9,000 | | CARRY OUT THE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

NORTH MIAMI BEACH, FL

33180

ANIZATION IGENERAL SUPPORT TO BETH TORAH CONGREGATION 59-2750308 501 (C) (3) 9,0001 BENNY ROK CAMPUS ICARRY OUT THE MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 0.000

CENTERAL CURRORT TO

MISSION OF THE

ORGANIZATION

| 165 EAST 56TH STREET 2ND FLOOR NEW YORK, NY 10022 | 00-1011039 | 501 (C) (3) | 9,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| OR HADDASH INSTITUTION | 20-4958881 | 501 (C) (3) | 9.000 | | GENERAL SUPPORT TO |

OK DADDASH INSTITUTION ZU-4930001 201 (C) (3) 9,000 INC ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EO1 (C) (3)

OC 16110E0

LIGHTEST DEPORTING

350 5TH AVENUE 59 FLOOR

NEW YORK, NY 10118

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

NEW YORK, NY 10115

| YCT RABBINICAL SCHOOL 3700 HENRY HUDSON PARKWAY SECOND FLOOR RIVERDALE, NY 10463 | 13-4159739 | 501 (C) (3) | 9,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| ZAMER CHORAL FOUNDATION | 12 6217007 | Fot (6) (2) | 0.007 | | CENERAL CURRORT TO |

ORGANIZATION

ZAMIR CHORAL FOUNDATION 13-6217087 501 (C) (3) 8,987 IGENERAL SUPPORT TO 475 RIVERSIDE DRIVE SUITE ICARRY OUT THE 1948 IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FTC INTERNATIONAL INC 20-0793506 501 (C) (3) 8.600 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| 220 N ZAPATA HIGHWAY SUITE 11A LAREDO, TX 78043 | | | , i | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| AMERICAN FRIENDS OF | 65-1319818 | 501 (C) (3) | 8.500 | | GENERAL SUPPORT TO |

YIRGUN YRA ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

320 FIFTH AVENUE 3RD FLOOR

NEW YORK, NY 10001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NORTH MIAMI, FL 33181

| CHABAD AT MIDTOWN 3050 BISCAYNE BLVD SUITE 100 MIAMI, FL 33137 | 20-0382142 | 501 (C) (3) | 8,500 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| CHABAD LUBAVITCH OF NORTH MIAMI 12550 BISCAYNE BLVD SUITE 310 | 65-1124450 | 501 (C) (3) | 8,500 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| CENTER FOR THE ADVANCEMENT OF JEWISH EDUCATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137 | 59-0624373 | 501 (C) (3) | 8,333 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| DETU TODALI CONCDECATION | FO 27F0200 | F01 (C) (2) | 0.000 | | CENEDAL CURRORT TO |

IMISSION OF THE

ORGANIZATION

BETH TORAH CONGREGATION 59-2750308 501 (C) (3) 8,0001 IGENERAL SUPPORT TO BENNY ROK CAMPUS ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI BEACH, FL

33180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 8.0001 KOLLEL SHAS KEREN 13-3911384 IGENERAL SUPPORT TO HATORAH INC ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

5 WIENER DRIVE MONSEY, NY 10952 43-0653611

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ST LOUIS, MO 63130

IORGANIZATION 501 (C) (3) 8.0001 WASHINGTON UNIVERSITY IGENERAL SUPPORT TO ONE BROOKINGS DRIVE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JEWISH COMMUNITY 59-0637867 501 (C) (3) 7 775 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| JEWICH COMMUNITY | E0 0637967 | E01 (C) (3) | 7 771 | | CENERAL CURRORS |
|--|------------|-------------|-------|--|-----------------------------|
| 735 NE 125TH STREET NORTH MIAMI, FL 33161 | | | | | MISSION OF THE ORGANIZATION |
| SERVICES | | | , i | | CARRY OUT THE |
| j sevrisii commontii | 33 003/00/ | 301 (0) (3) | ,,,,, | | LOCKING SOLLOW |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

735 NE 125TH STREET

NORTH MIAMI, FL 33161

TON OF THE ANIZATION IGENERAL SUPPORT TO JEWISH COMMUNITY 59-063/86/ 501 (C) (3)| 7,//1 SERVICES ICARRY OUT THE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) YODEAH INC 83-1822649 501 (C) (3) 7.700 IGENERAL SUPPORT TO 2834 REGATTA AVENUE ICARRY OUT THE MIAMI BEACH, FL 33140 MISSION OF THE

MISSION OF THE ORGANIZATION

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33136

IORGANIZATION CAMTLLUS HOUSE 65-0032862 501 (C) (3) 7.500l GENERAL SUPPORT TO 1603 NW 7TH AVENUE ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

FLOOR

NEW YORK, NY 10022

| | | 1 | l . | l . | |
|--|------------|-------------|-------|-----|---|
| ALEPH INSTITUTE 9540 COLLINS AVENUE SURFSIDE, FL 33154 | 59-2291627 | 501 (C) (3) | 7,200 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
| AMERICAN FRIENDS OF BAR ILAN UNIVERSITY 160 EAST 56TH STREET 5TH | 13-6192275 | 501 (C) (3) | 7,200 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

ORGANIZATION

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

GENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

BAIS HAVAAD I INVONET

CAROLINA, PR 00979

26-3711474

| MISHPAT 105 RIVER AVENUE SUITE 301 LAKEWOOD, NJ 08701 | 20-3711474 | 301 (0) (3) | 7,200 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|--|
| CHABAD LUBAVITCH OF PUERTO RICO INC 5900 ISLA VERDE AVENUE L-2 PMB 122 | 66-0564786 | 501 (C) (3) | 7,200 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

7 2001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

| CHABAD AT MIDTOWN 3050 BISCAYNE BLVD SUITE 100 MIAMI, FL 33137 | 20-0382142 | 501 (C) (3) | 7,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| FRIENDS OF THE ISRAEL | 13-3156445 | 501 (C) (3) | 7,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

LKIENDO OL THE TOKAEL 13-3130443 DEFENSE FORCES INC

1801 NE 123RD STREET

NORTH BEACH, FL 33181

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BETH TORAH CONGREGATION 59-2750308 501 (C) (3) 6.850 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| BENNY ROK CAMPUS NORTH MIAMI BEACH, FL 33180 | | (/(/ | -, | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| AMERICAN JEWISH | 13-5563393 | 501 (C) (3) | 6,600 | | GENERAL SUPPORT TO |

COMMITTEE (MIAMI CHAPTER) ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 164706

MIAMI, FL 33116

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) BAPTIST HEALTH FOUNDATION 59-1923401 501 (C) (3) 6.500 IGENERAL SUPPORT TO 6855 RED ROAD SUITE 600 ICARRY OUT THE MISSION OF THE

ICARRY OUT THE

MISSION OF THE ORGANIZATION

6855 RED ROAD SUITE 600

CORAL GABLES, FL 33143

MISSION OF THE

ORGANIZATION

BETH ISRAEL CONGREGATION 65-0098928 501 (C) (3) 6,500

GENERAL SUPPORT TO

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

770 WEST 40TH STREET

MIAMI BEACH, FL 33140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 82-1672519 501 (C) (3) 6.250 NF FORWARD IGENERAL SUPPORT TO 1074 WOODWARD AVE ICARRY OUT THE

IORGANIZATION

IMISSION OF THE DETROIT, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33140

59-0714828 501 (C) (3) 6.150 TEMPLE BETH SHOLOM-MIAMI BEACH

IORGANIZATION GENERAL SUPPORT TO ICARRY OUT THE 4144 CHASE AVENUE IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization (book, FMV, appraisal, non-cash assistance if applicable grant cash or assistance or government assistance other) 65-0394819 501 (C) (3) 6.000 BEIT DAVID HIGHLAND LAKES IGENERAL SUPPORT TO SHUL ICARRY OUT THE IMISSION OF THE

IMISSION OF THE IORGANIZATION

2600 NE 209TH STREET AVENTURA, FL 33180

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WASHINGTON, DC 20001

IORGANIZATION HILLEL INTERNATIONAL 501 (C) (3) 6.000 GENERAL SUPPORT TO 52-1844823 800 EIGHTH STREET NW ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 52-1758796 501 (C) (3) 6.000 UNIVERSITY OF MIAMI HILLEL IGENERAL SUPPORT TO OUT THE

IMISSION OF THE

IORGANIZATION

| 1100 STANFORD DRIVE CORAL GABLES, FL 33146 | | | | | CARRY O MISSION ORGANI |
|---|------------|-------------|-------|--|------------------------------|
| YESHIVA WOLOZIN BNEI BRAK | 13-6222762 | 501 (C) (3) | 6 000 | | GENERA |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1778 FAST 15TH STREET

BROOKLYN, NY 11229

ON OF THE 301 (0) (3)

NIZATION GENERAL SUPPORT TO ISRAEL INC ICARRY OUT THE

organization or government if applicable grant cash assistance or government (book, FMV, appraisal, other) or assistance or assi

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CARRY OUT THE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

401 SOUTH LASALLE STREET

WHIPPANY, NJ 07981

(b) EIN

| SUITE 9-770 CHICAGO, IL 60605 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| AMERICAN FRIENDS OF UNITED JEWISH APPEAL OF GREATER TORONTO INC 200 JEFFERSON PARKS SUITE 400 | 81-2616888 | 501 (C) (3) | 5,590 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) TEMPLE BETH AM (MIAMI) 59-0855408 501 (C) (3) 5.590 IGENERAL SUPPORT TO 5950 N KENDALL DRIVE ICARRY OUT THE

IORGANIZATION

MIAMI, FL 331562068 IMISSION OF THE IORGANIZATION

59-2500437 501 (C) (3) 5.500 GENERAL SUPPORT TO BET SHIRA CONGREGATION (MIAMI) ICARRY OUT THE

7500 SW 120TH STREET IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PINECREST, FL 33156

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) TEMPLE BETH AM (MIAMI) 59-0855408 501 (C) (3) 5.500 IGENERAL SUPPORT TO 5950 N KENDALL DRIVE ICARRY OUT THE MIAMI, FL 331562068 MISSION OF THE

MISSION OF THE ORGANIZATION

59-2291627 ALEPH INSTITUTE

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SURFSIDE, FL 33154

IORGANIZATION 501 (C) (3) 5.400 GENERAL SUPPORT TO ICARRY OUT THE

9540 COLLINS AVENUE

(a) Name and address of (e) Amount of non-(b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) CENTRAL FUND OF ISRAEL 13-2992985 501 (C) (3) 5.400 IGENERAL SUPPORT TO 461 CENTRAL AVENUE ICARRY OUT THE CEDARHURST, NY 11516 MISSION OF THE

5.400

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501 (C) (3)

CEDARHURST, NY 11516

CHABAD HOUSE AT HARVARD

CAMBRIDGE, MA 02138

38 BANKS STREET

04-3425635

MISSION OF THE ORGANIZATION

GENERAL SUPPORT TO

ICARRY OUT THE

MISSION OF THE ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CHARAD LUBAVITCH OF 66-0564786 501 (C) (3) 5 400l GENERAL SUPPORT TO

806 EASTERN PARKWAY

BROOKLYN, NY 11213

| PUERTO RICO INC 5900 ISLA VERDE AVE L-2 PMB | 00 0304700 | 301 (c) (3) | 3,400 | | CARRY OUT THE MISSION OF THE |
|--|------------|-------------|-------|--|---------------------------------|
| 122 CAROLINA, PR 00979 | | | | | ORGANIZATION |
| COLEL CHABAD | 11-3254483 | 501 (C) (3) | 5,400 | | GENERAL SUPPORT TO |

CARRY OUT THE MISSION OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) CROWN HEIGHTS CHEVRA 20-0780201 501 (C) (3) 5.400 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| SIMCHAS SHABBOS 593 MONTGOMERY ST BROOKLYN, NY 11255 | | | · | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| CROWN HEIGHTS CHEVRA | 20-0780201 | 501 (C) (3) | 5.400 | | GENERAL SUPPORT TO |

SIMCHAS SHABBOS ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

770 EASTERN PARKWAY

BROOKLYN, NY 11213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) FRIENDS OF THE ISRAEL 13-3156445 501 (C) (3) 5,400 GENERAL SUPPORT TO DEFENSE FORCES INC ICARRY OUT THE

301

NORTH MIAMI, FL 33181

| 301 NORTH BEACH, FL 33181 | | | | | ORGANIZATION |
|---|------------|-------------|-------|--|---|
| FRIENDS OF THE ISRAEL DEFENSE FORCES INC 1801 NE 123RD STREET SUITE | 13-3156445 | 501 (C) (3) | 5,400 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) 20-1651102 501 (C) (3) 5 4001 HASBARA FELLOWSHIPS IGENERAL SUPPORT TO

IMISSION OF THE

ORGANIZATION

| 313 WEST 83RD STREET NEW YORK, NY 10024 | | | 2,133 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| 1EWISH FEDERATION OF | 22-1487222 | 501 (C) (3) | 5.400 | | CENEDAL SLIDDORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

901 ROUTE 10 PO BOX 929

WHIPPANY. NJ 07981

IGENERAL SUPPORT TO JEWISH FEDERALION OF ZZ-140/ZZZ 201 (C) (3) 5,400 GREATER METROWEST NJ ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 13-2509155 501 (C) (3) 5.400 LINCOLN SQUARE SYNAGOGUE IGENERAL SUPPORT TO

IMISSION OF THE

IORGANIZATION

180 AMSTERDAM AVENUE ICARRY OUT THE NEW YORK, NY 10023

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

770 FASTERN PARKWAY BROOKLYN, NY 11213

IMISSION OF THE IORGANIZATION 13-4101112 501 (C) (3) 5.400 GENERAL SUPPORT TO LUBAVITCH YOUTH ORGANIZATION ICARRY OUT THE

(a) Name and address of (b) EIN (e) Amount of non-(f) Method of valuation (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) 36-4428246 501 (C) (3) 5.400 PROJECT EXTREME IGENERAL SUPPORT TO 335 CENTRAL AVENUE ICARRY OUT THE LAWRENCE, NY 11559 MISSION OF THE

MISSION OF THE ORGANIZATION

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI BEACH, FL 33141

IORGANIZATION TEMPLE MENORAH 59-0737893 501 (C) (3) 5.400 GENERAL SUPPORT TO 620 75TH STREET ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

MISSION OF THE

ORGANIZATION

| 18801 NE 22ND AVENUE MIAMI, FL 33180 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|-----------------------------|
| DADE TEMPLE SINAL OF NORTH | 59-0903811 | 501 (C) (3) | 5,400 | | CARRY OUT THE |

TOMCHE SHABBOS 65-0421128 5.400 501 (C) (3) IGENERAL SUPPORT TO 910 NE 177 ST ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NORTH MIAMI BEACH, FL

33162

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TOMCHEI SHABBOS OF 83-2155012 501 (C) (3) 5,400 GENERAL SUPPORT TO

| FLORIDA CORP 1728 NE MIAMI GARDENS DR 114 NORTH MIMAI BEACH, FL 33179 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| YCT RABBINICAL SCHOOL | 13-4159739 | 501 (C) (3) | 5,400 | | GENERAL SUPPORT TO |

MISSION OF THE PARKWAY SECOND FLOOR ORGANIZATION RIVERDALE, NY 10463

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) TEMPLE JUDEA (CORAL 59-0791048 501 (C) (3) 5 381 IGENERAL SUPPORT TO

MISSION OF THE

ORGANIZATION

| GABLES) 5500 GRANADA BOULEVARD CORAL GABLES, FL 33146 | 33 37313 13 | 301 (0) | 3,331 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|-------------|-------------|-------|--|---|
| 1EWISH COMMUNITY | 59-0637867 | 501 (C) (3) | 5.378 | | GENERAL SUPPORT |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

735 NE 125TH STREET

NORTH MIAMI, FL 33161

TON OF THE ANIZATION IERAL SUPPORT TO 301 (C) (3) SERVICES ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

AVENUE

MIAMI, FL 331292712

| MIAMI JEWISH HEALTH SYSTEMS 5200 NE 2ND AVENUE MIAMI, FL 33137 | 59-0624414 | 501 (C) (3) | 5,015 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD | 59-0830840 | 501 (C) (3) | 5,002 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 65-0879644 501 (C) (3) 5,000 AGUDATH ISRAEL OF SOUTH IGENERAL SUPPORT TO Y OUT THE TON OF THE

IMISSION OF THE IORGANIZATION

| AVENTURA, FL 33180 | | | | ORGANIZATION |
|--------------------|--|--|--|----------------|
| 20735 NE 31 PLACE | | | | MISSION OF THE |
| FLORIDA INC | | | | CARRY OUT THE |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10022

81-1236747 501 (C) (3) 5.000 IGENERAL SUPPORT TO ALGEMEINER INC 208 EAST 51ST ST SUITE 185 ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 03-0385999 501 (C) (3) 5.000 AMERICAN FRIENDS OF TEN GENERAL SUPPORT TO YAD BRAZIL ICARRY OUT THE MISSION OF THE

553 MONTGOMERY ST
BROOKLYN, NY 11225

AMERICAN FRIENDS OF
YESHIVA HIGH SCHOOL OF
KIRYAT ARBA INC
84 BROADWAY GROUND
FLOOR

MISSION OF THE
ORGANIZATION

5,000

GENERAL SUPPORT TO
CARRY OUT THE
MISSION OF THE
ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BROOKLYN, NY 11249

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

LAKEWOOD, NJ 08701

| AMERICAN JEWISH COMMITTEE (NY) 165 E 56TH STREET 8TH FLOOR NEW YORK, NY 100222746 | 13-5563393 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| AMEDICAN IEWICH | 12 5562202 | Fot (C) (2) | Г 000 | | CENTER AL CURRORT TO |

ORGANIZATION

501 (C) (3) 5,000 IGENERAL SUPPORT TO BAIS HAVAAD LINYONEI 26-3711474 MISHPAT ICARRY OUT THE 105 RIVER AVENUE SUITE 301 IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 5.000 BAIS YAAKOV OF MIAMI 59-2335606 IGENERAL SUPPORT TO 1110 NE 163RD STREET ICARRY OUT THE

IORGANIZATION

MIAMI, FL 33162

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PITTSFIELD, MA 01201

IMISSION OF THE IORGANIZATION 04-3263298 501 (C) (3) 5.000 GENERAL SUPPORT TO BARRINGTON STAGE COMPANY ICARRY OUT THE

122 NORTH STREET IMISSION OF THE

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| BEIT DAVID HIGHLAND LAKES SHUL 2600 NE 209TH STREET AVENTURA, FL 33180 | 65-0394819 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|--|
| BIRTHRIGHT ISRAEL | 13-4092050 | 501 (C) (3) | 5.000 | | GENERAL SUPPORT TO |

MISSION OF THE

ORGANIZATION

BIRTHRIGHT ISRAEL 13-4092050 501 (C) (3) 5,000 FOUNDATION ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

PO BOX 21615

NEW YORK, NY 10087

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 22-3533924 501 (C) (3) 5.000 BNOS YAAKOV ELEMENTARY IGENERAL SUPPORT TO

2 KENT ROAD ICARRY OUT THE LAKEWOOD, NJ 08701 IMISSION OF THE IORGANIZATION 11-5324002 501 (C) (3) 5.000 GENERAL SUPPORT TO BOYS TOWN JERUSALEM SE

IORGANIZATION

REGION ICARRY OUT THE 5846 S FLAMINGO ROAD 304 IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

COOPER CITY, FL 33330

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CENTER FOR THE 59-0624373 501 (C) (3) 5,000 GENERAL SUPPORT TO

| EDUCATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|--------------------------------|
| CHABAD CENTER OF KENDALL | 65-0667380 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

MISSION OF THE

ORGANIZATION

8700 S W 112TH STREET ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33176

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| CHABAD JEWISH CENTER OF OAKLAND 3014 LAKESHORE AVENUE | 20-5631408 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |
|---|------------|-------------|-------|--|---|
| OAKLAND, CA 94610 | | | | | ORGANIZATION |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

501 (C) (3) 5.000 CHAI LIFELINE 11-2940331 IGENERAL SUPPORT TO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2699 STIRLING RD SUITE

FT LAUDERDALE, FL 33312

B303

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

| | | == : :=> :=> | | | |
|-----------------------------------|------------|--------------|-------|--|-----------------------------|
| CENTER FT LAUDERDALE, FL 33312 | | | | | MISSION OF THE ORGANIZATION |
| LASKO FAMILY SERVICE | | | • | | CARRY OUT THE |
| CHAI LIFELINE | 11-2940331 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

MISSION OF THE

ORGANIZATION

5.0001 CONGREGATION OHAV 13-1813810 501 (C) (3) IGENERAL SUPPORT TO SHOLOM ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

270 WEST 84TH STREET

NEW YORK, NY 10024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) CONGREGATION TORAH 59-2526866 501 (C) (3) 5,000 IGENERAL SUPPORT TO

| VE'EMUNAH 1000 NE 175TH STREET NORTH MIAMI BEACH, FL 33162 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|-----------------------------|
| DEGANTA FOUNDATION INC | 83-3496181 | 501 (C) (3) | 5 000 | | GENERAL SUPPORT TO |

IORGANIZATION

201 (C) (3) 3,000 1761 NE 197TH TERRACE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ICARRY OUT THE MISSION OF THE MIAMI, FL 33179

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 5.000 FIU FOUNDATION INC 23-7047106 IGENERAL SUPPORT TO ICARRY OUT THE

IMISSION OF THE

IORGANIZATION

11200 SW 8TH STREET MIAMI, FL 33199

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3575 NE 207 STREET AVENTURA, FL 33180

IMISSION OF THE IORGANIZATION 74-3062098 501 (C) (3) 5.000 GENERAL SUPPORT TO FRIENDS OF CHABAD LUBAVITCH BOLIVIA ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FRIENDS OF THE ISRAEL 13-3156445 501 (C) (3) 5,000 IGENERAL SUPPORT TO

NORTH BEACH, FL 33181

| DEFENSE FORCES 60 EAST 42ND STREET NEW YORK, NY 10165 | | | | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| FRIENDS OF THE ISRAEL DEFENSE FORCES INC 1801 NE 123RD STREET SUITE 301 | 13-3156445 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(e) Amount of non-(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10022

| FRIENDS OF THE MARCH OF THE LIVING 7500 SW 120 STREET PINECREST, FL 33156 | 65-1058975 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| FRIENDS OF UNITED HATZALAH INC 208 EAST 51ST STREET SUITE 303 | 11-3533002 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501 (C) (3) 5.000 FRIENDS OF WIRN INC. 23-7365001 IGENERAL SUPPORT TO

IORGANIZATION

169 E FLAGLER STREET ICARRY OUT THE MIAMI, FL 33131 IMISSION OF THE IORGANIZATION 22-3090463 501 (C) (3) 5.000 GENERAL SUPPORT TO FRIENDS OF YEMIN ORDE

4340 EAST WEST HIGHWAY ICARRY OUT THE IMISSION OF THE 202

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BETHESDA, MD 20814

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

| GEMILAS CHESED CHASDEI YITZCHOK 5109 18TH AVENUE BROOKLYN, NY 11204 | 11-2687367 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| GREATER BETH HATZLACAH INC 20401 NE 30TH AVE APT 322 | 11-2611291 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE |

BLDG 8 ORGANIZATION AVENTURA, FL 33180

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other)

MISSION OF THE

ORGANIZATION

| HILLEL AT THE UNIVERSITY OF FLORIDA 2020 W UNIVERSITY AVENUE GAINESVILLE, FL 32603 | 65-1090524 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| INSTITUTE OF | 47-1251523 | 501 (C) (3) | 5.000 | | GENERAL SUPPORT TO |

INSTITUTE OF 47-1251523 501 (C) (3) 5,000 CONTEMPORARY ART ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

61 NE 41ST STREET

MIAMI, FL 33137

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) JACKSON HEALTH 65-0077727 501 (C) (3) 5.000 IGENERAL SUPPORT TO

633 THIRD AVENUE 21ST

NEW YORK, NY 10017

FLOOR

| FOUNDATION 1500 NW 12TH AVENUE SUITE 1117 MIAMI, FL 33136 | 33 33,7,72 | | 5,555 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| JEWISH AGENCY FOR ISRAEL NORTH AMERICA COUNCIL | 23-0053483 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE |

MISSION OF THE

ORGANIZATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) **IEWISH COMMUNITY** 59-0637867 501 (C) (3) 5 0001 GENERAL SUPPORT TO

METROPOLITAN DETROIT

BLOOMFIELD HILLS, MI 48303

6735 TELEGRAPH RD

| SERVICES | 33 333, 337 | | 3,000 | | CARRY OUT THE |
|--|-------------|-------------|-------|--|-----------------------------|
| 735 NE 125TH STREET NORTH MIAMI, FL 33161 | | | | | MISSION OF THE ORGANIZATION |
| JEWISH FEDERATION OF | 38-1359214 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) JEWISH FEDERATION OF 62-6077703 501 (C) (3) 5,000 GENERAL SUPPORT TO NIACHIVILLE 9. CARRY OUT THE

5100 SHERIDAN ST HOLLYWOOD, FL 33021

| MIDDLETENNESSEE 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205 | | | | | MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|----------------------------------|
| JEWISH SCHOOL OF MIAMI CORP | 81-3514481 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE |

MISSION OF THE

ORGANIZATION

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

| BEACHWOOD, OH 44122 | | | | | ORGANIZATION |
|--------------------------|------------|-------------|-------|--|--------------------|
| 2573 LARCHMONT | | | | | MISSION OF THE |
| CHAIM MORDECHAI | | | | | CARRY OUT THE |
| KOLLEL LE'MECHANCHIM-YAD | 34-1812782 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

ORGANIZATION

5.000 LEHRMAN COMMUNITY DAY 65-1119268 501 (C) (3) IGENERAL SUPPORT TO SCHOOL ICARRY OUT THE 727 77TH STREET MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

MIAMI BEACH, FL 33141

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 65-1134780 501 (C) (3) 5.000 LOCUST PROJECTS INC IGENERAL SUPPORT TO

IORGANIZATION

3852 N MIAMI AVE ICARRY OUT THE MIAMI, FL 33127 IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PONCE, PR 00732

IORGANIZATION LUIS A FERRE FOUNDATION 66-0235625 501 (C) (3) 5.000 GENERAL SUPPORT TO INC ICARRY OUT THE PO BOX 9027 IMISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) MIAMI REACH IEWISH 59-2788834 501 (C) (3) 5 0001 GENERAL SUPPORT TO

18900 NE 25TH AVENUE

NORTH MIAMI BEACH, FL

33180

| COMMUNITY CENTER 4221 PINE TREE DRIVE MIAMI BEACH, FL 33140 | 33 2700034 | 301 (0) | 3,500 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| MICHAEL-ANN RUSSELL JCC | 59-2791269 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 26-2599786 501 (C) (3) 5.000 MOISHE HOUSE IGENERAL SUPPORT TO ICARRY OUT THE

IMISSION OF THE

IORGANIZATION

5802 MONROE ROAD CHARLOTTE, NC 28212

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4300 ALTON ROAD

MIAMI BEACH, FL 33140

IMISSION OF THE IORGANIZATION 59-1711400 501 (C) (3) 5.000 GENERAL SUPPORT TO MOUNT SINAI MEDICAL CENTER ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 53-0205923 501 (C) (3) 5.000 NATIONAL SOCIETY OF THE IGENERAL SUPPORT TO DAUGHTERS OF THE ICARRY OUT THE MISSION OF THE AMERICAN REVOLUTION

ORGANIZATION

6901 EDGEWATER DRIVE APT ORGANIZATION 312 CORAL GABLES, FL 33133 NETWORK OF JEWISH HUMAN 13-2752418 501 (C) (3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PARAMUS, NJ 07652

GENERAL SUPPORT TO SERVICE AGENCIES INC ICARRY OUT THE 50 EISENHOWER DRIVE MISSION OF THE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

| NORTH MIAMI BEACH COMMUNITY KOLLEL 990 NE 175TH STREET NORTH MIAMI BEACH, FL 33162 | 46-4360732 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| OCEAN REFE MEDICAL | 65-0443146 | 501 (C) (3) | 5.000 | | GENERAL SUPPORT TO |

ORGANIZATION

201 (C) (3) 5,000 FOUNDATION ICARRY OUT THE 50 BARRACUDA LANE IMISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KEY LARGO, FL 33037

(b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

(e) Amount of non-

CENEDAL SUBBOOK TO

MISSION OF THE

ORGANIZATION

| PRODUCTIONS | 02-0709003 | 301 (0) (3) | 3,000 | | CARRY OUT THE |
|--------------------------|------------|-------------|-------|--|--------------------|
| 5281 SOUTH EMPORIA COURT | | | | | MISSION OF THE |
| GREENWOOD VLG, CO 80111 | | | | | ORGANIZATION |
| OR HADDASH INSTITUTION | 20-4958881 | 501 (C) (3) | 5.000 | | GENERAL SUPPORT TO |

E 0001

OK HADDASH INSTITUTION 20-4958881 501 (C) (3)| 5,000 INC ICARRY OUT THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EU1 (C) (3)

(a) Name and address of

350 5TH AVENUE 59 FLOOR

NEW YORK, NY 10118

92-0700602

OUD HATZACIIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

NEW YORK, NY 10017

| OVERLOOK FOUNDATION 46-48 BEAUVOIR AVENUE SUMMIT, NJ 07901 | 51-0194054 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE 15TH FLOOR | 13-6104086 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (e) Amount of non-(f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (a) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or aovernment assistance other) PARRISH ART MUSEUM 11-1782495 501 (C) (3) 5.000 IGENERAL SUPPORT TO 279 MONTAUK HIGHWAY ICARRY OUT THE WATER MILL, NY 11976 MISSION OF THE

MISSION OF THE ORGANIZATION

PEREZ ART MUSEUM MIAMI 59-2048869 501 (C) (3) 5.000

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33132

IORGANIZATION GENERAL SUPPORT TO 1103 BISCAYNE BLVD ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 33-1049070 501 (C) (3) 5,000 GENERAL SUPPORT TO SAY STUTTERING

MISSION OF THE

ORGANIZATION

| 247 WEST 37TH STREET NEW YORK, NY 10018 SEPHARDI VOICES | 46-3186852 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |
|---|------------|-------------|-------|--|--------------------|
| YOUNG | | | | | MISSION OF THE |

CARRY OUT THE 3273 ALLAMANDA STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MIAMI, FL 33133

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) TEMPLE BETH SHOLOM-MIAMI 59-0714828 501 (C) (3) 5 0001 GENERAL SUPPORT TO

| BEACH 4144 CHASE AVENUE MIAMI BEACH, FL 33140 | 30 07 3 10 3 2 | | -, | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|----------------|-------------|-------|--|---|
| TEMPLE ISRAEL OF GREATER | 59-0683270 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

TEMPLE ISKAEL OF GREATER MIAMI

137 NE 19TH STREET

MIAMI, FL 33132

(b) EIN (c) IRC section (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) TEMPLE TUDEA (CODAL 50-0701049 EU1 (C) (3) E 0001 CENEDAL SUBBOOK TO

(e) Amount of non-

ICARRY OUT THE

ORGANIZATION

MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of

INSTITUTION

CHAUTAUQUA, NY 14722

PO BOX 28

| GABLES) 5500 GRANADA BOULEVARD CORAL GABLES, FL 33146 | 39-0791048 | 301 (C) (3) | 3,000 | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|---|------------|-------------|-------|--|---|
| THE CHAUTAUQUA | 16-6028421 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance THE MIAMI FOUNDATION INC 65-0350357 501 (C) (3) 5.000 GENERAL SUPPORT TO 40 NW 3RD STREET SUITE 305 ICARRY OUT THE MIAMI, FL 33128 MISSION OF THE IORGANIZATION GENERAL SUPPORT TO

TOMCHEI SHABBOS OF 83-2155012 501 (C) (3) 5.000 FLORIDA CORP 1728 NE MIAMI GARDENS DR 114

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CARRY OUT THE MISSION OF THE ORGANIZATION NORTH MIMAI BEACH, FL 33179

(e) Amount of non-(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MIAMI, FL 331292712

| UNION FOR REFORM JUDAISM 633 THIRD AVENUE NEW YORK, NY 10017 | 13-1663143 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| UNITED WAY OF MIAMI-DADE COUNTY 3250 SOUTHWEST THIRD AVENUE | 59-0830840 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) UNIVERSITY OF MIAMI HILLEL 52-1758796 501 (C) (3) 5.000 IGENERAL SUPPORT TO

BRONX, NY 10452

| 1100 STANFORD DRIVE CORAL GABLES, FL 33146 | 00 2700 | | -, | | CARRY OUT THE MISSION OF THE ORGANIZATION |
|--|------------|-------------|-------|--|---|
| WOMEN'S HOUSING & ECONOMIC DEVELOPMENT CORP 50 FAST 168TH STREET | 11-3099604 | 501 (C) (3) | 5,000 | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION |

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 20-2370934 501 (C) (3) 5.000 WOUNDED WARRIOR PROJECT IGENERAL SUPPORT TO 4899 BELFORT ROAD SUITE ICARRY OUT THE IMISSION OF THE

ICARRY OUT THE

IMISSION OF THE IORGANIZATION

300 JACKSONVILLE, FL 32256

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3790 ROYAL PALM AVENUE

MIAMI BEACH, FL 33140

IORGANIZATION 47-1768554 501 (C) (3) 5.000 YEHUDI INC IGENERAL SUPPORT TO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 06-1594648 501 (C) (3) 5.000 YESHIVA GEDOLAH OF IGENERAL SUPPORT TO WATERBURY ICARRY OUT THE

MISSION OF THE

ORGANIZATION

47 BUCKINGHAM STREET MISSION OF THE WATERBURY, CT 06710 YESHIVA HAR TORAH 11-3172538 501 (C) (3) 5.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PARKWAY

LITTLE NECK, NY 11426

IORGANIZATION IGENERAL SUPPORT TO 25010 GRAND CENTRAL ICARRY OUT THE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 22-3803275 501 (C) (3) 5.000 YESHIVA ORCHOS CHAIM IGENERAL SUPPORT TO

410 OBERLIN AVENUE ICARRY OUT THE LAKEWOOD, NJ 08701 MISSION OF THE 59-2462426 501 (C) (3) 5.000 YESHIVA TORAS CHAIM 1025 NE MIAMI GARDENS DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ORGANIZATION GENERAL SUPPORT TO ICARRY OUT THE MISSION OF THE NORTH MIAMI BEACH, FL IORGANIZATION 33179

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501 (C) (3) 5.000 YOUNG PATRONESSES OF THE 59-2376906 IGENERAL SUPPORT TO

ICARRY OUT THE

IORGANIZATION

MISSION OF THE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OPERA

1720 ESPANOLA DRIVE

COCONUT GROVE, FL 33133

| efil | e GRAPHIC pr | int - DO NOT PROCESS | As Filed Data | a - | DLN: 93 | 49313 | 37013 | 471 | |
|------------|---|-------------------------------------|------------------------|---|-------------------------|--------------|--------|------|--|
| Sch | edule J | Co | mpensati | ion Information | 0 | MB No. | 1545-0 | 0047 | |
| (For | n 990) | For certain Office | | rustees, Key Employees, and Hig | hest | | | | |
| | | Complete if the org | | ited Employees ered "Yes" on Form 990, Part IV, | , line 23. | 2019 | | | |
| Б | | | ▶ Attach | to Form 990. instructions and the latest inform | | Openi | | | |
| • | tment of the Treasury al Revenue Service | V GO CO <u>www.ms.go</u> | <u>v/101111990</u> 101 | mistractions and the latest infor | nation. | | ectio | | |
| | ne of the organiza EATER MIAMI JEWISH | | | | Employer identifica | tion nu | ımber | | |
| | | | | | 59-0624404 | | | | |
| Pa | rt I Questi | ons Regarding Compensa | tion | | | | T | | |
| 1 a | Check the appro | oniate hoy(es) if the organization | nrovided any of | the following to or for a person liste | d on Form | | Yes | No | |
| | | | | y relevant information regarding the | | | | | |
| | | s or charter travel | | Housing allowance or residence for | personal use | | | | |
| | ✓ Travel for | companions | | Payments for business use of perso | nal residence | | | | |
| | ☐ Tax idemi | nification and gross-up payments | s 📙 | Health or social club dues or initiation | | | | 1 | |
| | ☐ Discretion | nary spending account | Ц | Personal services (e.g., maid, chauf | feur, chef) | | | | |
| b | If any of the box | xes on Line 1a are checked, did | the organization | follow a written policy regarding pay | ment or | | | | |
| | | • | | ve? If "No," complete Part III to expl | ain | 1 b | Yes | | |
| 2 | | | | or allowing expenses incurred by all r, regarding the items checked on Lir | ne 1a? . . | 2 | Yes | | |
| _ | · | | | | | | | | |
| 3 | | | | d to establish the compensation of the not check any boxes for methods | ne | | | | |
| | used by a relate | ed organization to establish comp | pensation of the (| CEO/Executive Director, but explain i | n Part III. | | | | |
| | ✓ Compensa | ation committee | \checkmark | Written employment contract | | | | | |
| | ✓ Independent | ent compensation consultant | \checkmark | Compensation survey or study | | | | 1 | |
| | ☐ Form 990 | of other organizations | \checkmark | Approval by the board or compensa | tion committee | | | | |
| 4 | During the year related organiza | | 990, Part VII, Se | ction A, line 1a, with respect to the f | iling organization or a | | | | |
| а | Receive a sever | ance payment or change-of-cont | trol payment? . | | | 4a | | No | |
| b | Participate in, o | r receive payment from, a suppl | emental nonqual | ified retirement plan? | | 4b | | No | |
| c | | ' ' ' | , | nsation arrangement? | | 4c | | No | |
| | If "Yes" to any o | of lines 4a-c, list the persons and | provide the app | licable amounts for each item in Part | t III. | | | | |
| | Only 501(c)(3 |), 501(c)(4), and 501(c)(29) | organizations | must complete lines 5-9. | | | | | |
| 5 | | | | the organization pay or accrue any | | | | | |
| | • | ontingent on the revenues of: | | | | | | | |
| a | | 1? | | | | 5a | | No | |
| b | | anization? | | | | 5b | | No | |
| 6 | For persons liste | , | | the organization pay or accrue any | | | | | |
| а | The organization | n? | | | | 6a | | No | |
| b | - | | | | | 6 b | | No | |
| | | 6a or 6b, describe in Part III. | | | | | | | |
| 7 | | | | the organization provide any nonfixe rt III | | 7 | | No | |
| 8 | subject to the in | nitial contract exception describe | d in Regulations | red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do | | | | | |
| 9 | If "Yes" on line | 8, did the organization also follo | w the rebuttable | presumption procedure described in | Regulations section | 8 | | No | |
| For F | | iction Act Notice, see the Ins | | | 50053T Schedule | 9 I (Forn | 1 990) | 2019 | |

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 are not listed on Form 990, Part VII.

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

| Note. The sum of column | s (B) |)(i)-(iii) for each listed ind | dividual must equal the to | tal amount of Form 990, | Part VII, Section A, line 1 | la, applicable column (D) | and (E) amounts for tha | t individual. |
|--|-------|--------------------------------|-------------------------------------|---|--------------------------------|---------------------------|-------------------------|---|
| (A) Name and Title | | (B) Breakdown | of W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | column (B) reported as deferred on prior Form 990 |
| 1 JACOB SOLOMON PRESIDENT AND CHIEF | (i) | 378,264 | 0 | 173,124 | 211,660 | 58,058 | 821,106 | 173,124 |
| EXECUTIVE OFFICE | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 OKSANA CARDINI CHIEF FINANCIAL OFFICER | (i) | 186,162 | 0 | 0 | 0 | 17,344 | 203,506 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 BONNIE R MECHOULLAM CHIEF MARKETING AND | (i) | 187,842 | 0 | 0 | 0 | 32,034 | 219,876 | 0 |
| COMMUNICATION OF | (ii) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 JEFFREY Y LEVIN CHIEF DEVELOPMENT | (i) | 202,553 | 0 | 0 | 0 | 31,013 | 233,566 | 0 |
| OFFICER | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 MICHELLE LABGOLD CHIEF PLANNING OFFICER | (i) | 178,085 | 0 | 0 | 0 | 12,432 | 190,517 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 STEPHEN LANDE FOUNDATION DIRECTOR, | (i) | 166,453 | 0 | 0 | 0 | 9,935 | 176,388 | 0 |
| FORMER | (ii) | | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 SIMON S KAMINETSKY PHILANTHROPIC GIFT | (i) | 163,552 | 0 | 0 | 0 | 18,879 | 182,431 | 0 |
| DIRECTOR | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 JILL A HAGLER DIRECTOR OF FOUNDATION | (i) | 137,708 | 0 | 0 | 0 | 17,049 | 154,757 | 0 |
| DEVELOPMENT | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | | | | | | Schedule | J (Form 990) 2019 |

| Schedule J (Form 990) 2019 | Page 3 | | | | | | |
|--|--|--|--|--|--|--|--|
| Part III Supplemental Information | | | | | | | |
| Provide the information, explanation, or | 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. | | | | | | |
| Return Reference | Explanation | | | | | | |
| PART I, LINE 1A: | THE CHIEF EXECUTIVE OFFICER IS ALLOWED TWO INTERNATIONAL TRIPS WITH HIS SPOUSE AND THOSE TRIPS ARE TO ISRAEL FOR BUSINESS PURPOSES. | | | | | | |
| · ' | THE CHIEF EXECUTIVE OFFICER'S SALARY IS BASED ON A SALARY STUDY PERFORMED BY A GLOBAL MANAGEMENT CONSULTING FIRM. IT IS ALSO DETERMINED BY COMPARABLE SALARY STUDIES PERFORMED BY THE JEWISH FEDERATIONS OF NORTH AMERICA. | | | | | | |
| SCHEDULE J, PART II, COLUMN B(III) | THE CHIEF EXECUTIVE OFFICER'S REPORTABLE COMPENSATION LISTED IN COLUMN D OF PART VII AND IN COLUMN B(III) OF SCHEDULE J INCLUDES A ONE-TIME PAYMENT OF PREVIOUSLY REPORTED DEFERRED COMPENSATION OF \$173,124 AND ALSO INCLUDES A ONE-TIME PAYMENT OF PREVIOUSLY UNDISTRIBUTED DEFERRED COMPENSATION THAT WAS REPORTED ON THE PRIOR FORM 990 AND PAID CURRENTLY. | | | | | | |

Schedule 1 (Form 990) 2019

| | C print - DO N | OT PROCESS | As File | u Data - | | | | | DL | N: 93 | 4931 | <i>370</i> . | LJT/I |
|--|--|--|---|--|--|---|-------------|------------|--|---------------------------------|-----------------|-------------------------|-------------|
| Schedule L | | Trans | actions | s with In | tereste | d Person | | | | 0 | MB No. | 1545 | -0047 |
| Form 990 or 990 | 0-EZ) ► Comple | ete if the organ | ization ans | wered "Yes | " on Form 9 | 90, Part IV, li | nes 2 | 5a, 2 | 5b, 26 | i, | 20 | 11 | 0 |
| | | 27, 28a, 2 | | or Form 990 to Form 990 | | , line 38a or 4 0-EZ. | ю. | | | | 4 U | / 1 . | 7 |
| epartment of the Tre nternal Revenue Serv | , | Go to <u>www.irs</u> | .gov/Form | <u>990</u> for instr | uctions and | the latest inf | orma | tion. | | | Open i Insp | | |
| Name of the org | ganization EWISH FEDERATION | INC | | | | | En | nploy | er ide | ntifica | ation n | umb | er |
| GREATER MIAMI 3 | EWISHTEDERATION | INC | | | | | 59 | -0624 | 1404 | | | | |
| | ess Benefit Tra | • | | | | • | | - | | | | | |
| • | olete if the organiz | | | | | | | | | | | \ Car | |
| 1 (2 | a) Name of disqua | lified person | (B) K | | tween disquai rganization | lified person an | | | escript Insacti | | | d) Corrected? Yes No | |
| | | | | | | | + | | | | <u> </u> | - | 110 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | + | | | | | | |
| | | | | | | | + | | | | | | |
| 2 Enter the a | amount of tax incu | rred by the orga | nization ma | nagers or disq | ualified perso | ons during the | year u | nder | section | 1 | | | |
| 4958. . . | | | | | | | • | | • | \$ —— | | | |
| 5 Enter the a | amount of tax, if a | iy, on line 2, ab | ove, reimbu | ised by the of | gamzadon . | | • | | | ⊸ | | | |
| Part II Lo | ans to and/or | From Interes | sted Pers | ons | | | | | | | | | |
| | | | | | | | | | | | | | |
| Co | mplete if the orga | nization answere | ed "Yes" on F | Form 990-EZ, | Part V, line 3 | 8a, or Form 99 | 0, Par | t IV, | line 26 | ; or if | the org | aniza | tion |
| Co | mplete if the orga ported an amount (b) Relationship | nization answere on Form 990, Pa (c) Purpose | ed "Yes" on F ert X, line 5, | Form 990-EZ, | | 8a, or Form 99 | (g) | In | (ł | 1) | | aniza) Writ | |
| Co rep (a) Name of interested | orted an amount | nization answere on Form 990, Pa (c) Purpose | ed "Yes" on F ort X, line 5, (d) Loan t | orm 990-EZ, 6, or 22 | (e) Original principal | | (g) | In | (h Approv | i) /ed by | - (i | | ten |
| Co rep (a) Name of | orted an amount (b) Relationship | nization answere on Form 990, Pa (c) Purpose | ed "Yes" on F ort X, line 5, (d) Loan t | Form 990-EZ, 6, or 22 o or from the | (e) Original | (f) Balance | (g) | In | (ł | red by | - (i |) Writ | ten |
| Co rep (a) Name of interested | orted an amount (b) Relationship | nization answere on Form 990, Pa (c) Purpose | ed "Yes" on F ort X, line 5, (d) Loan t | Form 990-EZ, 6, or 22 o or from the | (e) Original principal | (f) Balance | (g) | In | (/ Approv | red by | - (i |) Writ | ten |
| Co rep (a) Name of interested person | orted an amount (b) Relationship | nization answere on Form 990, Pa (c) Purpose | ed "Yes" on F ort X, line 5, (d) Loan t organ | Form 990-EZ, 6, or 22 o or from the ization? | (e) Original principal | (f) Balance | (g) defa | In ult? | (h Approv boar comm | r) /ed by id or ittee? | (i ag |) Writ | ten ent? |
| Co rep (a) Name of interested person | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT | nization answere on Form 990, Pa (c) Purpose of Ioan | ed "Yes" on F ort X, line 5, (d) Loan t organ | Form 990-EZ, 6, or 22 o or from the ization? | (e) Original principal amount | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| Co rep (a) Name of interested person | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT | nization answere on Form 990, Pa (c) Purpose of Ioan | ed "Yes" on F ort X, line 5, (d) Loan t organ | Form 990-EZ, 6, or 22 o or from the ization? | (e) Original principal amount | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT | nization answere on Form 990, Pa (c) Purpose of Ioan | ed "Yes" on F ort X, line 5, (d) Loan t organ | Form 990-EZ, 6, or 22 o or from the ization? | (e) Original principal amount | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT | nization answere on Form 990, Pa (c) Purpose of Ioan | ed "Yes" on F ort X, line 5, (d) Loan t organ | Form 990-EZ, 6, or 22 o or from the ization? | (e) Original principal amount | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT OFFICER | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE | d "Yes" on F int X, line 5, (d) Loan t organ To | Form 990-EZ, 6, or 22 or from the sization? From X | (e) Original principal amount 450,000 | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Total Part III Gra | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT OFFICER | nization answere on Form 990, Pa (c) Purpose of loan MORTGAGE | d "Yes" on Firt X, line 5, (d) Loan torgan To | From 990-EZ, 6, or 22 or from the sization? From X | (e) Original principal amount 450,000 | (f) Balance due | (g) defa | In ult? | (h Approv boar comm Yes | r) /ed by id or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Otal Part III Gra Cor | corted an amount (b) Relationship with organization CHIEF DEVELOPMENT OFFICER ants or Assista applete if the organization | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE | d "Yes" on F int X, line 5, (d) Loan t organ To To g Interes wered "Yes | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Otal Part III Gra Cor | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | nization answere on Form 990, Pa (c) Purpose of loan MORTGAGE | d "Yes" on F int X, line 5, (d) Loan t organ To To ing Interes wered "Yes between | From 990-EZ, 6, or 22 or from the sization? From X | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i ag Yes |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Otal Part III Gra Cor | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE more Benefiting anization answere on Relationship by Relationship by Parkers and Parke | To Interest of the series of | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Total Part III Gra Cor | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE more Benefiting anization answere on Relationship beterested person | To Interest of the series of | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Total Part III Gra | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE more Benefiting anization answere on Relationship beterested person | To Interest of the series of | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Total Part III Gra Cor | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE more Benefiting anization answere on Relationship beterested person | To Interest of the series of | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |
| (a) Name of interested person 1) EFFREY LEVIN Total Part III Gra Cor | CHIEF DEVELOPMENT OFFICER ants or Assista mplete if the orgerested person (1) | mization answere on Form 990, Pa (c) Purpose of loan MORTGAGE more Benefiting anization answere on Relationship beterested person | To Interest of the series of | From 990-EZ, 6, or 22 or from the sization? From X X Steed Person 9 | (e) Original principal amount 450,000 \$ s. 90, Part IV, | (f) Balance due 103,134 103,134 line 27. | (g) defa | In ult? | (PApprov boar comm Yes Yes | ved by d or ittee? | (i agg |) Writ | ten ent? |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | _ | | | Yes | No |
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Return Reference

Part V

Supplemental Information

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

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Explanation

DLN: 93493137013471 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** GREATER MIAMI JEWISH FEDERATION INC 59-0624404 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 5,691,823 FMV OF SHARES RECEIVED 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

| Schedule M (Form 990) (2019) | Page 2 | | | | | | |
|--|--|--|--|--|--|--|--|
| | tion. 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. | | | | | | | |
| Return Reference Explanation | | | | | | | |
| | Schedule M (Form 990) (2019) | | | | | | |

| efile GRAPHIC p | file GRAPHIC print - DO NOT PROCESS | | | | 93493137013471 |
|---|--|---|--|--|---|
| SCHEDULE (Form 990 or 990 EZ) Department of the Treasur | 990 or 990- Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional informa ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.qov/Form990 for the latest informati | | | ons on n. | OMB No. 1545-0047 2019 Open to Public Inspection |
| Name Setherofganization GREATER MIAMI JEWISH FEDERATION INC 59-0624404 990 Schedule O, Supplemental Information | | | | fication number | |
| Return Reference | | | Explanation | | |
| PART VI, SECTION A, LINE 2 (HL (DA IN (HAI K); Y P OR AN ELL DR. A K F A CH. K (F ON R CO FFF); M STE ER; OO | TTHEW L. ADLER (SON OF MICHAEL NY S. BASSUK (SON-IN-LAW OF ROBER SCHECK; SISTER OF JEFFREY AND SLER; UNCLE OF DAVID LEIBOWITZ); ISBAND OF SHELLY BRODIE); GEORG, UGHTER OF DONALD LEFTON); STEV FATHER OF DANIEL HALBERSTEIN); INDONO (DAUGHTER OF GEARGE FELD RUBEN KLODA (FATHER OF HEDY WHODHURST); DONALD E. LEFTON (FATHAN BRAMAN) NATHAN LEWINGER (BLIPOFF; AUNT OF RAY ELLEN YARKIN). EN YARKIN); MARK E. OREN (HUSBAI) A OREN (WIFE OF DR. MARK OREN; SOFFSKY; HUSBAND OF DOROTHY POWARON PODHURST); SHANA L. RUSSO AEL AND RAQUEL SCHECK; BATHWITT); RAQUEL SCHECK (WIFE OF MIN); FELISE SCHECK BONWITT); STEVEN REY SCHECK AND ELISE SCHECK BOILSIN); MICHAEL S. WAGNER (SON OF SO); DEBRA B. WECHSLER (DAUGHTER OF KUMAN (BROTHER OF NEDRA OREN; RAYULMAN (BROTHER OF NEDRA OREN; RULMAN (BROTHER OF NEDRA OREN; RAYULMAN (BROTHER OF NEDRA OREN; RULLMAN (BROTHER OF NEDRA OREN; | RT HERTZBEF STEVEN SCH SHELLY BRO SE FELDENKF JEN GRETEN: DANIEL HALB DENKREIS); R HITEBOOK); L HER OF RAB FATHER OF S N); NORMAN I ND OF NEDR. SISTER OF RIC DDHURST); DC O (DAUGHTER R OF STEVEN HER OF JEFFI CHAEL SCHECK SI SCHECK (SC NWITT); ELIZ LIZABETH SC STEVEN WAG OF NORMAN AY ELLEN YAI | RG); ELISE BONWITT (DAUGH IECK); NORMAN BRAMAN (FA IDIE (WIFE OF STEVEN BROD REIS (FATHER OF FANNY HAN STEIN (HUSBAND OF BARBAF ERSTEIN (SON OF ALEX HAL OBERT D. HERTZBERG (FATHANA P. KOFFSKY (DAUGHT BI ROBYN FISHER); DAVID LE HANA LEWINGER RUSSO); NAIPOFF (HUSBAND OF NANCY A OREN; BROTHER-IN-LAW OCHARD YULMAN); AARON PODROTHY PODHURST (MOTHE OF NATHAN LEWINGER); JEI SCHECK AND ELISE SCHECREY AND STEVEN SCHECK; FOCK; MOTHER OF JEFFREY ALD STEVEN SCHECK; FOCK; MOTHER OF JEFFREY ALD STEVEN SCHECK; FOCK; MOTHER OF JEFFREY ALD STEVEN WAGNER (FATHANAN; COUSIN OF DAVID RKIN (NIECE OF NANCY AND | TER OF RAQUEL ITHER OF DEBRA IE); STEVEN J. BF IONO); ROBYN C. RA SHRUT); ALEX BERSTEIN); FANN HER-IN-LAW OF L. ER OF AARON AN EIBOWITZ (NEPHE ANCY LIPOFF; UNCLE OF RICHARD YULM DHURST (FATHEFER OF LAURA KOFFFREY SCHECK (K BONWITT); MICFATHER OF ELISE ND STEVEN SCHECK; BROTHER OF MAXINE (WIFE OF MICHAELEIBOWITZ); HED | AND MICH BRAMAN WE RODIE FISHER HALBERSTE IY F. ARRY BASSU ID DOROTH W OF N IFE OF NORM OF RAY MAN); NE R OF LAUR FFSKY; WIFE O SON OF MI HAEL SCHEC ESCHECK B ECK; MOTHE HER OF JE SCHWARTZ N GRETEN L S. WAGN DY WHITEB |

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. BOARD MEMBERS PART VI. SECTION A.

LINE 6

Return Explanation

FORM 990, NOMINATING COMMITTEE PREPARES A LIST OF NEW BOARD MEMBERS TO BE APPROVED BY THE BOARD.

SECTION A,
LINE 7A

Return Explanation
Reference

LINE 11B

FORM 990, PART VI, SECTION B, 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.

Return Explanation
Reference

LINE 12C

FORM 990, KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS THAT WOULD GIVE RISE TO CONFLICTS.
PART VI,
SECTION B.

Return Explanation
Reference

FORM 990,
PART VI,
SECTION B,
ERATIONS. THE FEDERATION ALSO USES A STUDY PREPARED BY THE JEWISH FEDERATIONS OF NORTH AME
LINE 15
RICA WHICH PROVIDES SALARIES FOR OTHER OFFICERS AND KEY EMPLOYEES

Return Explanation
Reference

LINE 19

FORM 990, THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEME NTS ARE AVAILABLE TO THE PUBLIC AND CAN BE OBTAINED UPON REQUEST.

990 Schedule O, Supplemental Information Return **Explanation** Reference

Reference

PART XII,
LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493137013471 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ 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. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization GREATER MIAMI JEWISH FEDERATION INC. 59-0624404 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. See Additional Data Table (a)
Name, address, and EIN of related organization (b) (g) Legal domicile (state Exempt Code section Direct controlling Section 512(b) Primary activity Public charity status or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

| Name, address, and EIN of related organization | (a) Name, address, and EIN of related organization | | Legal Dire domicile contro | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | ` | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | x managing partner? | | (k) Percenta ownersh |
|--|---|---------|-------------------------------------|--|--|--|--|--|----------------------------------|---|------------------------|----------|-------------------------------------|
| | | | \perp | | , | | | Yes | No | | Yes | No | |
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| Identification of Related Organ because it had one or more related | | | | | | ization ans | wered "Yes | s" on F | orm 9 | 990, Part IV | , line | 34 | |
| (a) Name, address, and EIN of | (b) Primary activity | L do | (c) egal micile or foreign | Direct | entity (C co | (e) e of entity orp, S corp, r trust) | (f) Share of total income | | (g) of end- year assets | -of- Perce owne | 1) ntage ership | (13 | (i) tion 5:) contr entity |
| related organization | | | | | " | , | | 1 | | | | | C3 |
| related organization | | | untry) | | · · · · · | , | | | | | | <u>'</u> | |
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| related organization | | | | | | | | | | | | | |

| Schedule R (Form 990) 2019 | | Pa | age 3 |
|---|--------------|-------|--|
| 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 | 1a | - | No |
| b Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| c Gift, grant, or capital contribution from related organization(s) | . 10 | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | l Yes | |
| e Loans or loan guarantees by related organization(s) | 1e | : | No |
| f Dividends from related organization(s) | 1f | F | No |
| g Sale of assets to related organization(s) | 19 | , — | No |
| h Purchase of assets from related organization(s) | 1h | , — | No |
| i Exchange of assets with related organization(s) | 11 | 1 | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1 j | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1 k | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | <u> </u> |
| m Performance of services or membership or fundraising solicitations by related organization(s) | <u> 1</u> n | n | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1r | n Yes | |
| o Sharing of paid employees with related organization(s) | 10 | Yes | |
| p Reimbursement paid to related organization(s) for expenses | . 1 p | | No |
| q Reimbursement paid by related organization(s) for expenses | h | | No |
| q Nembursement paid by related organization(s) for expenses | | + | , |
| r Other transfer of cash or property to related organization(s) | 1r | 1 | No |
| c. Other transfer of each or preparty from related expanization(c) | 16 | | No |

| Performance of services or membership or fundraising solicitations for related organization(s) | 11 | Yes | |
|--|--|---|---|
| Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | No |
| Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | Yes | |
| Sharing of paid employees with related organization(s) | 10 | Yes | |
| Reimbursement paid to related organization(s) for expenses | 1 p | | No |
| Reimbursement paid by related organization(s) for expenses | 1 q | | No |
| Other transfer of cash or property to related organization(s) | 1r | | No |
| Other transfer of cash or property from related organization(s) | 1 s | | No |
| 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 Amount involved Method of determining amount type (a-s) | ount i | nvolved | ı |
| DLOCAUST MEMORIAL COMMITTEE INC C 50,000 CASH DONATION | | | |
| NTER FOR ADVANCEMENT OF JEWISH EDUCATION C 1,391,617 CASH DONATION | | | |
| | Reimbursement paid by related organization(s) for expenses | Performance of services or membership or fundraising solicitations by related organization(s) | Performance of services or membership or fundraising solicitations by related organization(s) |

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) | or | (e) e all partners section 501(c)(3) ganizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | partner? | | (k) Percentage ownership |
|---|--------------------------------|---|--|-----|---|------------------------------------|--|--|----|--|-----------|-----|---------------------------------------|
| | | | 317) | Yes | No | | | Yes | No | | Yes | No | |
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| Schedule R (Form 990) 2019 | | | | | | | | | |
|----------------------------|--------------------------|--|--|--|--|--|--|--|--|
| Part VII | Supplemental Info | mation | | | | | | | |
| | Provide additional infor | mation for responses to questions on Schedule R. (see instructions). | | | | | | | |
| Return Reference | | Explanation | | | | | | | |
| | | | | | | | | | |

Software ID: **Software Version:**

EIN: 59-0624404

Name: GREATER MIAMI JEWISH FEDERATION INC

| Form 990, Schedule R, Part II - Identification of Rela | | 1 | 1 | 1 | 1 | 1 - | |
|---|--|---|-------------------------------|---|--------------------------------------|---------------------------------|-----------------------|
| (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 | Sectio (b)(contr enti | n 512 13) olled |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | Yes | No No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0871973 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0840870 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0795652 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0421798 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0078657 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0008368 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0154991 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 7 | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0455791 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0946000 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0720334 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 14-1944305 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 20-1819335 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0884200 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 91-2106705 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0939041 | SUPPORT GREATER MIAMI JEWISH FEDERATION AND OTHER 501C3 ORGANIZATIONS | FL | 501(C)(3) | LINE 12A, I | N/A | | No |
| 1933 MERIDIAN AVENUE MIAMI BEACH, FL 33139 59-2659641 | PROVIDE INFORMATION TO THE PUBLIC CONCERNING THE HOLOCAUST | FL | 501(C)(3) | LINE 7 | N/A | | No |
| 4200 BISCAYNE BLVD MIAMI, FL 33137 59-0624373 | PROMOTE QUALITY JEWISH LEARNING AND IDENTITY BUILDING | FL | 501(C)(3) | LINE 7 | N/A | | No |