(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A I</u>	For the	2019 calendar year, or tax year beginning J	UL 1, 2019 and	ending J	UN 30, 2020	
В	Check if applicabl	C Name of organization UNITED JEWISH APPEAL-FEDERATION O)F		D Employer ident	ification number
Г	Addre chang	SS TELLEGIA DILLEANTING OF MEN MODE				
F	Name	D	•		51-017242	.9
F	chang Initial	Number and street (or P.0. box if mail is not de		Room/suite	E Telephone numb	
	return Final return	130 EAST 59TH STREET	iivereu to street address)	Noom/Suite	212-836-173	
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	1,182,466,000.
	Amen	NEW YORK, NY 10022-1302			H(a) Is this a group	return
	Application	F Name and address of principal officer: ERIC	S. GOLDSTEIN			tes? Yes X No
	pendir	g 130 EAST 59TH STREET, NEW YORK, NY				s included? Yes No
<u> </u>	Гах-ех	empt status: X 501(c)(3) 501(c) (◄ (insert no.) 4947(a)(1)	or 527		a list. (see instructions)
		e: WWW.UJAFEDNY.ORG			H(c) Group exempt	,
			ssociation Other >	L Year	of formation: 1975	M State of legal domicile; NY
	art I	Summary			-	<u> </u>
_	1	Briefly describe the organization's mission or most	significant activities: UJA-FE	DERATION	CARES FOR JEWS	
Governance		AND ALL NEW YORKERS, RESPONDS TO CRISE				
nar	2	Check this box if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its net a	assets.
Ver	3	Number of voting members of the governing body				3 161
ဇ္	4	Number of independent voting members of the go				4 161
<u>«</u>	5	Total number of individuals employed in calendar y				5 506
ij	6	Total number of volunteers (estimate if necessary)				6 5000
Activities &	7 a	Total unrelated business revenue from Part VIII, co				2,034,000.
¥	l h	Net unrelated business taxable income from Form				7b 8,499.
		Not difficulted business taxable income from Form	555 T, IIITE 55		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			184,455,000	
Revenue	9				1,187,000	
Ver	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)		95,439,000	' ' '
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			-4,888,000	
	1	Total revenue - add lines 8 through 11 (must equal			276,193,000	
_		Grants and similar amounts paid (Part IX, column (166,759,000	
	1	Benefits paid to or for members (Part IX, column (A				0.
	45				52,317,000	<u> </u>
ses	15	Salaries, other compensation, employee benefits (I			256,000	
Expenses	loa L	Professional fundraising fees (Part IX, column (A), I			230,000	030,000.
Ä	1,0	Total fundraising expenses (Part IX, column (D), lin			32,673,000	28,208,000.
	''	Other expenses (Part IX, column (A), lines 11a-11d			252,005,000	' ' ' - '
		Total expenses. Add lines 13-17 (must equal Part I			24,188,000	
	19	Revenue less expenses. Subtract line 18 from line	12			
Net Assets or	20	Total assets (Part X, line 16)			ginning of Current Yea 1,458,215,000	
SSe	20				224,687,000	
let /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 00		1,233,528,000	
P	art II	Signature Block	line 20		1,233,320,000	1,200,333,000.
		Ities of perjury, I declare that I have examined this return,	including accompanying schedule	e and etateme	ante and to the heet of	my knowledge and helief it is
		t, and complete. Declaration of preparer (other than office				my knowledge and belief, it is
truc	, 001100	t, and complete. Declaration of preparer (ether than office	or y is bused on an information of wi	non proparor	nas any knowledge.	
Sig	n	Signature of officer			Date	
		JOANN LOCASCIO, CONTROLLER				
Hei	-	Type or print name and title				
			Preparer's signature	ΙI	Date Check	PTIN
Paid	1	Print/Type preparer's name	i reparer o orginature		if	
	parer	Firm's name	l		self-em	•
	Only	Firm's name			Firm's EIN	<u> </u>
036	Jilly	Firm's address			Phone no.	
Mar	/ the II	RS discuss this return with the preparer shown abo	ve? (see instructions)		i i iiulie iiu.	Yes No

	1990 (2019) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-01/2429	Page 4
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	UJA-FEDERATION OF NEW YORK (UJA) CARES FOR JEWS EVERYWHERE AND NEW		
	YORKERS OF ALL BACKGROUNDS, RESPONDS TO CRISES CLOSE TO HOME AND FAR		
	AWAY, AND SHAPES THE JEWISH FUTURE. UJA PROVIDES FUNDING & OTHER		
	RESOURCES TO OVER 400 ORGANIZATIONS INCLUDING A (CONT. ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the	,	₩.
	prior Form 990 or 990-EZ?	Ye	s X No
_	If "Yes," describe these new services on Schedule O.	□v _a	- V N-
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Үе	S A NO
4	If "Yes," describe these changes on Schedule O. Describe the organization's program convices accomplishments for each of its three largest program convices, as me	page grad by avpage of	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	* .	
	revenue, if any, for each program service reported.	, trie total expenses, i	and
 4а	(Code:) (Expenses \$ 106,032,000. including grants of \$ 92,414,000.) (Revenue	- \$,
-14	CARING FOR PEOPLE IN NEED AND RESPONDING TO CRISIS:		
	UJA ALLOCATES FUNDS TO NONPROFITS TO SUPPORT PROGRAMS THAT PROVIDE		
	CRITICAL AID AND SERVICES TO HUNDREDS OF THOUSANDS OF PEOPLE EACH YEAR		
	IN NEW YORK CITY, WESTCHESTER COUNTY, AND LONG ISLAND. THESE		
	NONPROFITS SERVE BOTH JEWS AND THE BROADER NEW YORK COMMUNITY,		
	INCLUDING THE POOR AND UNEMPLOYED, IMMIGRANTS, SENIORS, HOLOCAUST		
	SURVIVORS, SINGLE PARENTS, AND PEOPLE WITH AUTISM AND DISABILITIES. THE		
	SERVICES THEY PROVIDE INCLUDE HOUSING, MEDICAL CARE, END-OF-LIFE AND		
	PALLIATIVE CARE, MENTAL HEALTH COUNSELING, EDUCATION, FOOD PROGRAMS,		
	VOCATIONAL EDUCATION AND GUIDANCE, AND CITIZENSHIP AND ACCULTURATION		
	SKILLS. DURING THE PANDEMIC, UJA HAS PROVIDED ADDITIONAL SUPPORT		
	(CONT. ON SCHEDULE O)		
4b	(Code:) (Expenses \$81,498,000. including grants of \$71,031,000.) (Revenue	e\$	
	DEEPENING JEWISH ENGAGEMENT AND STRENGTHENING JEWISH COMMUNITIES		
	("JEWISH LIFE"):		
	UJA SUPPORTS INNOVATIVE INITIATIVES THAT ENCOURAGE JEWS OF ALL AGES TO		
	EXPLORE THEIR JEWISH IDENTITY AND PROVIDES FUNDS FOR A RANGE OF		
	PROGRAMS THAT SERVE A DIVERSE JEWISH COMMUNITY. THESE PROGRAMS		
	STRENGTHEN SYNAGOGUES, SUPPORT COLLEGE STUDENTS BY PROMOTING JEWISH LIFE ON CAMPUS, CONNECT YOUNG JEWS TO ISRAEL, AND PROVIDE OPPORTUNITIES		
	TO ENGAGE INTERFAITH FAMILIES AND UNAFFILIATED JEWS. AS PART OF ITS		
	COMMITMENT TO EDUCATION AND LIFELONG LEARNING, UJA PROVIDES SUPPORT FOR		
	INFORMAL AND FORMAL JEWISH EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND		
	ADULTS. UJA ALSO PROVIDES FUNDS FOR SCHOLARSHIPS AND TEACHER BENEFITS		
	(CONT. ON SCHEDULE O)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$	
4-1	Other rue was a suriage (Describe on Cabadula O.)		
4 0	Other program services (Describe on Schedule O.)	,	

187,530,000.

4e Total program service expenses ▶

Page 3

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Form 990 (2019) Part IV Checklist of Required Schedules

			169	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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	Х	
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	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization asschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	Х	
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	Х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

Form 990 (2019) Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33	Х	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 T	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	х	
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		х
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		Х
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	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 599			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Page 5

Form 990 (2019)

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 506			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country BERMUDA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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 the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 7			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Page 6

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

Sec	check it Schedule O contains a response or note to any line in this Part VI.			
360	Clott A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 163		res	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a above, who are independent			
b	Enter the number of voting members moladed on the ra, above, who are macpendent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_	77	
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b		15b	Х	
	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		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶FL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOANN LOCASCIO, CONTROLLER - 212-836-1730			
	130 EAST 59TH STREET, NEW YORK, NY 10022-1302			

<u>Page</u> **7**

Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l	i ii Zu	((ipon	out	(D)	(E)	(F)
Name and title	Average		not cl	neck i		than c		Reportable	Reportable	Estimated
	hours per week					s both r/trust		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r direc				eq		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee		a.	ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		loyee	com p				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AMY A.B. BRESSMAN	0.00	ΙI	ll	10	- K	er Hi	Fc			
PRESIDENT/DIRECTOR		х		х				0.	0.	0.
(2) DAVID L. MOORE	0.00									
CHAIR OF THE BOARD/DIRECTOR		х		Х				0.	0.	0.
(3) GREGORY S. LYSS	0.00									
TREASURER/DIRECTOR		х		Х				0.	0.	0.
(4) DOROTHY TANANBAUM	0.00									
GENERAL PLANNING CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(5) WAYNE K. GOLDSTEIN	0.00									
PLANNING CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(6) SARENE P. SHANUS	0.00									
PLANNING CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(7) JODI J. SCHWARTZ	0.00									
PLANNING CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(8) BRETT H. BARTH	0.00									
GENERAL CAMPAIGN CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(9) SUZANNE W. DOFT	0.00									
GENERAL CAMPAIGN CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(10) LAURIE GIRSKY	0.00									
CHAIR, UJA WOMEN/DIRECTOR		Х						0.	0.	0.
(11) LAWRENCE J. COHEN	0.00									
CHAIR, PLANNED GIVING&ENDOWNMENTS/DIR		Х						0.	0.	0.
(12) JEFFREY A. SCHOENFELD	0.00									
CHAIR, ALLOCATIONS STEERING/DIRECTOR		Х						0.	0.	0.
(13) JEFFREY H. ARONSON	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(14) ISAAC S. CHERA	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(15) CINDY GOLUB	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(16) SCOTT JAFFEE	0.00									_
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(17) JOSHUA L. NASH	0.00							_	_	_
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.

Form **990** (2019) 932007 01-20-20

51-0172429

Form 990 (2019)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (D) (E) (F) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC) from the lighest compensated mployee related nstitutional trustee (W-2/1099-MISC) organization organizations ey employee and related below organizations line) (18) ANDREW D. KLABER 0.00 SPECIAL ADVISOR TO THE PRES/DIRECTOR Х 0 0 0. ARI ACKERMAN 0.00 DIRECTOR Х 0 0 0. RABBI RACHEL AIN (20) 0.00 DIRECTOR Х 0 0. 0. (21) HOWARD D. ALTSCHUL 0.00 DIRECTOR 0. 0. 0. (22) STACI BARBER 0.00 DIRECTOR 0. 0. 0. PAMELA BARNETT (23) 0.00 DIRECTOR Х 0. 0. 0. 0.00 (24) MICHAEL R. BARON 0. DIRECTOR Х 0. 0. (25) HELAINE SUVAL BECKERMAN 0.00 0. DIRECTOR 0. 0. Х (26) GAYLE BERG 0.00 0. DIRECTOR 0 0. 0. 0. 0. 1b Subtotal 1,174,678. 5,180,742. 0. c Total from continuation sheets to Part VII, Section A 5,180,742. 0. 1,174,678. d Total (add lines 1b and 1c)

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

109

Yes No

				140
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3_		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
_				

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STEWART SENTER, INC.	'	
333 BALDWIN ROAD, HEMPSTEAD, NY 11550	CONSTRUCTION	1,720,786.
DA'AT TRAVEL SERVICES, 16 WASHINGTON	MISSION TRAVEL (SUBSTANT.	
STREET, JERUSALEM, ISRAEL 91710	REIMB.)	1,116,568.
FLIK INTERNATIONAL CORP.		
P.O. BOX 91337, CHICAGO, IL 60693	FOOD SERVICE PROVIDER	1,062,743.
ZASKORSKI & ASSOCIATES ARCHITECT, PC		
247 WEST 35TH STREET, NEW YORK, NY 10001	CONSTRUCTION	994,645.
INTERNATIONAL SECURITY ASSOCIATES		
301 EAST 62ND STREET, NEW YORK, NY 10021	SECURITY	920,152.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	55	
		000

										129
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director	a.			Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee (ruste			en sa				and related
	organizations	altru	Institutional trustee		Key employee	comp				organizations
	below	ividu	titutic	Officer	emp.	hest	Former			
	line)	pul	sul	0#!	Key	Hig	For			
(27) TRISANNE F. BERGER	0.00									
DIRECTOR		Х						0.	0.	0
(28) ALAN S. BERNIKOW	0.00									
DIRECTOR		х						0.	0.	0
(29) DANIEL B. BLASER	0.00									
DIRECTOR	—	х						0.	0.	0
(30) LAURIE E. BLITZER	0.00	- 25						0.	0.	0
	L 0.00								•	_
DIRECTOR		Х			\vdash			0.	0.	0
(31) PAULA BLUMENFELD	0.00	1								
DIRECTOR	ļ	Х						0.	0.	0
(32) RONEN BOJMEL	0.00									
DIRECTOR		Х						0.	0.	0
(33) RABBI LESTER BRONSTEIN	0.00								<u></u>	
DIRECTOR		х						0.	0.	0
(34) RABBI ANGELA W. BUCHDAHL	0.00									
DIRECTOR		х						0.	0.	0
(35) KENNETH W. CAPPELL	0.00	<u></u>						•	•	
DIRECTOR	""	Х						0.	0.	0
	0.00	Δ.						1	0.	
(36) ROBERT J. CASLOW	0.00	ļ ,,							_	_
DIRECTOR		Х						0.	0.	0
(37) RAYMOND CHALME	0.00									
DIRECTOR		Х						0.	0.	0
(38) JAY CHAZANOFF	0.00									
DIRECTOR		х						0.	0.	0
(39) MARC CHODOCK	0.00									
DIRECTOR		х						0.	0.	0
(40) JOEL CITRON	0.00									
DIRECTOR	— • • • • • • • • • • • • • • • • • • •	х						0.	0.	0
(41) GARY CLAAR	0.00	- 25						0.	0.	0
	F 0.00	Į.							•	_
DIRECTOR (AAA) GURAN GUARGE		Х					-	0.	0.	0
(42) SUSAN CLASTER	0.00	ļ								
DIRECTOR	1	Х						0.	0.	0
(43) DEBBIE COSGROVE	0.00									
DIRECTOR		Х						0.	0.	0
(44) RABBI JOSHUA M. DAVIDSON	0.00									
DIRECTOR		х						0.	0.	0
(45) JACOB W. DOFT	0.00									
DIRECTOR		х						0.	0.	0
(46) DAVID EDELSON	0.00							•	•	
	— ••••	Х						0.	0.	_
DIRECTOR							i	1 0.1	υ.	0

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) compensation compensation hours amount of from from related other per the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (47) ROGER W. EINIGER 0.00 DIRECTOR Х 0. 0. 0. (48) JONATHAN M. ESTREICH 0.00 DIRECTOR 0. 0. 0. (49) DAVID FARHI 0.00 DIRECTOR Х 0. 0. 0. (50) CINDY FEINBERG 0.00 DIRECTOR 0. 0 0. (51) BENJAMIN FINKELSTEIN 0.00 DIRECTOR Х 0 0 0. (52) KYRILL FIRSHEIN 0.00 DIRECTOR X 0 0 0. (53) STEVEN J. FREDMAN 0.00 Х DIRECTOR 0 0 0. KARA FRIEDMAN (54) 0.00 DIRECTOR Х 0. 0. 0. (55) KAREN S.W. FRIEDMAN 0.00 DIRECTOR Х 0. 0. 0. (56) 0.00 EVA GALPERN DIRECTOR 0. 0. 0. (57) MARC GARY 0.00 DIRECTOR 0. 0. 0. (58) ABIGAIL G. GELLER 0.00 DIRECTOR Х 0. 0. 0. (59) STEPHEN J. GIRSKY 0.00 DIRECTOR Х 0. 0. 0. (60) DANIEL S. GLASS 0.00 DIRECTOR Х 0. 0. 0. (61) LEE JASON GOLDBERG 0.00 DIRECTOR 0. 0 0. (62) CAROL S. GOLDSTEIN 0.00 DIRECTOR Х 0 0 0. (63) MZ GOODMAN 0.00 0. DIRECTOR Х 0 0. (64) JACK M. GORMAN 0.00 DIRECTOR Х 0 0 0. (65) PATRICIA GREEN 0.00 DIRECTOR Х 0. 0. 0. (66) ALYSSA GREENBERG 0.00 DIRECTOR Х 0. 0. 0. Total to Part VII, Section A, line 1c

Dort VIII										
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
Traine and the	hours	(cl			that		lv)	compensation	compensation	amount of
	per	(0.				I	.,,	from	from related	other
	week					ee ee		the	organizations	compensation
	(list any	tor				e o		organization	(W-2/1099-MISC)	from the
	hours for	direc				ma pa		(W-2/1099-MISC)	(** =/ *********************************	organization
	related	ee or	stee			nsate		(,		and related
	organizations	trust	al tru		yee	ed un				organizations
	below	dual	ution	<u></u>	old m:	st oc	er			3
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) WILLIAM GREENBLATT	0.00									
DIRECTOR		х						0.	0.	0
(68) LAURA B. GREENFIELD	0.00									
DIRECTOR	0.00	х						0.	0.	0.
	0.00	Λ						0.	٠.	0
(69) LAURENCE GREENWALD	0.00									
DIRECTOR		Х						0.	0.	0
(70) SCOTT HARRIS	0.00									
DIRECTOR		Х						0.	0.	0
(71) KIM HARTMAN	0.00									
DIRECTOR		Х						0.	0.	0
(72) JONATHON C. HELD	0.00									
DIRECTOR		Х						0.	0.	0
(73) SUSAN K. HELD	0.00									
DIRECTOR		Х						0.	0.	0.
(74) STACY EINHORN HELFSTEIN	0.00									
DIRECTOR		Х						0.	0.	0.
(75) STACY HOFFMAN	0.00								<u> </u>	
DIRECTOR	0.00	х						0.	0.	0.
	0.00	Λ						0.	٠.	0
(76) DONNA JAKUBOVITZ	0.00								•	
DIRECTOR		Х						0.	0.	0
(77) TRICIA KALLET	0.00									
DIRECTOR		Х						0.	0.	0
(78) BARRY A. KAPLAN	0.00									
DIRECTOR		Х						0.	0.	0
(79) JAY B. KASNER	0.00									
DIRECTOR		Х						0.	0.	0
(80) KAREN SPAR KASNER	0.00									
DIRECTOR		Х						0.	0.	0
(81) KAREN KASTENBAUM	0.00									
DIRECTOR		х						0.	0.	0
(82) DAYLE H. KATZ	0.00	-25						0.	0.	
	0.00	v							^	_
DIRECTOR	1 2 2 2	Х					-	0.	0.	0
(83) JEFFREY A. KESWIN	0.00									
DIRECTOR	1	Х	\vdash					0.	0.	0
(84) E. TEMMA KINGSLEY	0.00									
DIRECTOR		Х						0.	0.	0
(85) BRETT S. KLEIN	0.00									
DIRECTOR		Х					L	0.	0.	0
	0.00									
(86) MICHAEL D. KLEINBERG							1	i		
(86) MICHAEL D. KLEINBERG DIRECTOR		Х						0.	0.	0

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Name and title Position Reportable Reportable Estimated (check all that apply) compensation compensation hours amount of from from related other per the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (87) VICKIE G. KOBAK 0.00 DIRECTOR Х 0. 0. 0. (88) CANDICE B. KOERNER 0.00 DIRECTOR 0. 0. 0. (89) DOUGLAS R. KORN 0.00 DIRECTOR Х 0. 0. 0. (90) SANDY LENGER 0.00 DIRECTOR 0 0. 0. (91) ALISA F. LEVIN 0.00 DIRECTOR Х 0 0 0. (92) RABBI YOSIE LEVINE 0.00 DIRECTOR X 0. 0 0. (93) DIANE C. LEVY 0.00 Х 0. DIRECTOR 0 0. PAUL G. LEVY (94) 0.00 DIRECTOR Х 0. 0. 0. (95) MITCHELL LEWIS 0.00 DIRECTOR Х 0. 0. 0. 0.00 (96) BRIAN S. LICHTER DIRECTOR 0. 0. 0. (97) HADASSAH LIEBERMAN 0.00 DIRECTOR 0. 0. 0. (98) DAVID S. LOBEL 0.00 DIRECTOR Х 0. 0. 0. (99) BARRY S. LOVELL 0.00 DIRECTOR Х 0. 0. 0. (100) RABBI ALAN LUCAS 0.00 DIRECTOR Х 0. 0. 0. (101) HEIDI LURENSKY 0.00 DIRECTOR 0. 0 0. (102) MARGE MAGNER 0.00 DIRECTOR Х 0. 0 0. (103) ARLENE ESSES MAIDMAN 0.00 DIRECTOR 0. Х 0 0. (104) KYLE KOEPPEL MANN 0.00 DIRECTOR Х 0 0. 0. (105) RALPH P. MARASH 0.00 DIRECTOR Х 0. 0. 0. (106) BRYCE A. MARKUS 0.00 DIRECTOR Х 0. 0. 0. Total to Part VII, Section A, line 1c

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Average Reportable Name and title Position Reportable Estimated (check all that apply) compensation compensation hours amount of from from related other per the organizations compensation week Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (107) PAUL MILLMAN 0.00 DIRECTOR Х 0. 0. 0. (108) CHARLES M. NATHAN 0.00 DIRECTOR 0. 0. 0. (109) BARRY NESS 0.00 DIRECTOR Х 0. 0. 0. (110) WARREN S. NEWCORN 0.00 DIRECTOR 0 0. 0. (111) ELYSE NEWHOUSE 0.00 DIRECTOR Х 0 0 0. (112) STACEY NOVICK 0.00 DIRECTOR X 0. 0 0. (113) JOSHUA OBOLER 0.00 DIRECTOR Х 0. 0 0. (114) SUZANNE F. PECK 0.00 DIRECTOR Х 0. 0. 0. (115) LEE H. PERLMAN 0.00 DIRECTOR Х 0. 0. 0. 0.00 (116) LINDA PLATTUS DIRECTOR 0. 0. 0. (117) JONATHAN PLUTZIK 0.00 DIRECTOR 0. 0. 0. (118) TINA PRICE 0.00 DIRECTOR Х 0. 0. 0. (119) JACK A. RAHMEY 0.00 DIRECTOR Х 0. 0. 0. (120) SERYL ELANA RITTER 0.00 DIRECTOR Х 0. 0. 0. (121) RABBI SHAUL ROBINSON 0.00 DIRECTOR 0. 0 0. (122) IRINA ROLLER 0.00 DIRECTOR Х 0. 0 0. (123) RICHARD A. ROSEN 0.00 DIRECTOR 0. Х 0 0. (124) GARY M. ROSENBERG 0.00 DIRECTOR Х 0 0. 0. (125) STEPHEN RUTENBERG 0.00 DIRECTOR Х 0. 0. 0. (126) JANE DRESNER SADAKA 0.00 DIRECTOR Х 0. 0. 0. Total to Part VII, Section A, line 1c

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	neck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e e	bens				and related
	organizations below	ual tr	ional		ploye	tcom	١.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(127) EDMOND M. SAFRA	0.00	_	=	0	~		ъ.			
DIRECTOR	3.00	х						0.	0.	0.
(128) BARBARA D. SALMANSON	0.00								•	
DIRECTOR	3.00	х						0.	0.	0
(129) EDWARD SASSOWER	0.00	21						•••	٠.	
DIRECTOR	0.00	Х						0.	0.	0
	0.00	Α						0.	0.	0
(130) LOUIS J. SHAMIE DIRECTOR	0.00	х						0.	0.	_
(131) SHIMON SHKURY	0.00	Λ						0.	0.	0
DIRECTOR	0.00	Х						0.	0.	0
(132) RABBI GIDEON SHLOUSH	0.00	Α.						0.	٠.	Ů
DIRECTOR	0.00	Х						0.	0.	0
(133) PAUL A. SIEGEL	0.00	Α						0.	0.	•
DIRECTOR	0.00	Х						0.	0.	,
(134) DAVID SILVERS	0.00	Λ						0.	٠.	0
DIRECTOR	0.00	х						0.	0.	,
(135) PATRICIA SILVERS	0.00	Λ						0.	٠.	0
DIRECTOR	0.00	х						0.	0.	,
	0.00	Λ						0.	٠.	0
(136) HARRIET G. SINGER	0.00	.,							0	,
DIRECTOR	0.00	Х						0.	0.	0
(137) RABBI JEFFREY SIRKMAN	0.00									_
DIRECTOR		Х						0.	0.	0
(138) TARA SLONE-GOLDSTEIN	0.00								•	
DIRECTOR		Х						0.	0.	0
(139) GEULA SOLOMON	0.00	ŀ							_	_
DIRECTOR		Х						0.	0.	0
(140) JEFFREY M. SOLOMON	0.00	ł						_	_	_
DIRECTOR		Х						0.	0.	0
(141) JAMIE B.W. STECHER	0.00									
DIRECTOR		Х				_		0.	0.	0
(142) RABBI CHAIM STEINMETZ	0.00									
DIRECTOR	1	Х						0.	0.	0
(143) JEFFREY M. STERN	0.00	l								
DIRECTOR		Х						0.	0.	0
(144) PETER K. STERN	0.00									
DIRECTOR	1	Х						0.	0.	0
(145) STEPHANIE J. STIEFEL	0.00									
DIRECTOR	1	Х						0.	0.	0
	0.00	ĺ	l				Ì			
(146) RADA SUMAREVA							ı			0

Part VII Section A. Officers, Directors, Tre	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl		(C Posi all t	tion		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(147) HARRIET KAPLAN SUVALL DIRECTOR	0.00	х						0.	0.	0
(148) RABBI RACHEL TIMONER	0.00									
DIRECTOR	1.00	х						0.	0.	0
(149) BENJAMIN J. TISCH	0.00							•	•	
DIRECTOR	1.00	х						0.	0.	0
(150) JOHN USDAN	0.00									
DIRECTOR	1.00	х						0.	0.	0
(151) MICHAEL VICKERS	0.00									
DIRECTOR		х						0.	0.	0
(152) GABRIEL F. WASSERMAN	0.00									
DIRECTOR		Х						0.	0.	0
(153) TALI WEINSTEIN	0.00									
DIRECTOR		Х						0.	0.	0
(154) ADAM F. WEISSENBERG	0.00									
DIRECTOR		х						0.	0.	0
(155) PAMELA P. WEXLER	0.00									
DIRECTOR		Х						0.	0.	0
(156) ERIKA S. WITOVER	0.00									
DIRECTOR		Х						0.	0.	0
(157) MARC E. WOLF	0.00									
DIRECTOR		Х						0.	0.	0
(158) STEVEN B. WOLITZER	0.00									
DIRECTOR		Х						0.	0.	0
(159) SHAHRAM YAGHOUBZADEH	0.00									
DIRECTOR		Х						0.	0.	0
(160) NANCY ZARO	0.00									
DIRECTOR		Х						0.	0.	0
(161) AARON L. ZISES	0.00									
DIRECTOR		Х						0.	0.	0
(162) ERIC S. GOLDSTEIN	35.00									
CHIEF EXECUTIVE OFFICER				Х				579,045.	0.	534,371
(163) IRVIN A. ROSENTHAL	35.00									
CHIEF FINANCIAL OFFICER				Х				470,786.	0.	63,835
(164) ELLEN R. ZIMMERMAN	35.00	-						251 221	_	05 15-
SECRETARY/GEN'L COUNSEL & CCO	25.00			Х				351,304.	0.	35,179
(165) MARK MEDIN	35.00	l						005 543	_	404 545
EXEC. VICE PRESIDENT - FRD	25.00				Х			827,718.	0.	194,542
(166) DEVANA COHEN	35.00	1					Ì			
CHIEF INVESTMENT OFFICER			, ,		Х		l	695,918.	0.	21,337

Form 990

	NTHROPIES O				<u> </u>		•		51-01724	
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(c				арр	ly)	compensation	compensation	amount of
	per	·				Ė	<u> </u>	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dir	a.			ated e		(W-2/1099-MISC)		organization
	related	stee	truste		a)	bensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	divid	stituti	Officer	y em	ghest	Former			
	line)	드	드	Ð	3	王	. Fc			
(167) GRAHAM CANNON	35.00									
CHIEF MARKETING OFFICER			_		Х			337,611.	0.	50,015
(168) DEBORAH JOSELOW	35.00								_	
CHIEF PLANNING OFFICER					Х			328,039.	0.	52,688
(169) LOUISA CHAFEE	35.00									
SENIOR VICE PRESIDENT					Х			295,327.	0.	9,065
(170) STUART TAUBER	35.00									
VICE PRESIDENT, REGIONS						Х		286,758.	0.	57,293
(171) WILLIAM SAMERS	35.00									
VP, PLANNED GIVING & ENDOWNMENTS						Х		270,157.	0.	50,039
(172) JOANN LOCASCIO	35.00									
CONTROLLER						х		250,768.	0.	45,504
(173) MARC ZUCKERMAN	35.00									
CHIEF INFORMATION OFFICER						х		250,656.	0.	52,908
(174) COURTNEY WEINSTEIN	35.00									•
VICE PRESIDENT, AFFINITY						х		236,655.	0.	7,902
,										, ,
		-								
			L			L_	L			
	•		-	-	•	•	-			

Form 990 (2019) **Part VIII** Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
جَ ۾		Fundraising events 1c	21,780,000.				
fts,		Related organizations 1d	34,294,000.				
ig ig			,,				
Sir		ÿ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
utio	т	All other contributions, gifts, grants, and	136 667 000				
들 된			7 210 000				
on	_	Noncash contributions included in lines 1a-1f	7,210,000.	100 741 000			
Og	h	Total. Add lines 1a-1f		192,741,000.			
			Business Code	554 000	554 000		
Se	2 a		900099	664,000.	664,000.		
ΘŽ	b	PUBLIC POLICY SERVICES	900099	1,000.	1,000.		
Program Service Revenue	c						
ar eve	d						
og B	е						
ቯ	f	All other program service revenue	900099	623,000.	623,000.		
	g	Total. Add lines 2a-2f	>	1,288,000.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)	>	9,263,000.	7,229,000.	2,034,000.	
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 66,000.					
	b						
	_	Rental income or (loss) 6c 66,000.					
	4	Net rental income or (loss)		66,000.			66,000.
		Gross amount from sales of (i) Securities	(ii) Other				,
	ı a	assets other than inventory 7a 772 , 086, 000.					
	L	· · · · · · · · · · · · · · · · · · ·	3,000,000.				
o o	b	Less: cost or other basis and sales expenses 7b 9 35, 486,000.	1 556 000				
ž							
ther Revenue		. ,		38,644,000.	38,644,000.		
Ę.		Net gain or (loss)	P	30,044,000.	38,844,000.		
‡	8 a	Gross income from fundraising events (not					
0		including \$ of					
		contributions reported on line 1c). See	2 022 000				
		Part IV, line 18					
		Less: direct expenses 8b	5,745,000.	0 710 000			0.510.000
		Net income or (loss) from fundraising events	_	-2,712,000.			-2,712,000.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities	>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a	3				
	b	Less: cost of goods sold10k					
	С	Net income or (loss) from sales of inventory	>				
,			Business Code				
ŏ 6	11 a	PENSION PLAN ADMIN FEE	561000	140,000.	140,000.		
Miscellaneous Revenue	b						
eke eke	С						
isc B	d	All other revenue	900099	249,000.	249,000.		
2		Total. Add lines 11a-11d		389,000.			
	12	Total revenue. See instructions		239,679,000.	47,550,000.	2,034,000.	-2,646,000.

Part IX Statement of Functional Expenses

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

00011	Check if School to O contains a response				
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	163,270,000.	163 270 000		
_	and domestic governments. See Part IV, line 21	103,270,000.	163,270,000.		
2	Grants and other assistance to domestic	175 000	175 000		
	individuals. See Part IV, line 22	175,000.	175,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	4,136,000.	1,079,000.	2,119,000.	938,000.
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	40,739,000.	10,073,000.	10,709,000.	19,957,000.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,868,000.	709,000.	569,000.	1,590,000.
9	Other employee benefits	7,579,000.	1,752,000.	2,243,000.	3,584,000.
10	Payroll taxes	2,805,000.	693,000.	746,000.	1,366,000.
11	Fees for services (nonemployees):				
а	Management				
	Legal	858,000.	269,000.	527,000.	62,000.
	Accounting	400,000.		400,000.	
	Lobbying	197,000.	197,000.		
	Professional fundraising services. See Part IV, line 17	630,000.			630,000.
	Investment management fees	4,056,000.		4,056,000.	· · · · · · · · · · · · · · · · · · ·
	Other. (If line 11g amount exceeds 10% of line 25,	, ,			
9	column (A) amount, list line 11g expenses on Sch O.)	2,267,000.	1,553,000.	714,000.	
12	Advertising and promotion	1,027,000.	63,000.	211,000.	753,000.
13	Office expenses	2,707,000.	794,000.	353,000.	1,560,000.
14	Information technology	1,331,000.	120,000.	703,000.	508,000.
15					
16	Royalties	3,460,000.	711,000.	894,000.	1,855,000.
17	Occupancy	863,000.	576,000.	116,000.	171,000.
	Payments of travel or entertainment expenses		2,0,000.		
18	.				
40	for any federal, state, or local public officials	67,000.	35,000.	12,000.	20,000.
19	Conferences, conventions, and meetings	2,397,000.	1,245,000.	465,000.	687,000.
20	Interest	2,351,000.	1,243,000.	403,000.	007,000.
21	Payments to affiliates	3,893,000.	1,139,000.	1,045,000.	1,709,000.
22	Depreciation, depletion, and amortization	1,580,000.	1,054,000.	526,000.	1,709,000.
23	Insurance	1,300,000.	1,034,000.	320,000.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 503 000	1 502 000		
а	SCHOLARSHIPS & TUITION	1,593,000.	1,593,000.	6 000	
b	CREDIT CARD FEES	526,000.	00 000	6,000.	520,000.
С	TEMPORARY PERSONNEL	219,000.	28,000.	106,000.	85,000.
d	GIFTS/PRIZES	118,000.	69,000.	8,000.	41,000.
	All other expenses	649,000.	333,000.	97,000.	219,000.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	250,410,000.	187,530,000.	26,625,000.	36,255,000.
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)				000

51-0172429

Page **11**

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			15,776,000.	1	29,199,000.
	2	Savings and temporary cash investments			92,810,000.	2	103,500,000.
	3	Pledges and grants receivable, net			118,930,000.	3	110,581,000.
	4	Accounts receivable, net		6,781,000.	4	7,888,000.	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges	2,037,000.	9	2,878,000.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	83,866,000.			
	b	Less: accumulated depreciation		29,729,000.	56,286,000.	10c	54,137,000.
	11	Investments - publicly traded securities		509,880,000.	11	433,714,000.	
	12	Investments - other securities. See Part IV, line 1	l l	468,741,000.	12	494,105,000.	
	13	Investments - program-related. See Part IV, line 1	36,980,000.	13	41,910,000.		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		149,994,000.	15	142,560,000.	
	16	Total assets. Add lines 1 through 15 (must equa			1,458,215,000.	16	1,420,472,000.
	17	Accounts payable and accrued expenses			18,893,000.	17	19,430,000.
	18	Grants payable	l l	20,951,000.	18	19,275,000.	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		44,427,000.	20	41,534,000.	
	21	Escrow or custodial account liability. Complete F	ı	62,718,000.	21	57,206,000.	
S	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
liqe		controlled entity or family member of any of thes	e perso	ons		22	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay	ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			77,698,000.	25	74,074,000.
	26	Total liabilities. Add lines 17 through 25			224,687,000.	26	211,519,000.
		Organizations that follow FASB ASC 958, che	ck here	x X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u> u	27	Net assets without donor restrictions			508,707,000.	27	491,401,000.
Ba	28	Net assets with donor restrictions	724,821,000.	28	717,552,000.		
<u>n</u>		Organizations that do not follow FASB ASC 99	58, che	ck here 🕨 🗌			
Ť		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmer	t fund		30	
As	31	Retained earnings, endowment, accumulated inc	come, c	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,233,528,000.	32	1,208,953,000.
	33	Total liabilities and net assets/fund balances		l l	1,458,215,000.	33	1,420,472,000.

Form **990** (2019)

Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 239,679,000, Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 250,410,000. 2 2 -10,731,000. Revenue less expenses. Subtract line 2 from line 1 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,233,528,000. 4 -39,555,000. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 25,711,000. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,208,953,000. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Х Act and OMB Circular A-133? За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, INC.

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

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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).

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:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving

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.

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.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

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.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III

functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))

Total

(ii) Sthe organization listed in your governing document?

Yes No

(v) Amount of monetary support (see instructions)

(vi) Amount of monetary support (see instructions)

Schedule A (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC.

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

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

Sec	tion A. Public Support						
Cale	ndar year (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.")	175,930,000.	209,725,000.	217,753,000.	184,455,000.	192,741,000.	980,604,000.
2	Tax revenues levied for the organ-						
	ization'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	175,930,000.	209,725,000.	217,753,000.	184,455,000.	192,741,000.	980,604,000.
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 from line 4.						980,604,000.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	175,930,000.	209,725,000.	217,753,000.	184,455,000.	192,741,000.	980,604,000.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,055,000.	5,021,000.	7,021,000.	20,105,000.	7,229,000.	45,431,000.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,209,000.	6,418,000.	4,608,000.	-5,418,000.	2,034,000.	9,851,000.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	296,000.	849,000.	277,000.	369,000.	389,000.	2,180,000.
11	Total support. Add lines 7 through 10						1038066000.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	26,148,000.
	First five years. If the Form 990 is for					501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	. ^					
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	94.46 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	95.18 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization						· >

Schedule A (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC. 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.)

Se	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and			,			
	membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the	-					/ is not
k	more than 33 1/3%, check this box an 33 1/3% support tests - 2018. If the						> L
	line 18 is not more than 33 1/3%, chec	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	>
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** 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.**
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	95		
	9a		
	9b		
	9c		
	10a		
	10b		
۰ ۵	an ar ac	n-F7	2010

Par	rt IV Supporting Organizations _(continued)			
	_		Yes	No
11	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)			
		11a		
h		11b		
	• • • • • • • • • • • • • • • • • • • •	11c		
Sect	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	110
•	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	1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
S001	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Seci	tion 6. Type if Supporting Organizations		, ,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations	I	1	
			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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions),		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC.

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	ov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion 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		
7	Check here if the current year is the organization's first as a non-functional	lly integrated	d Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC.

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne 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			
Secti	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	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. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result 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:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Cobodula ^	(Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIE		TNC	51-0172429	Dogo C
Part VI	Supplemental Information. Provide the expla	nations required by	Part II, line 10: Dort II, line 17a and		Page 8
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a,	9b, 9c, 11a, 11b, an	id 11c; Part IV, Section B, lines 1 a	and 2; Part IV, Section (Ο,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Sectio	n E, lines 1c, 2a, 2b,	, 3a, and 3b; Part V, line 1; Part V,	Section B, line 1e; Part	V,
	Section D, lines 5, 6, and 8; and Part V, Section E, line (See instructions.)	s 2, 5, and 6. Also c	complete this part for any additiona	al information.	
	(See Instructions.)				
SCHEDULE	A, PART II, LINE 10, EXPLANATION FOR OTHE	ER INCOME:			
MISCELLAN	IEOUS INCOME				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organizate ne of organization UNITED JEW	ations: Complete Part III. IISH APPEAL-FEDERATION OF		Emn	loyer identification number
Ivali	•	LANTHROPIES OF NEW YORK, 1	ING	Emp	51-0172429
Dа		ganization is exempt under		r is a section 527 or	
	on piece ii tile or	gamzation is exempt ander		1 10 4 00011011 027 01	gamzation.
1	Provide a description of the organi	zation's direct and indirect political	campaign activities in	Part IV.	
2	Political campaign activity expendi	tures		▶ \$;
	Volunteer hours for political campa				
Da	art I-B Complete if the or	ganization is exempt under	coation 501(a)(2)		
	Enter the amount of any excise tax	•			
	Enter the amount of any excise tax				
	If the organization incurred a section				
	Was a correction made?				
	o If "Yes," describe in Part IV.				
	art I-C Complete if the or	ganization is exempt under	section 501(c), e	except section 501(c	9(3).
1	Enter the amount directly expende	d by the filing organization for secti	on 527 exempt function	on activities	}
	Enter the amount of the filing organ				
	exempt function activities			> \$	
3	Total exempt function expenditure				
	line 17b			> \$	i
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	mployer identification number (EIN)	of all section 527 polit	ical organizations to which	n the filing organization
	made payments. For each organiza	ation listed, enter the amount paid f	rom the filing organiza	tion's funds. Also enter th	e amount of political
	•	romptly and directly delivered to a s		•	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	e information in Part I\	<i>1</i> .	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

Schedule C (Form 990 or 990-EZ) 2019 J					L72429 Page 2
Part II-A Complete if the orga	anization is exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
A Check ▶ ☐ if the filing organizat	ion belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	e of excess lobbying e				
B Check ▶ ☐ if the filing organizat	ion checked box A an	nd "limited control" pro	visions apply.		
	s on Lobbying Exper litures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grassroots lobbying)		1,000.	
b Total lobbying expenditures to influ	ence a legislative bod	y (direct lobbying)		196,000.	
c Total lobbying expenditures (add lin	· ·	, , , , , , , , , , , , , , , , , , , ,		197,000.	
d Other exempt purpose expenditure			[250,213,000.	
e Total exempt purpose expenditures				250,410,000.	
f Lobbying nontaxable amount. Ente				1,000,000.	
If the amount on line 1e, column (a) or		bying nontaxable am			
Not over \$500,000	20% of t	the amount on line 1e.			
Over \$500,000 but not over \$1,000	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.				
Over \$1,000,000 but not over \$1,50	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$300,000.				
Over \$1,500,000 but not over \$17,0		0 plus 5% of the exces	11		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zero				0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zer	o on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this y	/ear?				Yes No
	4-Year Ave	raging Period Under	Section 501(h)		
(Some organizations th		01(h) election do not la ate instructions for lin	•	f the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.

92,000. 117,000. 176,000. 197,000. 582,000. c Total lobbying expenditures 250,000. 250,000. 250,000. 250,000. 1,000,000. d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) 1,500,000. 1,000. 1,000. 1,000. 3,000. f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

f the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state		(a)		(b)	
During the year, did the filing organization attempt to influence foreign, national, stat-	ne lobbying activity.		No	Amo	ount
	e, or				
local legislation, including any attempt to influence public opinion on a legislative ma					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c th					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
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	· <u> </u>				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mo	eans?				
Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(or					
o If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section	n 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year	?				
rt III-A Complete if the organization is exempt under section 501	(c)(4), section 5	501(c)(5)	, or sec	tion	
·				T	
501(c)(6).					
501(c)(6).				Yes	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?				Yes	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity experit III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar	enditures from the p	rior year? 5 01(c)(5)	2 3 , or sec	etion	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure. Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	enditures from the p (c)(4), section 5 e answered "N	rior year? 501(c)(5) o" OR (I	3 , or sec o) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity experint III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members	enditures from the p (c)(4), section 5 e answered "N	rior year? 501(c)(5) o" OR (I	3 , or sec o) Part I	etion	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include and similar amounts)	enditures from the p (c)(4), section 5 e answered "N	rior year? 501(c)(5) o" OR (I	3 , or sec o) Part I	etion	
501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure. Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid).	enditures from the p (c)(4), section 5 e answered "No	rior year? 501(c)(5) o" OR (I	g g, or sec o) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include at expenses for which the section 527(f) tax was paid).	enditures from the p (c)(4), section 5 e answered "No	rior year? 501(c)(5) o" OR (I	2 3 3, or sec 5) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). Current year Carryover from last year	enditures from the p (c)(4), section 5 e answered "No	rior year? 501(c)(5) o" OR (I	2 3 3, or sec 5) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity experit III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). Current year Carryover from last year	enditures from the p (c)(4), section 5 e answered "No	rior year? 501(c)(5) o" OR (I	2 3 3, or sec b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, ar answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include at expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section	enditures from the p (c)(4), section 5 e answered "No	rior year? 501(c)(5) o" OR (I	2 3 3, or sec b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure. Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section If notices were sent and the amount on line 2c exceeds the amount on line 3, what parts in the section of the section of the section of the section of line 3, what parts is the substantial parts and the amount on line 2c exceeds the amount on line 3, what parts is the substantial parts and the section of line 2c exceeds the amount on line 3, what parts is the substantial parts and the section of line 2c exceeds the amount on line 3, what parts is the substantial parts are substantially as the substantial parts and the section of line 2c exceeds the amount on line 3, what parts are substantially and political campaign activity expends and political campaign	enditures from the p (c)(4), section 5 e answered "Noncounts of political 162(e) dues ortion of the excess	rior year? 501(c)(5) o" OR (I	2 3 3, or sec b) Part I	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity experit III-B Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section If notices were sent and the amount on line 2c exceeds the amount on line 3, what padoes the organization agree to carryover to the reasonable estimate of nondeductible	enditures from the p (c)(4), section 5 e answered "Nonemounts of political 162(e) dues ortion of the excess e lobbying and politic	rior year? 501(c)(5) o" OR (I	2 3 3, or sec b) Part I 1 2a 2b 2c 3	etion	
Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure. Complete if the organization is exempt under section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include an expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section If notices were sent and the amount on line 2c exceeds the amount on line 3, what paid.	enditures from the p (c)(4), section 5 e answered "Nonemounts of political 162(e) dues ortion of the excess e lobbying and politic	rior year? 501(c)(5) o" OR (I	2 3 3, or sec b) Part I 1 2a 2b 2c 3	etion	3, i

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number 51-0172429

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 20 179,000. Aggregate value of contributions to (during year) 2 1,243,000. 3 Aggregate value of grants from (during year) Aggregate value at end of year 19,957,000. 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 (for example, recreation or education) Preservation of a 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 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located 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) and section 170(h)(4)(B)(ii)? 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. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	Badie B (Ferri 600) E010	ANTHROPIES OF N	EW YORK, INC.				51-017	2429	Pa	age 2
Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	r Simil	ar Assets	(contin		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make si	gnificar	nt use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ım					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	n's exen	npt pur	oose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	rt IV Escrow and Custodial Arrang		te if the organizatio	n answered "	Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia		•				_	_	_	,
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:							
								Amount		
	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. <u> 1f</u>		7		1
	Did the organization include an amount on Fo					ity?	<u>X</u>	Yes	37	No
Par	rt V Endowment Funds. Complete if								X	<u> </u>
Гаі	Lindowinient i dinds. Complete ii			1				() [l l.
4.	Basis in a standard standard	(a) Current year 963,386,000.	(b) Prior year	(c) Two year 943,258			e years back , 228 , 000 .	(e) Four 959,		
	Beginning of year balance	31,247,000.	979,826,000.							
	Contributions	-2,256,000.	33,797,000. 19,042,000.	46,504 62,355			,612,000. ,758,000.	-45,	304,	
C	Net investment earnings, gains, and losses	-57,329,000.	-56,984,000.	-59,381			,738,000. ,626,000.	- 4 3,		
a	Grants or scholarships	-37,329,000.	-30,304,000.	-39,301	,000.	-00	,020,000.	-57,	000,	000.
е	Other expenditures for facilities	-10,218,000.	-9,437,000.	-10,020	000	_9	,116,000.	_4	455,	000
	and programs	-2,812,000.	-2,858,000.	· · · · · ·			,598,000.		575,	
	Administrative expenses	922,018,000.	963,386,000.				,258,000.	875,		
g	End of year balance Provide the estimated percentage of the curre		· · · · · · · · · · · · · · · · · · ·	· · · · · ·	,000.	7 1 3	,230,000.	075,	220,	
2	Board designated or quasi-endowment	ent year end balance 34.00		neid as.						
a	Permanent endowment P 31.00	%	_%							
	Term endowment ► 35.00 g									
C	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses		tion that are held an	nd administer	ed for th	e organ	ization			
ou	by:	oolori or the organiza	tion that are note ar	ia aariii iiotor	00 101 111	o organ	ization	Γ	Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·								
Par	rt VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumul	ated	(d) Book	value	
		basis (investm		(other)		preciati				
1a	Land		1	,118,000.				1,	118,	000.
	Buildings	I	74	,515,000.		25,86	0,000.	48,	655,	000.
	Leasehold improvements									
	Equipment		8	,233,000.		3,86	9,000.	4,	364,	000.
	Other									
Γotal	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part 2	K. column (B), line 10	0c.)			▶	54,	137,	000.
							Schodulo	D /F	000	2040

51-0172429

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1) Financial derivatives		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MULTI-STRATEGY HEDGE FUNDS	221,550,000.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY/REAL-ESTATE	130,215,000.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN RELATED ORGANIZATIONS	51,260,000.	COST
(D) NON-PUBLIC EQUITIES	65,311,000.	END-OF-YEAR MARKET VALUE
(E) STATE OF ISRAEL BONDS	13,451,000.	COST
(F) PRIVATE CREDIT INVESTMENT	10,542,000.	END-OF-YEAR MARKET VALUE
(G) PRIVATE COMPANIES	1,776,000.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	494,105,000.	

Part VIII Investments - Program Related.

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

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

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

(a) Description	(b) Book value
(1) AMOUNTS HELD ON BEHALF OF OTHER AGENCIES	57,206,000.
(2) ASSETS HELD UNDER CHARITABLE TRUST AGREEMENTS	26,341,000.
(3) UNEXPENDED BOND PROCEEDS	27,461,000.
(4) OTHER PROPERTY	25,005,000.
(5) INTERCOMPANY RECEIVABLES	559,000.
(6) CASH SURRENDER VALUE - LIFE INSURANCE	4,718,000.
(7) OTHER	1,270,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	142,560,000.

Other Liabilities. Part X

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)	LIAB. UNDER CHARITABLE TRUST & ANNUITY AGREEMENTS	36,612,000.
(3)	TAXABLE BOND LIABILITIES	33,203,000.
(4)	ACCRUED POSTRETIREMENT BENEFITS	4,259,000.
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 900, Part Y, col. (R) line 25.)	74,074,000.

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

Page **4**

ı aı	Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin		nevende per ne	turri.	
1	Total revenue, gains, and other support per audited financial statements			1	220,957,000.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		-39,555,000.		
	Donated services and use of facilities		300,000.		
С	Recoveries of prior year grants				
	Other (Describe in Part XIII.)	2d	26,224,000.		
	Add lines 2a through 2d			2e	-13,031,000.
	Subtract line 2e from line 1			3	233,988,000.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		5,691,000.		
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	5,691,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 t XII Reconciliation of Expenses per Audited Financial Sta)		5	239,679,000.
Par	Complete if the organization answered "Yes" on Form 990, Part IV, lin		Expenses per H	teturn.	
1	Total expenses and losses per audited financial statements			1	245,019,000.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a	300,000.		
	Prior year adjustments				
	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	300,000.
	Subtract line 2e from line 1			3	244,719,000.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,691,000.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	5,691,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	250,410,000.
Par	t XIII Supplemental Information.	,			
PART	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 42d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar IV, LINE 2B: AIN NETWORK AGENCIES INVEST IN THE UJA POOLED INVESTMENT	ny additional inforn		,,	
PART	V, LINE 4:				
INTE	NDED USES OF ENDOWMENT FUNDS:				
THE	ORGANIZATION'S OPERATING BUDGET IS BASED UPON A TOTAL "SO	OURCES & USES"			
OF F	UNDS CONCEPT. SOURCES OF FUNDING ARE IDENTIFIED DURING T	THE OPERATING			
BUDG	ET PROCESS TO COVER PLANNED EXPENDITURES. OTHER THAN THE	ANNUAL			
CAMP.	AIGN, THE ENDOWMENT IS THE NEXT SINGLE HIGHEST SOURCE OF	FUNDING FOR			
BUDG	ETARY NEEDS.				

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule D (Form 990) 2019 Page 5 Part XIII Supplemental Information (continued) FIN 48: THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL (ASC 740-10), RELATING TO UNCERTAINTY IN INCOME TAXES. FOR THE ORGANIZATION, ASC 740-10 IS PRIMARILY APPLICABLE TO THE INCURRENCE OF UNRELATED BUSINESS INCOME TAX ATTRIBUTABLE TO CERTAIN OF ITS INVESTMENTS. ASC 740-10 ESTABLISHES A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFITS OF POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN FILING TAX RETURNS. IT REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE. THERE ARE NO TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY THAN-NOT" THRESHOLD. PART XI, LINE 2D - OTHER ADJUSTMENTS: IMPUTED RENTAL INCOME 26,224,000. PART I, LINES 5 AND 6: THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS. HOWEVER, IT DOES MAINTAIN CERTAIN FUNDS WITH AND WITHOUT DONOR RESTRICTIONS ("SIMILAR FUNDS") THAT ARE OVERSEEN BY SPECIAL COMMITTEES. UJA APPOINTS A MAJORITY OF THE MEMBERS THAT SERVE ON EACH OF THESE SPECIAL COMMITTEES; OTHER MEMBERS MAY BE SELECTED BY THE DONOR OR THE DONOR'S FAMILY.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number

51-0172429

Рa	rt I Ge	eneral Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	For	m 990, Part IV	/, line 14b.				
1	For granti	nakers. Does	the organization	maintain record	ds to substantiate the amount of its gra		
	the grante	es' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2	For grants		ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outs	side the
_			fallender Deut	I l'a a O table a a	on the advantage at the adults and a second as a second		
3			(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Re	giori	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
IOR	TH AMERIC	A		1		INSURANCE SERVICES FOR NETWORK AGENCIES	10,705,000.
		-				MONITORING OF GRANTS - REFER TO SCHEDULE F, PART V, SUPPLEMENTAL	
IIDI	DLE EAST		1	8		, INFORMATION	1,472,000.
						LOANS FOR INVESTMENT IN NEW & EXISTING SOCIAL BUSINESS MARKET & TO	
IIDI	DLE EAST				PROGRAM-RELATED INVESTMENTS	SUPPORT ONGOING	634,000.
'AR	IBBEAN				INVESTMENTS		252,897,000.
3 a	Subtotal		1	9			265,708,000.
	Total from sheets to I	continuation Part I	0	0			0.
С	Totals (ad	a iines 3a	1	9			265 708 000.

Page 2

Schedule F (Form 990) 2019

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ı ns listed above that are r	I recognized as charities by the t	oreign country,	recognized as tax-ex	ı empt		I
by the IRS, or for which	ch the grantee or cou	nsel has provided a sect	ion 501(c)(3) equivalency letter					
3 Enter total number of	other organizations of	or entities						

Part III Grants and Other Assistance Part III can be duplicated if a			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

JEWISH PHILANTHROPIES OF NEW YORK, INC.

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)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign	Yes	X No
3	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 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)	X 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)	X 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)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Page 5

Schedule F (Form 990) 2019

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PART I, LINE 2: PROCEDURES FOR MONITORING THE USE OF FOREIGN GRANT FUNDS: FUNDS FOR OVERSEAS PROGRAM ACTIVITIES ARE DISTRIBUTED THROUGH THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) PRIMARILY TO THE JEWISH AGENCY FOR ISRAEL (JAFI) AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. (JDC). OVERSEAS ORGANIZATIONS RECEIVING FUNDS FROM JFNA UTILIZE SUCH FUNDS FOR ACTIVITIES AND PROGRAMS THAT SUPPORT UJA'S CHARITABLE PURPOSES. UJA'S ISRAEL OFFICE. IN CONJUNCTION WITH STAFF IN NEW YORK, REVIEW TWO ANNUAL REPORTS (A MID-YEAR AND A FINAL REPORT) FOR TARGETED GRANT PROGRAMS THAT ARE LOCATED IN ISRAEL AND OTHER FOREIGN LOCATIONS AND FOR WHICH FUNDS ARE DISTRIBUTED THROUGH JFNA. THE REPORTS INCLUDE NARRATIVE STATISTICAL, AND FINANCIAL COMPONENTS AND SERVE TO ENSURE THAT PROGRAMMATIC OBJECTIVES ARE APPROPRIATELY ATTAINED, AND THAT EXPENDITURES QUALIFY FOR REIMBURSEMENT UNDER THE GRANT. IN ISRAEL, UJA GRANTEE ORGANIZATIONS ARE LEGALLY REGISTERED WITH JAFI, WHICH RELEASES REGULAR GRANT PAYMENTS BASED ON COORDINATION WITH THE UJA'S ISRAEL OFFICE. PART I, LINE 3, COLUMN (E): REGION: MIDDLE EAST (E) SPECIFIC TYPES OF SERVICES IN REGION: LOANS FOR INVESTMENT IN NEW & EXISTING SOCIAL BUSINESS MARKET & TO SUPPORT ONGOING ACTIVITIES

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number

51-0172429

	Complete if the organization answers	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this pa				<u> </u>		
1 Indicate whether the organization rai						
a X Mail solicitations			-	overnment grants		
b X Internet and email solicitation			•	nment grants		
c X Phone solicitations	g X Special	l fundra	aising	events		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or	
key employees listed in Form 990, I	Part VII) or entity in connection with p	rofessi	onal fi	undraising services?	X Yes	☐ No
b If "Yes," list the 10 highest paid ind	, ,			ū		
compensated at least \$5,000 by the			g			
				1		Г
(2) Nicona and address of to distribute		(iii) fundr	Did	(1.)	(v) Amount paid	(vi) Amount paid
(i) Name and address of individual	(ii) Activity	have c	aiser ustody	(iv) Gross receipts	to (or retained by) fundraiser	to (or retained by)
or entity (fundraiser)		or cor contrib	ntrol of utions?	from activity	listed in col. (i)	organization
PAUL KANE - 3 STONE DRIVE,	SOLICITATION OF DONORS	Yes	No			
WESTPORT, CT 06880	(SEE PART IV)		х	7,866,000.	83,000.	7,783,000.
JRB CONSULTING SERVICES, LLC -	SOLICITATION OF DONORS			, ,	,	, ,
215 W 88TH ST, NY, NY 10024	(SEE PART IV)		x	3,486,000.	166,000.	3,320,000.
SANKY COMMUNICATIONS INC -	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
599 11TH AVE , NY, NY 10036	DIRECT MAIL (SEE PART IV)		x	878,000.	374,000.	504,000.
333 IIII AVE , NI, NI 10030	DIRECT MATE (SEE TART IV)	+	_ A	070,000.	374,000.	304,000.
	+		_			
				12 220 000	623 000	11 607 000
<u>Total</u>				12,230,000.	623,000.	
3 List all states in which the organizati or licensing.	on is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from re	gistration
NY,NJ,PA,FL,CT						

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

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			WALL STREET DINNER		79	col. (c))
<u>o</u>			(event type)	(event type)	(total number)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Revenue						
lğ.	1	Gross receipts	4,352,000.	2,115,000.	17,053,000.	23,520,000.
	_		2 007 000	2 115 000	15 647 000	21 750 000
	2	Less: Contributions	3,997,000.	2,115,000.	15,647,000.	21,759,000.
	3	Gross income (line 1 minus line 2)	355,000.		1,406,000.	1,761,000.
	3	Gross income (line 1 minus line 2)	333,000.		1,400,000.	1,701,000.
	4	Cash prizes	1,000.			1,000.
	•	54611 p11255	, -			,
	5	Noncash prizes			44,000.	44,000.
es						
Direct Expenses	6	Rent/facility costs			359,000.	359,000.
낆						
섫	7	Food and beverages	778,000.	1,000.	1,484,000.	2,263,000.
ă						
	8	Entertainment			531,000.	531,000.
	9	Other direct expenses		1,000.	723,000.	1,115,000.
	10	Direct expense summary. Add lines 4 through			>	4,313,000.
Pa	11 rt l	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		000 Part IV line 10 or r	concreted more than	-2,552,000.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	1990, 1 art IV, line 19, 01 1	eported more triair	
		÷,	() =:	(b) Pull tabs/instant	() 0 !!	(d) Total gaming (add
JI			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
တ္ထ	2	Cash prizes				
SUS						
Direct Expenses	3	Noncash prizes				
뒳		Dept/facility agets				
ä	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
10-	\\\\	ere any of the organization's gaming licenses re	wokod suspended er te	rminated during the tax :	voar?	Yes No
						res NO
D	"	Yes," explain:				

UNITED JEWISH APPEAL-FEDERATION OF

Sch	edule G (Form 990 or 990-EZ) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-	0172429	Page 3
_	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	∟ No
	Indicate the percentage of gaming activity conducted in:	ا ما	•
	a The organization's facility o An outside facility		<u>%</u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	of gaming revenue retained by the third party > \$ and the amount		
(If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
D 7 E			
	TI, LINE 2B, COLUMN (V):		
AMC	UNTS PAID TO THE PROFESSIONAL FUNDRAISERS PAUL KANE AND JRB CONSULTING		
SEF	VICES LLC LISTED ON PART I, LINE 2 (B) ARE BASED UPON FIXED FEE		
CON	TRACTUAL ARRANGEMENTS. AMOUNTS PAID TO SANKY COMMUNICATIONS INC.		
INC	LUDE A FIXED FEE CONTRACTUAL ARRANGEMENT (\$41,000) AS WELL AS PRINITNG		
ANI	POSTAGE OF (\$333,000).		

UNITED JEWISH APPEAL-FEDERATION OF

Schedule G	(Form 990 or 990-EZ) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 4
Part IV	(Form 990 or 990-EZ) JEWISH PHILANTHROPIES OF NEW YORK, INC. Supplemental Information (continued)		
	· · · (continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

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

UNITED JEWISH APPEAL-FEDERATION OF

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

JEWISH PHILANT	THROPIES OF N	EW YORK, INC.					51-0172429
Part I General Information on Grants at	nd Assistance						
Does the organization maintain records t criteria used to award the grants or assis						stance, and the selection	on X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	65,000. Part II can	be duplicated if additi	ional space is neede	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
92ND STREET YM-YWHA							
1395 LEXINGTON AVENUE							
NEW YORK, NY 10128	13-1624229	501(C)3	584,000.	0.			CARING / JEWISH LIFE
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	13-3091539	501(C)3	276,000.	0.			JEWISH LIFE
AFYA FOUNDATION OF AMERICA 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)3	604,000.	0.			CARING
AGAHOZO-SHALOM YOUTH VILLAGE INC. 620 EIGHTH AVENUE, 19TH FLOOR NEW YORK, NY 10018	27-3530769	501(C)3	9,000.	0.			CARING
AMERICAN FRIENDS OF OR NATIONAL MISSIONS - 36 WEST 44TH STREET, SUITE 1412 - NEW YORK, NY 10036	30-0208763	501(C)3	20,000.	0.			JEWISH LIFE
AVODAH: THE JEWISH SERVICE CORPS 125 MAIDEN LANE, ROOM 8B NEW YORK, NY 10038	13-3914342	501(C)3	50,000.	0.			JEWISH LIFE
2 Enter total number of section 501(c)(3) ar	nd government or	anizations listed in th	a lina 1 tabla				204.
3 Enter total number of other organizations	•	•					

Part II Continuation of Grants and Other A			nizations in the Un	ited States (Sche	edule I (Form 990), Pa		51-0172429 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRY AND FLORENCE FRIEDBERG							
JEWISH COMMUNITY CENTER - 15 NEIL							
COURT - OCEANSIDE, NY 11572	11-2002556	501(C)3	952,000.	0.			CARING / JEWISH LIFE
BELOVED BUILDERS INC							
123 CAMBRIDGE PLACE							
BROOKLYN, NY 11238	47-3898186	501(C)3	86,000.	0.			JEWISH LIFE
BEND THE ARC: A JEWISH PARTNERSHIP							
FOR JUSTICE - 333 SEVENTH AVENUE,							
19TH FLOOR - NEW YORK, NY 10001	52-1332694	501(C)3	12,000.	0.			JEWISH LIFE
BETH ISRAEL MEDICAL CENTER							
1ST AVENUE AT 16TH STREET NEW YORK, NY 10003	13-5564934	501 (C) 3	22,000.	0.			CARING
NEW TORK, NI 10005	13 3304334	301(0/3	22,000.	0.			CAKING
B'NAI BRITH YOUTH ORGANIZATION							
(BBYO) - 5432 MAYFIELD ROAD, ROOM							
205 - LYNDHURST, OH 44124	31-1794932	501(C)3	475,000.	0.			JEWISH LIFE
BORO PARK YM & YWHA							
4912 14TH AVENUE							
BROOKLYN, NY 11219	11-1630917	501(C)3	458,000.	0.			CARING / JEWISH LIFE
BRONX HOUSE EMANUEL CAMPS INC.							
D/B/A BERKSHIRE HILLS EISENBERG							
CAMPS - 405 LEXINGTON AVENUE, 7TH							
FLOOR - NEW YORK, NY 10174	13-1739934	501(C)3	231,000.	0.			JEWISH LIFE
BRONX HOUSE INC.							
990 PELHAM PARKWAY SOUTH	40.450005	504 (5) 2		_			
BRONX, NY 10461	13-1739935	501(C)3	308,000.	0.			CARING
BRONX JEWISH COMMUNITY COUNCIL							
2930 WALLACE AVENUE							
BRONX, NY 10467	13-2744533	501(C)3	186,000.	0.			CARING

Part II Continuation of Grants and Other A							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONX-RIVERDALE YM-YWHA							
5625 ARLINGTON AVENUE							
BRONX, NY 10471	13-1740507	501(C)3	651,000.	0.			CARING / JEWISH LIFE
BUKHARIAN JEWISH UNION 7150 PARSONS BOULEVARD, #3M FRESH MEADOWS, NY 11365	81-2748143	501(C)3	50,000.	0.			JEWISH LIFE
CAMP DORA GOLDING							
5515 NEW UTRECHT AVENUE							
BROOKLYN, NY 11219	13-6000413	501(C)3	50,000.	325,000.	APPRAISAL	IMPUTED RENT	JEWISH LIFE
GAMD DVMD DVD							
CAMP EXTREME							
335 CENTRAL AVENUE	36-4428246	501/C\3	16,000.	0.			JEWISH LIFE
LAWRENCE, NY 11559	30-4428240	501(0/3	18,000.	0.			DEMISH TILE
CAMP RAMAH IN BERKSHIRES							
25 ROCKWOOD PLACE, SUITE 345							
ENGLEWOOD, NJ 07631	13-1997276	501(C)3	10,000.	0.			JEWISH LIFE
CAROLINE AND JOSEPH S. GRUSS LIFE							
MONUMENT FUNDS, INC 45							
BROADWAY, SUITE 3050 - NEW YORK,							
NY 10006	13-3573461	501(C)3	3,496,000.	0.			JEWISH LIFE
CENTER FOR POPULAR DEMOCRACY							
449 TROUTMAN STREET, SUITE A							
BROOKLYN, NY 11237	45-3813436	501(C)3	188,000.	0.			JEWISH LIFE
CENTRAL NASSAU GUIDANCE &	10 1010100			<u> </u>			
COUNSELING SERVICES - 950 SOUTH							
OYSTER BAY ROAD - HICKSVILLE, NY							
11801	11-2438388	501(C)3	140,000.	0.			CARING
CHABAD LUBAVITCH OF THE RIVERTOWNS 303 BROADWAY							
DOBBS FERRY, NY 10522	26-0013388	501(C)3	7,000.	0.			CARING / JEWISH LIFE

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHALLAH FOR HUNGER							
1900 MARKET STREET , 8TH FLOOR							
PHILADELPHIA, PA 19103	26-1540827	501(C)3	63,000.	0.			CARING
СНАМАН							
420 LEXINGTON AVENUE, SUITE 300							
NEW YORK, NY 10170	23-7365688	501(C)3	74,000.	0.			CARING
CLAL - THE NATIONAL JEWISH CENTER			, ,	-			
FOR LEARNING AND LEADERSHIP - 440							
PARK AVENUE SOUTH, 4TH FLOOR - NEW							
YORK, NY 10016	23-7390358	501(C)3	155,000.	0.			JEWISH LIFE
COLLEGE OF STATEN ISLAND HILLEL			,				
2800 VICTORY BOULEVARD, BUILDING							
1A, ROOM 212A - STATEN ISLAND, NY							
10314	26-0212010	501(C)3	150,000.	0.			JEWISH LIFE
COMMUNITY ALLIANCE FOR			,				
JEWISH-AFFILIATED CEMETERIES							
(CAJAC) - 360 HAMILTON AVENUE -							
WHITE PLAINS, NY 10601	56-2649778	501(C)3	80,000.	0.			CARING
COMMUNITY INITIATIVES							
1000 BROADWAY, SUITE 480							
OAKLAND, CA 94607	94-3255070	501(C)3	190,000.	0.			 JEWISH LIFE
,			, -	-			
COMMUNITY SECURITY SERVICE							
132 EAST 43RD STREET, #552							
NEW YORK, NY 10017	26-0803826	501(C)3	250,000.	0.			CARING
CONGREGATION BETH ELOHIM							
274 GARFIELD PLACE							
BROOKLYN, NY 11215	11-1672755	501(C)3	131,000.	0.			JEWISH LIFE
CONGREGATION B'NAI JESHURUN							
257 WEST 88TH STREET	40.0=0.0==	504 (5) 2		_			
NEW YORK, NY 10024	13-0594858	501(C)3	39,000.	0.			DEMISH LIFE

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION B'NAI YISRAEL							
2 BANKSVILLE ROAD							
ARMONK, NY 10504	13-3058202	501(C)3	32,000.	0.			JEWISH LIFE
CONGREGATION CHABAD IN REACH ALIYA							
527 EAST NEW YORK AVENUE							
BROOKLYN, NY 11225	05-0609266	501(C)3	6,000.	0.			CARING
CONGREGATION RODEPH SHOLOM							
7 WEST 83RD STREET							
NEW YORK, NY 10024	13-1628164	501(C)3	135,000.	0.			JEWISH LIFE
COUNCIL OF JEWISH MIGR COMMUNITY							
ORGANIZATIONS, INC. (COJECO) - 40							
EXCHANGE PLACE, SUITE 1302 - NEW	42 2055526	504 (5) 2	422 222	•			
YORK, NY 10005	13-3955736	501(C)3	430,000.	0.			JEWISH LIFE
COUNCIL OF JEWISH ORGANIZATIONS OF							
FLATBUSH - 1523 AVENUE M, 3RD							
FLOOR - BROOKLYN, NY 11230	11-2864728	501(C)3	141,000.	0.			CARING
CROWN HEIGHTS JEWISH COMMUNITY							
COUNCIL - 392 KINGSTON AVENUE -							
BROOKLYN, NY 11225	23-7390996	501(C)3	112,000.	0.			CARING
CZ WELLNESS GROUP INC (CAMP ZEKE)							
4080 BROADWAY, SUITE 147							
NEW YORK, NY 10032	46-1869615	501(C)3	21,000.	307 000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
				,			
DOROT							
171 WEST 85TH STREET							
NEW YORK, NY 10024	13-3264005	501(C)3	497,000.	0.			CARING / JEWISH LIFE
EDEN VIII AGE GAMD							
EDEN VILLAGE CAMP 392 DENNYTOWN ROAD							
PUTNAM VALLEY, NY 10579	26-4373931	501 (C) 3	218,000.	140 000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
TOTALE VALUET, INT 103/3	70 ±21232T	001(0/3	210,000.	140,000.	TILL I MATOMI	LELOIED KEMI	DIMING / OBWISH HIPE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) Liiv	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
EDITH AND CARL MARKS JEWISH							
COMMUNITY HOUSE OF BENSONHURST -							
7802 BAY PARKWAY - BROOKLYN, NY							
11214	11-1633484	501(C)3	1,644,000.	0.			CARING / JEWISH LIFE
EDUCATIONAL ALLIANCE, INC.							
197 EAST BROADWAY							
NEW YORK, NY 10002	13-5562210	501(C)3	2,426,000.	4,130,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
ESHEL, INC.							
125 MAIDEN LANE							
NEW YORK, NY 10038	46-0539206	501(C)3	25,000.	0.			JEWISH LIFE
FAMILY SERVICE LEAGUE							
790 PARK AVENUE							
HUNTINGTON, NY 11743	11-1631827	501(C)3	40,000.	0.			CARING
,			1	<u>-</u>			
FEDERATION OF PROTESTANT WELFARE							
AGENCIES - 40 BROAD STREET, 5TH							
FLOOR - NEW YORK, NY 10004	13-5562220	501(C)3	60,000.	0.			JEWISH LIFE
FOJP SERVICE CORPORATION							
28 EAST 28TH STREET, 14TH FLOOR	12 2014141	E01/G)2	600,000	٥			CARTNO / TRUTON LIBE
NEW YORK, NY 10016	13-2914141	501(C)3	600,000.	0.			CARING / JEWISH LIFE
FOOTSTEPS, INC.							
114 JOHN STREET, SUITE 930							
NEW YORK, NY 10272	20-0666923	501(C)3	83,000.	0.			CARING / JEWISH LIFE
,			,				
FOUNDATION FOR JEWISH CAMP, INC.							
253 WEST 35TH STREET, 4TH FLOOR							
NEW YORK, NY 10001	22-3551013	501(C)3	471,000.	0.			CARING / JEWISH LIFE
FRIENDS OF BEZALEL ACADEMY OF ARTS							
AND DESIGN IN JERUSALEM - 370							
LEXINGTON AVENUE, SUITE 1612 - NEW							
YORK, NY 10017	13-2952614	501(C)3	20,000.	0.			JEWISH LIFE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =:: (if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
FRIENDS OF JCC KRAKOW							
74 LAFAYETTE AVENUE, SUITE 101							
SUFFERN, NY 10901	46-5714234	501(C)3	25,000.	0.			JEWISH LIFE
GOOD PLUS FOUNDATION, INC.							
306 WEST 37TH STREET, 8TH FLOOR							
NEW YORK, NY 10018	31-1777082	501(C)3	10,000.	0.			JEWISH LIFE
GURWIN JEWISH NURSING &							
REHABILITATION CENTER - 68							
HAUPPAUGE ROAD - COMMACK, NY 11725	11-2785201	501(C)3	108,000.	0.			CARING
HANNAH SENESH COMMUNITY DAY SCHOOL							
342 SMITH STREET							
BROOKLYN, NY 11231	20-3330699	501(C)3	70,000.	0.			JEWISH LIFE
HAROLD GRINSPOON FOUNDATION							
67 HUNT STREET, SUITE 100	04 6605505	E01/a) 2	200 000	0			
AGAWAM, MA 01001	04-6685725	501(C)3	300,000.	0.			JEWISH LIFE
HATZILU RESCUE ORGANIZATION INC.							
45 MANETTO HILL ROAD							
PLAINVIEW, NY 11803	11-2431808	501(C)3	30,000.	0.			CARING
HATZOLOH INCORPORATED							
1070 MCDONALD AVENUE							
BROOKLYN, NY 11230	80-0369977	501(C)3	50,000.	0.			CARING
HAZON, INC.							
25 BROADWAY , 17TH FLOOR				_			
NEW YORK, NY 10004	13-1623922	501(C)3	244,000.	0.			CARING / JEWISH LIFE
HEBREW ACADEMY OF LONG BEACH							
132 SPRUCE STREET							
CEDARHURST, NY 11516	11-1892079	501(C)3	162,000.	0.			JEWISH LIFE

	THROPIES OF NE	,					51-01/2429 Page 1
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEBREW ACADEMY OF NASSAU COUNTY (H.A.N.C.) - 240 HEMPSTEAD AVENUE - WEST HEMPSTEAD, NY 11552	11-1733449	501(C)3	58,000.	0.			JEWISH LIFE
HEBREW ACADEMY OF THE FIVE TOWNS AND ROCKAWAY (HAFTR) - 389 CENTRAL AVENUE - LAWRENCE, NY 11559	11-2551180	501(C)3	10,000.	0.			JEWISH LIFE
HEBREW EDUCATIONAL SOCIETY OF BROOKLYN - 9502 SEAVIEW AVENUE - BROOKLYN, NY 11236	11-1642720	501(C)3	620,000.	748,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HEBREW FREE BURIAL ASSOCIATION 125 MAIDEN LANE, UNIT 5B NEW YORK, NY 10038	13-5596755	501(C)3	331,000.	0.			CARING
HEBREW FREE LOAN SOCIETY 675 3RD AVENUE, SUITE 1905 NEW YORK, NY 10017	13-5562239	501(C)3	724,000.	0.			CARING / JEWISH LIFE
HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION - 1 WEST 4TH STREET - NEW YORK, NY 10012	31-0537067	501(C)3	85,000.	0.			JEWISH LIFE
HENRY KAUFMANN CAMPGROUNDS, INC. 667 BLAUVELT ROAD PEARL RIVER, NY 10965	13-5633239	501(C)3	573,000.	8,755,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HIAS, INC. (THE HEBREW IMMIGRANT AID SOCIETY) - 1300 SPRING STREET, 5TH FLOOR - SILVER SPRING, MD 20910	13-5633307	501(C)3	314,000.	0.			CARING
HILLEL AT BARUCH COLLEGE 55 LEXINGTON AVENUE, ROOM B2-210 NEW YORK, NY 10010	20-4777751	501(C)3	390,000.	0.			CARING / JEWISH LIFE

Part II Continuation of Grants and Other A			nizations in the Un	ited States (Sche	edule I (Form 990), Pa		51-0172429 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL AT BINGHAMTON UNIVERSITY							
WEST 208-B, UNIVERSITY UNION	01 0560065	E01/G\2	120.000	•			
BINGHAMTON, NY 13902 HILLEL FOUNDATION FOR JEWISH LIFE:	01-0569965	501(C)3	130,000.	0.			JEWISH LIFE
SNYDER HILLEL CENTER STONY BROOK							
UN - MELVILLE LIBRARY, SUITE N5580 - STONY BROOK, NY 11794	11-6112474	501(C)3	171,000.	0.			JEWISH LIFE
HILLEL: THE FOUNDATION FOR JEWISH							
CAMPUS LIFE - 800 EIGHTH STREET NW - WASHINGTON, DC 20001	52-1844823	501(C)3	692,000.	0.			JEWISH LIFE
HILLELS OF WESTCHESTER							
MAIN P.O. BOX 8							
PURCHASE, NY 10577	20-1355458	501(C)3	112,000.	0.			JEWISH LIFE
HOFSTRA UNIVERSITY HILLEL							
200 HOFSTRA UNIVERSITY, STUDENT CEN	1						
HEMPSTEAD, NY 11549	11-1630906	501(C)3	118,000.	0.			JEWISH LIFE
HONEYMOON ISRAEL FOUNDATION, INC.							
6070 WHITEGATE CROSSING							
EAST AMHERST, NY 14051	47-1291052	501(C)3	236,000.	0.			JEWISH LIFE
HUDSON RIVER HEALTHCARE, INC.							
1037 MAIN STREET							
PEEKSKILL, NY 10566	13-2828349	501(C)3	50,000.	0.			CARING
HUNTER COLLEGE HILLEL							
695 PARK AVENUE, BUILDING 1317A							
NEW YORK, NY 10065	13-3853221	501(C)3	173,000.	0.			JEWISH LIFE
IMISHPACHA INC.							
3495 NOSTRAND AVENUE							
BROOKLYN, NY 11229	82-2463353	501(C)3	10,000.	0.			JEWISH LIFE

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ESEARCH: BE'CHOL LASHON - 3198 PULTON STREET - SAN FRANCISCO, CA							
94118	94-3307253	501(C)3	150,000.	0.			JEWISH LIFE
IRANIAN AMERICAN JEWISH FEDERATION DF NY - 770 MIDDLE NECK RD., SUITE DP - GREAT NECK, NY 11024	01-0651843	501(C)3	8,000.	0.			JEWISH LIFE
SRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE, INC P.O. BOX 61227 - PALO ALTO, CA 94306	46-2118225	501(C)3	30,000.	0.			CARING
ISRAEL LACROSSE ASSOCIATION, INC. L501 BROADWAY, 21ST FLOOR NEW YORK, NY 10036	45-3857764	501(C)3	6,000.	0.			CARING
ISRAEL ON CAMPUS COALITION P.O. BOX 34640 WASHINGTON, DC 20043	30-0664947	501 (C) 3	115,000.	0.			JEWISH LIFE
ITREK INC. 1460 BROADWAY NEW YORK, NY 10036	45-5230138		10,000.	0.			JEWISH LIFE
JEWISH ASSOCIATION SERVING THE AGING (JASA) - 247 WEST 37TH STREET, 9TH FLOOR - NEW YORK, NY	13-2620896	501(C)3	2,910,000.	0.			CARING / JEWISH LIFE
JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES - 135 WEST 50TH STREET, 6TH FLOOR - NEW YORK, NY 10020	13-5564937		8,884,000.	0.			CARING / JEWISH LIFE
JEWISH CHILD CARE ASSOCIATION OF NEW YORK - 120 WALL STREET, 20TH FLOOR - NEW YORK, NY 10005	13-1624060		1,029,000.	0.			CARING / JEWISH LIFE

Schedule I (Form 990) JEWISH PHILANT		,					51-01/2429 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY ACTION							
2375 UNIVERSITY AVENUE WEST, SUITE							
SAINT PAUL, MN 55114	41-1830619	501/0\3	50,000.	0.			CARING
DAINI IAOD, PM 33114	41 1030013	501(0/5	30,000.	<u> </u>			CARTING
JEWISH COMMUNITY CENTER OF							
MID-WESTCHESTER - 999 WILMOT ROAD							
- SCARSDALE, NY 10583	13-3617061	501(C)3	711,000.	0.			CARING / JEWISH LIFE
	10 001/001	552(5)5	,,,,,,,,,	-			
JEWISH COMMUNITY CENTER OF STATEN							
ISLAND - 1466 MANOR ROAD - STATEN							
ISLAND, NY 10314	13-5562256	501(C)3	873,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY CENTERS			,				
ASSOCIATION OF NORTH AMERICA - 520							
8TH AVENUE, 4TH FLOOR - NEW YORK,							
NY 10018	13-5599486	501 (C) 3	207,000.	0.			JEWISH LIFE
10010	13 3333100	501(0)5	207,000.	••			
JEWISH COMMUNITY COUNCIL OF							
GREATER CONEY ISLAND - 3001 WEST							
37TH STREET - BROOKLYN, NY 11224	11-2665181	501 (C) 3	581,000.	0.			CARING
57111 BIRBET BROOKBIN, NI 11224	11 2003101	301(0/3	301,000.	<u> </u>			CIRCING
JEWISH COMMUNITY COUNCIL OF THE							
ROCKAWAY PENINSULA - 1525 CENTRAL							
AVENUE - FAR ROCKAWAY, NY 11691	11-2425813	501 (C) 3	296,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY RELATIONS COUNCIL		002(0)0	250,000.				
OF NEW YORK - 225 WEST 34TH							
STREET, SUITE 1607 - NEW YORK, NY							
10122	13-2869041	501 (C) 3	3,011,000.	0.			CARING / JEWISH LIFE
10122	13 2003011	301(3/3	3,011,000.	••			emerice , chargin hird
JEWISH COUNCIL FOR PUBLIC AFFAIRS							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	13-1624104	501 (C) 3	376,000.	0.			JEWISH LIFE
NEW TORK, NI 10004	13-1024104	DUI(C/3	370,000.	· ·			DEMISH DILE
JEWISH FEDERATIONS OF NORTH							
AMERICA - 25 BROADWAY, SUITE 1700							
- NEW YORK, NY 10004	13-1624240	501 (C) 3	5,291,000.	0.			CADING / JEWICH ITEE
- NEW TOKK, NI TOUGE	13-1024240	DOT (C)3	3,231,000.	١.			CARING / JEWISH LIFE

Part II Continuation of Grants and Other			nizations in the Un	ited States (Scho	edule I (Form 990), Pa		51-0172429 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR BIRTHRIGHT ISRAEL -							
25 BROADWAY, SUITE 1700 - NEW							
YORK, NY 10004	13-1624240	501(C)3	1,469,000.	0.			JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR JAFI - 25 BROADWAY,							
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)3	21,050,000.	0.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR JDC - 25 BROADWAY,	12 1604040	E01/G) 2	F 524 000	_			
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(0)3	7,534,000.	0.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR OVERSEAS TARGETED -							
25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004	13-1624240	501 (C) 3	11,321,000.	0.			CARING / JEWISH LIFE
10KK, N1 10004	13-1024240	501(0/5	11,321,000.	0.			CARING / DEWISH DIFE
JEWISH FUNDERS NETWORK							
150 WEST 30TH STREET, SUITE 900							
NEW YORK, NY 10001	23-2742482	501(C)3	50,000.	0.			CARING
,			, ,				
JEWISH HOME LIFECARE							
120 WEST 106TH STREET							
NEW YORK, NY 10025	13-1624033	501(C)3	304,000.	0.			CARING
JEWISH THEOLOGICAL SEMINARY OF							
AMERICA - 3080 BROADWAY - NEW				_			
YORK, NY 10027	13-0887640	501(C)3	176,000.	0.			CARING / JEWISH LIFE
TENT OIL MOMEN' O EQUINDATION OF MEN							
JEWISH WOMEN'S FOUNDATION OF NEW							
YORK, INC 130 EAST 59TH STREET,	12 2007050	E01/C) 2	10.000	_			TEWTOU ITEE
RM, 873 - NEW YORK, NY 10022	13-3897852	DUI(C)3	10,000.	0.			JEWISH LIFE
JOIN FOR JUSTICE							
359 BOYLSTON STREET, SUITE 4							
BOSTON, MA 02116	04-3617885	501(C)3	23,000.	0.			JEWISH LIFE

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa I	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JPRO NETWORK							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	13-1624105	501(C)3	10,000.	0.			JEWISH LIFE
JQY, INC. 1460 BROADWAY NEW YORK, NY 10036	27-5305498	501(C)3	57,000.	0.			CARING / JEWISH LIFE
			,				
JTA-MJL NEW CORP 24 WEST 30TH STREET, 4TH FLOOR NEW YORK, NY 10001	13-0887610	501(C)3	598,000.	0.			CARING / JEWISH LIFE
KEHILLATH SHALOM SYNAGOGUE							
58 GOOSE HILL ROAD COLD SPRING HARBOR, NY 11724	11-2202419	E01/G\2	30 000	0.			JEWISH LIFE
COLD SPRING HARBOR, NI 11/24	11-2202419	501(C/3	28,000.	0.			DEMISH FILE
KESHET, INC.							
284 AMORY STREET							
BOSTON, MA 02130	48-1278664	501(C)3	120,000.	0.			JEWISH LIFE
KINGS BAY YM-YWHA							
3495 NOSTRAND AVENUE							
BROOKLYN, NY 11229	11-3068515	501(C)3	860,000.	1,024,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
KNOCK KNOCK GIVE A SOCK							
60 STANFORD AVENUE							
WEST ORANGE, NJ 07052	47-2835516	501(C)3	8,000.	0.			JEWISH LIFE
KRAFT CENTER FOR JEWISH LIFE							
(COLUMBIA/BARNARD HILLEL) - 606							
WEST 115TH STREET - NEW YORK, NY							
10025	23-7077182	501(C)3	135,000.	0.			JEWISH LIFE
LIMMUD FSU INTERNATIONAL							
FOUNDATION, INC 80 CENTRAL PARK							
WEST, SUITE 2D - NEW YORK, NY				_			
10023	26-1870256	501(C)3	75,000.	0.			DEWISH LIFE

Part II Continuation of Grants and Other A	Assistance to Gov		nizations in the Un	ited States (Scho	edule I (Form 990), Pa		51-0172429 Pag
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIMMUD NA 2001 WILSHIRE BOULEVARD SANTA MONICA, CA 90403	81-4909696	501(C)3	80,000.	0.			JEWISH LIFE
MAIMONIDES MEDICAL CENTER 4802 10TH AVENUE BROOKLYN, NY 11219	11-1635081	501(C)3	202,000.	0.			CARING
MANHATTAN DAY SCHOOL 310 WEST 75TH STREET NEW YORK, NY 10023	13-1641081	501(C)3	21,000.	0.			JEWISH LIFE
MATAN: THE GIFT OF JEWISH LEARNING FOR EVERY CHILD - 520 EIGHTH AVENUE, FL, 4 - NEW YORK, NY 10018	13-4174834	501(C)3	6,000.	0.			JEWISH LIFE
MAYOR'S FUND TO ADVANCE NEW YORK CITY - 253 BROADWAY, 8TH FLOOR - NEW YORK, NY 10007	13-3783906	501(C)3	114,000.	0.			CARING / JEWISH LIFE
MECHON HADAR 190 AMSTERDAM AVENUE NEW YORK, NY 10023	26-4412164	501(C)3	250,000.	0.			JEWISH LIFE
METRO IAF, INC. 89-60 164TH STREET JAMAICA, NY 11432	13-3805406	501(C)3	30,000.	0.			JEWISH LIFE
METROPOLITAN COUNCIL ON JEWISH POVERTY - 77 WATER STREET, 26TH FLOOR - NEW YORK, NY 10005	13-2738818	501(C)3	6,077,000.	0.			CARING / JEWISH LIFE
METROPOLITAN JEWISH HEALTH SYSTEM 6323 7TH AVENUE, 3RD FLOOR BROOKLYN, NY 11220	11-3538697	501(C)3	383,000.	0.			CARING

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(2) =111	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
MID-ISLAND Y JEWISH COMMUNITY							
CENTER - 45 MANETTO HILL ROAD -							
PLAINVIEW, NY 11803	11-1841899	501(C)3	1,184,000.	0.			CARING / JEWISH LIFE
MOISHE HOUSE							
441 SAXONY ROAD							
ENCINITAS, CA 92024	26-2599786	501(C)3	740,000.	0.			JEWISH LIFE
MONTEFIORE MEDICAL CENTER							
111 EAST 210TH STREET							
BRONX, NY 10467	13-1740114	501(C)3	150,000.	0.			CARING
MOSHOLU-MONTEFIORE COMMUNITY							
CENTER - 3450 DEKALB AVENUE -							
BRONX, NY 10467	13-3622107	501(C)3	527,000.	266,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
MOUNT SINAI MEDICAL CENTER							
ONE GUSTAVE L. LEVY PLACE							
NEW YORK, NY 10029	13-6271888	501(C)3	217,000.	0.			CARING / JEWISH LIFE
MOVING TRADITIONS							
8380 OLD YORK ROAD, SUITE 4300							
ELKINS PARK, PA 19027	34-2015014	501(C)3	90,000.	0.			JEWISH LIFE
MUSEUM OF JEWISH HERITAGE: A							
LIVING MEMORIAL TO THE HOLOCAUST -							
36 BATTERY PLACE - NEW YORK, NY							
10280	13-3376265	501(C)3	31,000.	0.			JEWISH LIFE
MY GOOD DEED							
5151 CALIFORNIA AVENUE, 100							
IRVINE, CA 92617	45-0491886	501(C)3	15,000.	0.			JEWISH LIFE
NAMIONAL COMBEDENCE ON COULT							
NATIONAL CONFERENCE ON SOVIET							
JEWRY - 1120 20TH STREET, NW, SUITE 300N - WASHINGTON, DC 20036	12 2700517	E01/C) 2	F1 000	0.			TEWICH LIEF
BUILE SUUN - WASHINGTON, DC 20036	13-2700517	DOT (C) 2	51,000.	υ,			JEWISH LIFE

Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Orgai	nizations in the Un	ited States (Sch	edule I (Form 990), Pa I	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL COUNCIL OF JEWISH WOMEN							
NEW YORK SECTION - 241 WEST 72ND							
STREET - NEW YORK, NY 10023	13-1624132	501(C)3	23,000.	0.			JEWISH LIFE
NETWORK OF JEWISH HUMAN SERVICE							
AGENCIES - 50 EISENHOWER DRIVE,							
SUITE 100 - PARAMUS, NJ 07652	13-2752418	501(C)3	27,000.	0.			CARING
NEW YORK LEGAL ASSISTANCE GROUP							
7 HANOVER SQUARE, 18TH FLOOR							
NEW YORK, NY 10004	13-3505428	501(C)3	1,435,000.	0.			CARING
,			, ,				
NORTH SHORE HEBREW ACADEMY							
16 CHERRY LANE							
GREAT NECK, NY 11024	11-2200920	501(C)3	99,000.	0.			JEWISH LIFE
NODWINELL HEALTH BOUNDARION							
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE							
NEW HYDE PARK, NY 11042	11-2965575	501(C)3	115,000.	0.			CARING
		001(0)0		<u> </u>			
OHEL CHILDREN'S HOME AND FAMILY							
SERVICES - 1268 EAST 14TH STREET -							
BROOKLYN, NY 11230	11-6078704	501(C)3	611,000.	0.			CARING
ONTARD TODARI HOA ING							
ONWARD ISRAEL USA INC 633 THIRD AVENUE, 21ST FLOOR							
NEW YORK, NY 10017	81-2507413	501 (C) 3	240,000.	0.			JEWISH LIFE
NEW TORK, NT 10017	01 2307413	501(0/5	240,000.	٠.			DEWISH BIFE
OUR PLACE IN NEW YORK, INC.							
40 WALL STREET, 60TH FLOOR							
NEW YORK, NY 10005	11-3463309	501(C)3	25,000.	0.			CARING
PARKER JEWISH INSTITUTE FOR HEALTH							
CARE AND REHABILITATION - 271-11							
76TH AVENUE - NEW HYDE PARK, NY							
11040	13-2631069	501(C)3	163,000.	0.			CARING

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(D) LIIV	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
POLISH PENSION HELP INC. 3660 OXFORD AVENUE, SUITE 10G BRONX, NY 10463	82-1795001	501 (C) 3	6,000.	0.			CARING
PROJECT KESHER 210 WEST 101ST STREET, SUITE 8E NEW YORK, NY 10025	36-3673594		25,000.	0.			JEWISH LIFE
QUEENS COLLEGE HILLEL 6530 KISSENA BOULEVARD, ROOM 206 FLUSHING, NY 11367	11-3285824	501(C)3	245,000.	0.			JEWISH LIFE
QUEENS JEWISH COMMUNITY COUNCIL 11945 UNION TURNPIKE FOREST HILLS, NY 11375	23-7172152	501(C)3	88,000.	0.			CARING
RAMAZ SCHOOL 114 EAST 85TH STREET NEW YORK, NY 10028	13-1635279	501(C)3	72,000.	0.			JEWISH LIFE
REPAIR THE WORLD 1460 BROADWAY NEW YORK, NY 10036	36-4524686	501(C)3	289,000.	0.			CARING / JEWISH LIFE
RISING TREETOPS AT OAKHURST INC. 1140 BROADWAY, ROOM 903 NEW YORK, NY 10001	13-5674230	501(C)3	50,000.	0.			JEWISH LIFE
S.A.R. ACADEMY 655 WEST 254TH STREET RIVERDALE, NY 10471	13-2646185	501(C)3	222,000.	0.			JEWISH LIFE
SACRED SPACES INC. 5915 BEACON STREET PITTSBURGH, PA 15217	81-3167473	501(C)3	101,000.	0.			CARING

(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
SAFE FOUNDATION, INC.							
255 AVENUE W							
BROOKLYN, NY 11223	26-0102131	501(C)3	58,000.	0.			CARING
SAMUEL FIELD Y DBA COMMONPOINT							
QUEENS - 5820 LITTLE NECK PARKWAY	44 2054542	504 (5) 2	2 222 222	2 402 000			
- LITTLE NECK, NY 11362	11-3071518	501(C)3	3,970,000.	3,403,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
SANCTUARY FOR FAMILIES, INC.							
P.O. BOX 1406 WALL STREET STATION							
NEW YORK, NY 10268	13-3193119	501(C)3	20,000.	0.			CARING
SBH COMMUNITY SERVICE NETWORK,							
INC 425 KINGS HIGHWAY -				_			
BROOKLYN, NY 11223	23-7406410	501(C)3	243,000.	0.			CARING
SECURE COMMUNITY NETWORK, INC.							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	20-1437733	501(C)3	273,000.	0.			CARING
SELFHELP COMMUNITY SERVICES							
520 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	13-1624178	501(C)3	2,744,000.	0.			CARING
SEPHARDIC COMMUNITY ALLIANCE							
1061 OCEAN PARKWAY							
BROOKLYN, NY 11230	27-0728655	501(C)3	35,000.	0.			JEWISH LIFE
	27 072000	001(0)0	00,000:				222 22.12
SEPHARDIC COMMUNITY CENTER							
1901 OCEAN PARKWAY							
BROOKLYN, NY 11223	11-2567809	501(C)3	631,000.	0.			CARING / JEWISH LIFE
SHALOM HARTMAN INSTITUTE OF NORTH							
AMERICA - 475 RIVERSIDE DRIVE,	12 201120-	E01/G) 2	400.000	2			TRUIT GILL I TRIP
SUITE 1450 - NEW YORK, NY 10115	13-3014387	DOT(C)3	408,000.	0.		1	JEWISH LIFE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
SHALOM TASK FORCE, INC. 500 SEVENTH AVENUE, 8TH FLOOR	44 2005504	504 (5) Q	50.000				
NEW YORK, NY 10018	11-3207504	501(C)3	50,000.	0.			JEWISH LIFE
SHEFA SCHOOL INC. 40 EAST 29TH STREET NEW YORK, NY 10016	47-2048496	501(C)3	50,000.	0.			JEWISH LIFE
SHOREFRONT YM-YWHA OF BRIGHTON - MANHATTAN BEACH - 3300 CONEY ISLAND AVENUE - BROOKLYN, NY 11235	11-3070228	501(C)3	1,113,000.	3,192,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
SID JACOBSON JEWISH COMMUNITY CENTER - 300 FOREST DRIVE - EAST HILLS, NY 11548	11-1976051	501(C)3	1,431,000.	0.			CARING / JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF LONG ISLAND - 1 BARBARA LANE - JERICHO, NY 11753	11-2149235	501(C)3	179,000.	0.			JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF QUEENS 7616 PARSONS BOULEVARD FLUSHING, NY 11366	11-1803692	501(C)3	209,000.	0.			JEWISH LIFE
SURPRISE LAKE CAMP 520 8TH AVENUE, 4TH FLOOR NEW YORK, NY 10018	13-1623869	501(C)3	164,000.	0.			JEWISH LIFE
SVARA 4700 N. RAVENSWOOD AVENUE, SUITE B CHICAGO, IL 60640	20-0292435	501(C)3	57,000.	0.			JEWISH LIFE
SWIPE OUT HUNGER 800 WILSHIRE BOULEVARD, SUITE 2 LOS ANGELES, CA 90017	45-2038035	501(C)3	40,000.	0.			JEWISH LIFE

(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	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	(book, FMV, appraisal, other)		
TEMPLE ISRAEL OF GREAT NECK							
108 OLD MILL RD.							
GREAT NECK, NY 11023	11-1715797	501(C)3	9,000.	0.			JEWISH LIFE
THE ALEXANDER M. & BRENDA R.							
FANGER HILLEL AT BROOKLYN COLLEGE							
- 2901 CAMPUS ROAD - BROOKLYN, NY							
11210	11-6036253	501(C)3	257,000.	0.			JEWISH LIFE
THE ALEXANDER MUSS HIGH SCHOOL IN							
ISRAEL - 78 RANDALL AVENUE -							
ROCKVILLE CENTRE, NY 11570	59-0173782	501/0\3	65,000.	0.			JEWISH LIFE
THE AMERICAN JEWISH JOINT	33-0173702	501(0/5	03,000.	0.			DEWISH HIFE
DISTRIBUTION COMMITTEE, INC 220							
EAST 42ND STREET, SUITE 400 - NEW							
YORK, NY 10017	13-1656634	501(C)3	3,030,000.	0.			CARING / JEWISH LIFE
iona, ni iooi,	13 1030034	301(0/3	3,030,000:	• •			CIRCING / CHWICH HILL
THE BLUE CARD, INC.							
171 MADISON AVENUE, ROOM #1405							
NEW YORK, NY 10016	13-1623910	501(C)3	124,000.	0.			CARING
THE EDGAR M. BRONFMAN CENTER FOR							
JEWISH STUDENT LIFE: HILLEL AT NYU							
- 7 EAST 10TH STREET - NEW YORK,							
NY 10003	13-5562308	501(C)3	413,000.	0.			JEWISH LIFE
THE FOUNDATION FOR ART AND HEALING							
77 STEARNS ROAD							
BROOKLINE, MA 02446	33-1125148	501 (C) 3	48,000.	0.			CARING
BROOKLINE, MA 02440	33-1123140	501(0/5	40,000.	0.			CARING
THE HILLCREST JEWISH CENTER							
183-02 UNION TURNPIKE							
FLUSHING, NY 11366	11-1639813	501(C)3	15,000.	0.			CARING
THE JEWISH COMMUNITY CENTER IN			,	••			<u> </u>
MANHATTAN - 334 AMSTERDAM AVENUE							
AT 76TH STREET - NEW YORK, NY							
10023	13-3490745	501(C)3	1,751,000.	0.			CARING / JEWISH LIFE

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Orgai	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JEWISH COMMUNITY CENTER ON THE							
HUDSON - 371 SOUTH BROADWAY -							
TARRYTOWN, NY 10591	23-7229163	501(C)3	769,000.	0.			CARING / JEWISH LIFE
THE JEWISH EDUCATION PROJECT							
520 8TH AVENUE, SUITE 1510							
NEW YORK, NY 10018	13-1632519	501(C)3	4,979,000.	0.			JEWISH LIFE
THE LEFFELL SCHOOL							
555 W. HARTSDALE AVENUE							
HARTSDALE, NY 10530	13-6209307	501(C)3	315,000.	0.			JEWISH LIFE
			·				
THE MARION AND AARON GURAL JCC							
INC 207 GROVE AVENUE -							
CEDARHURST, NY 11516	11-2546437	501(C)3	1,189,000.	0.			CARING / JEWISH LIFE
THE NEW YORK BOARD OF RABBIS, INC.							
171 MADISON AVENUE, SUITE 1602							
NEW YORK, NY 10016	13-1809283	501(C)3	100,000.	0.			JEWISH LIFE
THE NEW YORK COMMUNITY TRUST							
909 3RD AVENUE, FL, 22							
NEW YORK, NY 10022	13-3062214	501(C)3	1,500,000.	0.			CARING
THE SAFE CENTER LI, INC.							
15 GRUMMAN ROAD WEST, SUITE 1000							
BETHPAGE, NY 11714	11-2442377	501(C)3	11,000.	0.			CARING
THE SHABBAT PROJECT INC. DBA ONE							
TABLE - 79 MADISON AVENUE, 2ND							
FLOOR - NEW YORK, NY 10016	46-4715368	501(C)3	150,000.	0.			JEWISH LIFE
THE SUFFOLK Y JEWISH COMMUNITY							
CENTER - 74 HAUPPAUGE ROAD -							
COMMACK, NY 11725	11-2435521	501(C)3	815,000.	0.			CARING / JEWISH LIFE

Part II Continuation of Grants and Other A		vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa		51-0172429 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)3	49,000.	0.			JEWISH LIFE
TIKVA CORP 8 HENDERSON DRIVE WEST CALDWELL, NJ 07006	22-3779212	501(C)3	7,000.	0.			JEWISH LIFE
TOURO COLLEGE 500 SEVENTH AVENUE NEW YORK, NY 10018	13-2676570	501(C)3	103,000.	0.			JEWISH LIFE
T'RUAH 266 WEST 37TH STREET, SUITE 803 NEW YORK, NY 10018	45-0464545	501(C)3	71,000.	0.			JEWISH LIFE
TSHUVAH CENTER, INC. 600 3RD AVENUE, 22ND FLOOR NEW YORK, NY 10016	83-0603442	501(C)3	135,000.	0.			CARING
UNION FOR REFORM JUDAISM 633 3RD AVENUE, FL, 7 NEW YORK, NY 10017	13-1663143	501(C)3	65,000.	0.			JEWISH LIFE
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA (ORTHODOX UNION) - 11 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	13-5623717		170,000.	0.			JEWISH LIFE
UNITED JEWISH COUNCIL OF THE EAST SIDE, INC 465 GRAND STREET, 4TH FLOOR - NEW YORK, NY 10002	13-2735378		23,000.	0.			CARING
UPSTART BAY AREA 1111 BROADWAY , 3RD FLOOR OAKLAND, CA 94607	26-3094076	501(C)3	150,000.	0.			JEWISH LIFE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(, =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JSDAN CENTER FOR THE CREATIVE &							
PERFORMING ARTS - 420 EAST 79TH							
STREET, SUITE 3D - NEW YORK, NY							
10075	13-2792668	501(C)3	118,000.	3,934,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
WASHINGTON HEIGHTS INWOOD							
PRESERVATION & RESTORATION CORP							
121 BENNETT AVENUE, ROOM 11A - NEW							
YORK, NY 10033	13-2944830	501(C)3	42,000.	0.			CARING
HIRGINGUIRGEED, DAY, GGUOOT							
WESTCHESTER DAY SCHOOL							
856 ORIENTA AVENUE	12 2646102	E01/Q\2	32,000	0			TRUTOU I TRE
MAMARONECK, NY 10543	13-2646183	DUI(C)3	32,000.	0.			JEWISH LIFE
WESTCHESTER JEWISH COMMUNITY							
SERVICES - 845 NORTH BROADWAY,							
SUITE 2 - WHITE PLAINS, NY 10603	13-1740071	501(C)3	2,157,000.	0.			CARING / JEWISH LIFE
BOILD Z WHILD LEMIND, NI 10003	13 1740071	301(0/3	2,137,000.	· ·			CIRCING / CHWIGH HILL
WESTCHESTER JEWISH COUNCIL							
925 WESTCHESTER AVENUE, SUITE 200							
WHITE PLAINS, NY 10604	13-2856699	501(C)3	133,000.	0.			CARING / JEWISH LIFE
,			'	-			
WESTERN STATES CENTER INC.							
P.O. BOX #40305							
PORTLAND, OR 97240	93-0952137	501(C)3	100,000.	0.			JEWISH LIFE
WITNESS TO MASS INCARCERATION							
111 WEST 71ST STREET, SUITE 4H							
NEW YORK, NY 10023	82-5460402	501(C)3	40,000.	0.			JEWISH LIFE
YESH TIKVA, INC.							
324 SOUTH BEVERLY DRIVE, #354							
BEVERLY HILLS, CA 90212	47-3886529	501(C)3	10,000.	0.			JEWISH LIFE
VEGUTVA DADGUET MODAU							
YESHIVA DARCHEI TORAH							
257 BEACH 17TH STREET	11 0545452	E01/G) 2	F0.000	2			TRUTCH T TRU
FAR ROCKAWAY, NY 11691	11-2545173	DOT (C) 2	58,000.	0.			JEWISH LIFE

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(8)	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ESHIVA OF SOUTH SHORE							
170 WILLIAM STREET							
HEWLETT, NY 11557	11-2125702	501(C)3	57,000.	0.			JEWISH LIFE
YESHIVAH OF FLATBUSH							
19 EAST TENTH STREET	11 1620015	E01/G)2	107 000				
ROOKLYN, NY 11230	11-1630915	501(C)3	197,000.	0.			JEWISH LIFE
M & YWHA OF WASHINGTON HEIGHTS &							
INWOOD - 54 NAGLE AVENUE - NEW							
ORK, NY 10040	13-1635308	501(C)3	1,427,000.	0.			CARING / JEWISH LIFE
OUNG JUDAEA CAMP SPROUT LAKE							
575 8TH AVENUE, 11TH FLOOR				_			
NEW YORK, NY 10018	13-2830437	501(C)3	431,000.	0.			JEWISH LIFE

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) JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

Page 2

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	26	102,000.	0.		
ISRAEL EXPERIENCE AWARDS - PROVIDES NEED AND MERIT					
BASED SCHOLARSHIPS FOR ISRAEL TRIPS FOR TEENS AND YOUNG ADULTS	39	73,000.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRAN	r funds:				
TARGETED GRANTS GENERALLY REQUIRE TWO ANNUAL REPORT	rs (A Mid-Yea	AR AND A			
FINAL REPORT). THE REPORTS INCLUDE NARRATIVE, STA	ristical, and) FINANCIAL			
COMPONENTS AND SERVE TO ENSURE THAT PROGRAMMATIC OF	BJECTIVES ARE	1			
APPROPRIATELY ATTAINED, AND THAT EXPENDITURES QUAL:	IFY FOR REIME	BURSEMENT			
UNDER THE GRANT. UJA STAFF MEMBERS REVIEW THE REPO					
APPROPRIATE USE OF THE FUNDS AND TO ASSESS IF GOALS					
PAYMENTS ARE RELEASED TO THE GRANTEES ACCORDINGLY.	(CONTINUED I	N PART IV)			

51-0172429

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990) Page 2 Part IV | Supplemental Information SCHEDULE I, PART I, LINE 2, PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS (CONTINUED): UJA ALSO PROVIDES CORE OPERATING SUPPORT (UNRESTRICTED) GRANTS TO VARIOUS CORE PARTNERS. THE ORGANIZATION CONDUCTS A PERIODIC REVIEW OF THESE AGENCIES AND REQUIRES COMPLETION OF AN AGENCY ACCOUNTABILITY GUIDELINES SURVEY REGARDING BEST PRACTICES. SCHEDULE I, PART II, GRANTS TO THE JEWISH FEDERATIONS OF NORTH AMERICA: UJA REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. JFNA IS THE UMBRELLA ORGANIZATION FOR DOMESTIC JEWISH FEDERATIONS AND IS THE PRINCIPAL VEHICLE THROUGH WHICH UJA DISTRIBUTES FUNDS FOR OVERSEAS PROGRAM ACTIVITIES. DISTRIBUTIONS BY JFNA GO PRIMARILY TO THE JEWISH AGENCY FOR ISRAEL AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. JFNA FILES A SEPARATE FORM 990 AND REPORTS THE DETAIL OF OVERSEAS GRANTS ON SCHEDULE F. ORGANIZATIONS RECEIVING FUNDS FROM JFNA UTILIZE SUCH FUNDS FOR ACTIVITIES AND PROGRAMS THAT SUPPORT UJA'S CHARITABLE PURPOSES. THE FOLLOWING IS A LISTING OF \$11,321,000 OF TARGETED GRANTS MADE THROUGH JFNA: 8200 ALUMNI ASSOCIATION (SHIN MEM 2)(A"R) - \$8,000 ACHIM L'CHAIM - BROTHERS FOR LIFE - \$75,000 AJEEC-NISPED - \$50,000 AMCHA-NATIONAL ISRAELI CENTER FOR PSYCHOSOCIAL SUPPORT OF SURVIVORS -

\$300,000

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part IV | Supplemental Information

ANU: MAKING CHANGE - \$19,000

AVIV FOR HOLOCAUST SURVIVORS - \$50,000

BAR-ILAN UNIVERSITY - \$75,000

BARZILAI MEDICAL CENTER - \$51,000

BAT MELECH - \$9,000

BEIT BERL COLLEGE - \$177,000

BEIT HASHANTI - \$10,000

BEIT RUTH - \$80,000

BEIT TEFILAH ISRAELI - \$125,000

BET ELAZRAKI CHILDRENS HOME - \$8,000

BINA: THE JEWISH MOVEMENT FOR SOCIAL CHANGE - \$244,000

CENTER ORGANIZATIONS OF HOLOCAUST SURVIVORS IN ISRAEL - \$53,000

DESERT STARS - \$155,000

FOUNDATION FOR THE WELFARE OF HOLOCAUST VICTIMS - \$50,000

FRIENDS OF ATIDIM - \$100,000

GESHER EDUCATIONAL AFFILIATES - \$33,000

HAVAZELET CULTURAL & EDUCATIONAL INSTITUTES OF HASHOMER HATZAIR -

\$225,000

HEBREW UNIVERSITY OF JERUSALEM - \$250,000

INJAZ CENTER FOR PROFESSIONAL ARAB LOCAL GOVERNANCE - \$50,000

ISRAEL HOFSHEET - \$131,000

ISRAEL TRAUMA COALITION - \$307,000

ITIM: THE JEWISH LIFE INFORMATION CENTER - \$200,000

JEWISH FEDERATION OF NORTH AMERICA - \$61,000

KAIMA - \$20,000

KEDMA - \$200,000

KEREN MACCABIM SHEL YOTZEI IRAN (MACCABEE FOUNDATION) - \$50,000

KEREN MAHALACH - \$8,000

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Schedule I (Form 990) Page 2 Part IV | Supplemental Information KOL ISRAEL HAVERIM- ALLIANCE: THE CENTER FOR JEWISH SOCIAL LEADERSHIP -\$53,000 KOLECH - RELIGIOUS WOMEN'S FORUM - \$60,000 LANDMARKS (TSYUNEI DERECH) - \$60,000 LATET - ISRAELI HUMANITARIAN AID - \$157,000 LESHEM MIFALIM HINUCHIIM - \$230,000 MAMANET MOTHER'S CACHIBOL LEAGUE - \$9,000 MAOZ - \$500,000 MASA ISRAELI - \$150,000 MASORTI (CONSERVATIVE) MOVEMENT - \$80,000 MEA YADOT - \$8,000 MELITZ CENTERS FOR JEWISH-ZIONIST EDUCATION - \$105,000 NALAGA'AT - \$8,000 NEEMANEI TORA VEAVODA - \$170,000 NIGUN HALEV - \$20,000 NITZANIM: JEWISH ISRAELI IDENTITY - \$30,000 NOCHAH - GIVING AS A WAY OF LIFE - \$32,000 OGEN: FREE LOAN FUND - \$100,000 OLIM BEYAHAD - \$180,000 PEACEPLAYERS INTERNATIONAL MIDDLE EAST - \$8,000 RASHUT HARABIM - \$56,000 REUT GROUP- FROM VISION TO REALITY - \$215,000

SHALVA - THE ISRAEL ASSOCIATION FOR CARE AND INCLUSION OF PERSONS WITH

DISABILITIES - \$75,000

SHE'ARIM - FULFILLING ISRAELI JUDAISM - \$5,000

SHEATUFIM - \$325,000

SHISHI SHABBAT YISRAELI - \$60,000

SIKKUY: THE ASSOCIATION FOR THE ADVANCEMENT OF CIVIC EQUALITY -

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC. Part IV Supplemental Information	51-0172429	Page 2
Part IV Supplemental Information		
\$200,000		
SOS CHILDREN'S VILLAGES ISRAEL - \$7,000		
TALMA - THE ISRAEL PROGRAM FOR EXCELLENCE IN ENGLISH - \$34,000		
THE ARAB CENTER FOR ALTERNATIVE PLANNING - \$75,000		
THE HESCHEL CENTER FOR SUSTAINABILITY - \$76,000		
THE HOTLINE FOR REFUGEES AND MIGRANTS - \$25,000		
THE ISRAEL ASSOCIATION OF COMMUNITY CENTERS, LTD \$155,000		
THE JEWISH AGENCY FOR ISRAEL (PROGRAMS IN FORMER SOVIET UNION) -		
\$2,060,000		
THE JEWISH AGENCY FOR ISRAEL (OTHER PROGRAMS) - \$2,001,000		
THE JEWISH PEOPLE POLICY INSTITUTE - \$100,000		
THE JOINT COUNCIL OF PRE-ARMY LEADERSHIP DEVELOPMENT PROGRAMS - \$50,000		
THE NACHSHONIM ASSOCIATION - \$61,000		
THE SHALDAG FOUNDATION - \$512,000		
THE YAACOV HERZOG CENTER FOR JEWISH STUDIES - \$15,000		
TIKUN MOVEMENT FOR CULTURE AND SOCIETY RENEWAL IN ISRAEL - \$7,000		
UNISTREAM - \$8,000		
WORLD ORT - \$50,000		
YESODOT LEZMICHA DROR - \$15,000		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

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

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK,

Questions Regarding Compensation

Employer identification number 51-0172429

OMB No. 1545-0047

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
_				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study X X X X X X X X X			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 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 aren't listed on Form 990, Part VII.

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) ERIC S. GOLDSTEIN	(i)	573,036.	0.	6,009.	496,048.	44,148.	1,119,241.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) IRVIN A. ROSENTHAL	(i)	448,261.	0.	22,525.	22,812.	44,422.	538,020.	9,343.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) ELLEN R. ZIMMERMAN	(i)	346,128.	0.	5,176.	18,692.	19,538.	389,534.	0.	
SECRETARY/GEN'L COUNSEL & CCO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MARK MEDIN	(i)	521,606.	300,000.	6,112.	157,440.	40,741.	1,025,899.	275,000.	
EXEC. VICE PRESIDENT - FRD	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) DEVANA COHEN	(i)	472,513.	222,450.	955.	8,400.	16,132.	720,450.	0.	
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) GRAHAM CANNON	(i)	334,325.	0.	3,286.	10,648.	42,391.	390,650.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DEBORAH JOSELOW	(i)	324,877.	0.	3,162.	17,132.	38,540.	383,711.	0.	
CHIEF PLANNING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) LOUISA CHAFEE	(i)	293,843.	0.	1,484.	9,065.	2,861.	307,253.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) STUART TAUBER	(i)	277,407.	0.	9,351.	15,226.	45,508.	347,492.	0.	
VICE PRESIDENT, REGIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) WILLIAM SAMERS	(i)	268,713.	0.	1,444.	9,016.	49,503.	328,676.	0.	
VP, PLANNED GIVING & ENDOWNMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) JOANN LOCASCIO	(i)	249,925.	0.	843.	8,376.	40,063.	299,207.	0.	
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(12) MARC ZUCKERMAN	(i)	237,423.	12,000.	1,233.	13,541.	42,199.	306,396.	0.	
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(13) COURTNEY WEINSTEIN	(i)	235,707.	500.	448.	7,902.	2,934.	247,491.	0.	
VICE PRESIDENT, AFFINITY	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)							_	
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Page 3

Part III | Supplemental Information

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

PART I, LINE 4B:

SUPPLEMENTAL NON-OUALIFIED RETIREMENT PLAN PARTICIPATION-

ERIC S. GOLDSTEIN - \$487.648 WAS ACCRUED DURING THE PERIOD JULY 1.2019-JUNE

30,2020 WITH RESPECT TO TWO DEFERRED COMPENSATION AGREEMENTS: (A) COVERING

THE PERIOD JULY 1. 2014-JUNE 30.2017 AND (B) COVERING THE PERIOD JULY 1.

2017-JUNE 30 2020.

(A) IN ORDER TO RECEIVE AMOUNTS PREVIOUSLY REPORTED IN SCHEDULE J. PART II.

COLUMN C OF PRIOR FORM 990S AND \$121,564 ACCRUED DURING THE PERIOD JULY

1.2019-JUNE 30.2020, MR. GOLDSTEIN WAS REQUIRED TO REMAIN IN THE EMPLOY OF

UJA UNTIL JANUARY 15, 2020.

(B) IN ORDER TO RECEIVE AMOUNTS PREVIOUSLY REPORTED IN SCHEDULE J. PART II.

COLUMN C OF PRIOR FORM 990S AND \$366,084 ACCRUED DURING THE PERIOD JULY

1.2019-JUNE 30.2020, MR. GOLDSTEIN WAS REQUIRED TO REMAIN IN THE EMPLOY OF

UJA UNTIL JUNE 30 2020.

OTHER EMPLOYEES:

THE FOLLOWING EMPLOYEES MUST REMAIN IN THE EMPLOY OF UJA UNTIL AGE 65 TO

REALIZE THE FOLLOWING BENEFITS ACCRUED DURING THE PERIOD JULY 1 2019 -

JUNE 30 2020 AND REFLECTED IN SCHEUDLE J. PART II. COLUMN C:

51-0172429

Page 3

Part III | Supplemental Information

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

ELLEN R. ZIMMERMAN - \$4,285

MARK MEDIN - \$24,690

GRAHAM CANNON - \$2,124

DEBORAH JOSELOW - \$2,935

LOUISA CHAFEE - \$582

WILLIAM SAMERS - \$365

IN ORDER TO RECEIVE THE FOLLOWING BENEFITS REPORTED IN SCHEDULE J. PART II.

COLUMN C. MARK MEDIN MUST REMAIN IN THE EMPLOY OF UJA UNTIL:

SEPTEMBER 30, 2019 - \$25,000

SEPTEMBER 30, 2022 - \$93,750

PART II, LINE 2:

MR. ROSENTHAL'S BASE COMPENSATION INCLUDED ON FORM W-2 FOR THE 2019

CALENDAR YEAR WAS \$470 786. MR. ROSENTHAL PARTICIPATES IN A SUPPLEMENTAL

NON-QUALIFIED RETIREMENT PLAN (THE PLAN) UNDER INTERNAL REVENUE CODE

SECTION 457(F). UNDER THE PLAN. MR. ROSENTHAL ACCRUED SUPPLEMENTAL

RETIREMENT BENEFITS THAT VESTED WHEN HE REACHED 65. THE COST OF THE

EXPECTED BENEFIT WAS ACCRUED EACH YEAR ON A GAAP BASIS AND REFLECTED IN

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
UJA'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS AND WAS REFLECTED
IN MR. ROSENTHAL'S COMPENSATION AS REPORTED IN THOSE FORM 990 FILINGS.
HAVING SATISFIED THE PLAN'S AGE AND EMPLOYMENT REQUIREMENTS IN SEPTEMBER
2015, MR. ROSENTHAL'S BENEFIT VESTED. THE ACTUARIALLY CALCULATED TAXABLE
BENEFIT OF \$9,343 WAS INCLUDED IN HIS FORM W-2 FOR CALENDAR YEAR 2019.
UNDER THE TERMS OF THE PLAN, MR. ROSENTHAL RECEIVED A DISTRIBUTION OF
\$3,571 IN NOVEMBER 2019, REPRESENTING THE INCOME TAXES AND PAYROLL TAXES
DUE ON THE VESTED BENEFIT. THE REMAINING BENEFIT, INCLUDING FUTURE
ACCRUALS TO BE EARNED UNDER THE PLAN, WILL BE PAID TO MR. ROSENTHAL AT THE
TERMINATION OF EMPLOYMENT BY UJA, EXCEPT THAT THE INCOME TAXES AND PAYROLL
TAXES DUE ON SUCH FUTURE ACCRUALS WILL BE PAID ANNUALLY.

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number 51-0172429

Part I Bond Issues	INCITED OF NEW T	,											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(d) Date issued (e) Issue prior		(f) Description	on of purpose	se (g) Defeased		(h) On of is		(i) Po	
								Yes	No	Yes	No	Yes	No
A NYC INDUSTRIAL DEVELOPMENT AGENCY	13-2906040	649438JF6	05/30/12	25,3	82,000.ct	URRENT REFU	NDING ISSUE		х		х		Х
B BUILD NYC RESOURCE CORP.	45-4040561	12008ECW4	08/14/14	31,2	58,000.CT	URRENT REFU	NDING ISSUE		Х		х		х
_C													
D Part II Proceeds			ı										
			А			В	С				D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			25,	382,000.	3	31,258,000.							
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds				382,000.		563,000.							
8 Credit enhancement from proceeds													
9 Working capital expenditures from proceeds	i												
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds						14,000.							
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	g issue of tax-exempt	bonds (or,											
if issued prior to 2018, a current refunding is	sue)?		Х		Х								
15 Were the bonds issued as part of a refunding	g issue of taxable bor	nds (or, if											
issued prior to 2018, an advance refunding i	ssue)?			Х		Х							
16 Has the final allocation of proceeds been ma	ade?		Х		Х								
17 Does the organization maintain adequate bo													
final allocation of proceeds?			Х		Х								

Part III Private Business Use С D Was the organization a partner in a partnership, or a member of an LLC, Yes No Yes Yes No No Yes No which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of Х Х bond-financed property? **3a** Are there any management or service contracts that may result in private Х Х business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of X X bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government % % % % 6 Total of lines 4 and 5 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х Х governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed % % % c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Х Х Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage C D 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Х Х Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? Х Х a Rebate not due yet? Х X **b** Exception to rebate? Х **c** No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Х 3 Is the bond issue a variable rate issue?

51-0172429

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part IV Arbitrage (continued)								
		A	E	3			D)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?		Х		Х				
Part V Procedures To Undertake Corrective Action	•	•	•	•	•			
		A	E	3		<u> </u>	П	
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?		х		Х				
Part VI Supplemental Information. Provide additional information for responses to question	s on Schedule	K. See instru	uctions	•	•			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. Employer identification number 51-0172429

Par	τι	lypes	of Property							
				(a)	(b)	(c)	(0	-	_	
				Check if	Number of contributions or	Noncash contribution amounts reported on	Method of o			_
				applicable		Form 990, Part VIII, line 1g	Horicasii contini	Julion ai	Hourite	5
1	Art -	- Works of a	art							
2			treasures							
3			interests							
4			lications							
5			ousehold goods							
6			vehicles							
7			es							
8		llectual pro								
9			olicly traded	Х	301	7,090,000.	SELLING PRICE			
10			sely held stock							
11			tnership, LLC, or							
	trus	t interests								
12	Sec	urities - Mis	cellaneous							
13			ervation contribution -							
	Hist	oric structu	ıres							
14	Qua	alified conse	ervation contribution - Other							
15	Rea	l estate - R	esidential							
16	Rea	l estate - C	ommercial							
17	Rea	l estate - O	ther							
18	Coll	ectibles		Х	1	24,000.	SELLING PRICE			
19										
20			dical supplies							
21	Taxi	idermy								
22	Hist	orical artifa	cts							
23	Scie	entific spec	imens							
24			artifacts							
25			ISRAEL BONDS)	Х	4	96,000.	FACE VALUE			
26	Oth	er 🕨 ()							
27	Oth	er 🕨 ()							
28	Oth	er 🕨 ()							
29			ms 8283 received by the organiz	-	•					
	for v	which the o	rganization completed Form 828	83, Part IV, I	Donee Acknowledg	jement 29			1	
									Yes	No
30a	Duri	ing the yea	r, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it			
	mus	st hold for a	it least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for			
			ses for the entire holding period?	?				30a	\sqcup	Х
b			be the arrangement in Part II.							
31			nization have a gift acceptance p				tions?	31	Х	—
32a		-	nization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			_	
		tributions?						32a	Х	
b		•	be in Part II.							
33			ion didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is che	cked,			
	des	cribe in Par	t II.							

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

Schedule M (Form 990) 2019

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, LINE 32B:
PART I:	
THE ORGA	NIZATION UTILIZES INDEPENDENT BROKERS TO SELL SECURITIES AND
COLLECTI	BLES CONTRIBUTED TO THE ORGANIZATION.

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.

Employer identification number 51-0172429

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CORE NETWORK OF 65 HEALTH HUMAN-SERVICE EDUCATIONAL & COMMUNITY-BUILDING INSTITUTIONS. ITS GOVERNMENT ADVOCACY HELPS THEM SECURE TENS OF MILLIONS OF DOLLARS ANNUALLY FOR SERVICES TO NEW YORKERS IN NEED. THROUGH RESEARCH AND CONVENING EXPERTS. UJA DELIVERS STRATEGIC SOLUTIONS TO EMERGING ISSUES AFFECTING THE JEWISH AND BROADER COMMUNITY. IT FUNDS IMPORTANT COMMUNITY PROGRAMS, LAUNCHES R&D PROJECTS & MOBILIZES TO OFFER A JEWISH RESPONSE TO HUMANITARIAN CRISES LOCALLY & AROUND THE WORLD. WHEN COVID STRUCK, UJA MOBILIZED ITS PARTNER AND FINANCIAL RESOURCES TO HELP VULNERABLE NEW YORKERS AND DEVELOPED A PLAN TO ENSURE THAT JEWISH INSTITUTIONS WOULD STILL BE IN PLACE TO SERVE THE COMMUNITY WHEN THE PANDEMIC ENDS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: BEYOND ITS NORMAL ACTIVITIES. INCLUDING EMERGENCY CASH ASSISTANCE ADDITIONAL ASSISTANCE TO FOOD PANTRIES, AND ENHANCED MENTAL HEALTH SERVICES AND EMPLOYMENT COUNSELING. UJA ALSO PROMOTES VOLUNTEERISM, FACILITATING THE RECRUITMENT AND TRAINING OF VOLUNTEERS WHO SERVE CLIENTS AT DOZENS OF NONPROFITS. UJA SUPPORTS PROGRAMS IN ISRAEL AND IN NEARLY 70 OTHER COUNTRIES AROUND THE WORLD THAT PROVIDE BASIC HUMAN SERVICES AND ENABLE IMMIGRATION TO ISRAEL BY JEWS LIVING IN AT-RISK COMMUNITIES. IN THE AFTERMATH OF NATURAL DISASTERS IN THE US AND ABROAD, AND TERRORISM AND WARS IN ISRAEL AND ELSEWHERE, UJA, THROUGH ITS NONPROFIT PARTNERS, ASSISTS VICTIMS. PROVIDES TRAUMA RELIEF TO INDIVIDUALS AND COMMUNITIES. AND WORKS TO BUILD RESILIENCE. RESPONDING TO INCREASING ANTI-SEMITISM, UJA

Name of the organization UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	Employer identification number 51-0172429
HAS DEVELOPED AND FUNDED PROGRAMS TO ENHANCE SECURITY FOR JEWISH	
INSTITUTIONS IN THE NEW YORK AREA.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
AT JEWISH DAY SCHOOLS AND SCHOLARSHIPS FOR ISRAEL EXPERIENCE PROGRAMS	
AND JEWISH SUMMER DAY AND OVERNIGHT CAMPS, ALL IMPORTANT PLATFORMS FOR	
POSITIVE JEWISH EXPERIENCE AND ENGAGEMENT. RECOGNIZING THAT ISRAEL IS	
FUNDAMENTAL TO THE JEWISH PAST, PRESENT, AND FUTURE, UJA ALSO HELPS	
JEWS WHO CHOOSE TO IMMIGRATE TO ISRAEL. IN ADDITION, UJA INVESTS IN	
STRENGTHENING ISRAELI CIVIL SOCIETY TO PROMOTE AN INCLUSIVE,	
DEMOCRATIC, AND THRIVING JEWISH STATE. IN BOTH ISRAEL AND NEW YORK, UJA	
SUPPORTS COMMUNITY RELATIONS ORGANIZATIONS THAT PROMOTE EQUALITY AND	
MUTUAL RESPECT AMONG DIVERSE POPULATIONS AND STRENGTHEN RELATIONSHIPS	
BETWEEN JEWS AND THE BROADER COMMUNITY, ADVOCATING AROUND ISSUES OF	
COMMON CAUSE.	
FORM 990, PART VI, SECTION A, LINE 2:	
FAMILY AND BUSINESS RELATIONSHIPS AMONG OFFICERS, DIRECTORS AND KEY	
EMPLOYEES:	
JEFFREY H. ARONSON, EXECUTIVE COMMITTE AT LARGE/DIRECTOR AND STEPHEN J.	
GIRSKY, DIRECTOR BUSINESS RELATIONSHIP	
BRETT H. BARTH, GENERAL CAMPAIGN CHAIR/DIRECTOR AND MARC E. WOLF, DIRECTOR	
FAMILY RELATIONSHIP	
JAY CHAZANOFF, DIRECTOR AND LAWRENCE J. COHEN, CHAIR, PLANNED GIVING &	
ENDOWMENTS/DIRECTOR BUSINESS RELATIONSHIP	
JACOB W. DOFT, DIRECTOR AND SUZANNE W. DOFT, GENERAL CAMPAIGN	
CHAIR/DIRECTOR FAMILY RELATIONSHIP	
DAVID EDELSON, DIRECTOR AND BENJAMIN J. TISCH, DIRECTOR BUSINESS	

Name of the organization UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.	Employer identification number 51-0172429
RELATIONSHIP	
LAURIE GIRSKY, CHAIR, UJA WOMEN/DIRECTOR AND STEPHEN J. GIRSKY, DIRECTOR	
FAMILY RELATIONSHIP	
WAYNE K. GOLDSTEIN, PLANNING CHAIR/DIRECTOR AND TARA SLOANE-GOLDSTEIN,	
DIRECTOR FAMILY RELATIONSHIP	
JONATHON C. HELD, DIRECTOR AND SUSAN K. HELD, DIRECTOR FAMILY RELATIONSHIP	
ALISA F. LEVIN, DIRECTOR AND CHARLES M. NATHAN, DIRECTOR FAMILY	
RELATIONSHIP	
ALISA F. LEVIN, DIRECTOR AND CERTAIN COVERED PERSONS AS CLIENTS OF HER	
LEGAL SEARCH FIRM BUSINESS RELATIONSHIP	
GREGORY S. LYSS, TREASURER/DIRECTOR AND DAVID L. MOORE, CHAIR OF THE	
BOARD/DIRECTOR BUSINESS RELATIONSHIP	
DAVID SILVERS, DIRECTOR AND PATRICIA SILVERS, DIRECTOR FAMILY RELATIONSHIP	
JEFFREY M. STERN, DIRECTOR AND PETER K. STERN, DIRECTOR FAMILY	
RELATIONSHIP	
FORM 990, PART VI, SECTION B, LINE 11B:	
DESCRIPTION OF PROCESS FOR REVIEW OF FORM 990:	
INITIALLY, FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD AND	
RECOMMENDED FOR APPROVAL BY THE EXECUTIVE COMMITTEE. THE DRAFT DOCUMENT IS	
THEN DISTRIBUTED TO, REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.	
AFTER OBTAINING EXECUTIVE COMMITTEE APPROVAL, FORM 990 IS DISTRIBUTED	
ELECTRONICALLY TO ALL BOARD MEMBERS PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
UJA'S STANDARDS & CONFLICTS COMMITTEE MONITORS AND ENFORCES COMPLIANCE WITH	
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IN ADDITION, UJA'S ETHICAL	
GUIDELINES OUTLINE PROCEDURES FOR ENFORCEMENT IN INSTANCES WHERE CONFLICTS	

Name of the organization	UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.		nployer identification number 51-0172429
	SENIOR PROPERTY OF NEW TORK, THE.		01 01/2125
OF INTEREST EXIST.			
FORM 990, PART VI, SE	CTION B, LINE 15:		
PURSUANT TO ITS BYLAW	S, UJA-FEDERATION HAS A COMPENSATION COMMITTEE,		
COMPOSED OF INDEPENDE	NT OFFICERS OF THE ORGANIZATION. THE COMMITTEE		
REVIEWS AND APPROVES	THE COMPENSATION OF THE MOST HIGHLY COMPENSATED		
EXECUTIVES OF UJA-FED	ERATION. UJA RETAINS AN INDEPENDENT COMPENSATION	ī	
CONSULTANT TO PROVIDE	COMPARABILITY DATA IN ORDER TO DEMONSTRATE THE		
REASONABLENESS OF THE	RECOMMENDED COMPENSATION FOR SENIOR EXECUTIVES C	F	
UJA-FEDERATION. THE	DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE		
CONTEMPORANEOUSLY REC	ORDED IN MINUTES OF THE COMMITTEE; THOSE MINUTES	ARE	
CIRCULATED TO AND APP	ROVED BY THE MEMBERS OF THE COMPENSATION COMMITTE	Œ.	
FORM 990, PART VI, SE	CTION C, LINE 19:		
	EREST POLICY, ETHICAL GUIDELINES AND FINANCIAL		
STATEMENTS ARE MADE A	VAILABLE TO THE PUBLIC ON ITS WEBSITE AND BY REQU	JEST.	
THE ORGANIZATION'S GO	VERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST	1.	
FORM 990, PART XI, LI	NE 9, CHANGES IN NET ASSETS:		
IMPUTED RENTAL INCOME	26,224	,000.	
POSTRETIREMENT BENEFI	T CHANGES NOT INCLUDED IN NET PERIODIC		
BENEFIT COST	-513	,000.	
TOTAL TO FORM 990, PA	RT XI, LINE 9 25,711	.,000.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Open to Public Inspection **Employer identification number** 51-0172429

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
212-00 23RD AVENUE LLC - 83-2811001					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		750,000.	YORK
3328 CONEY ISLAND AVENUE LLC - 83-2797504					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		720,000.	YORK
344 EAST 14 STREET LLC - 83-2858824					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		0.	YORK
VCCIF I-A LLC - 83-3546610					
130 EAST 59TH STREET	INVESTMENTS IN PRIVATE				UJA-FEDERATION OF NEW
NEW YORK, NY 10022	EQUITY	DELAWARE		1,776,000.	YORK

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BLAU FAMILY FOUNDATION - 13-3386869							ĺ
130 EAST 59TH STREET				SCHEDULE A,	SEE SCHEDULE R,		İ
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
FEDERATION THRIFT SHOP, INC 13-2854418							
130 EAST 59TH STREET				SCHEDULE A,			
NEW YORK, NY 10022	PUBLIC CHARITY	NEW YORK	501(C)(3)	LINE 10	UJA	х	
JEWISH COMMUNAL FUND - 23-7174183							
575 MADISON AVENUE				SCHEDULE A,	SEE SCHEDULE R,		İ
NEW YORK, NY 10022	PUBLIC CHARITY	NEW YORK	501(C)(3)	LINE 7	PART VII	х	
THE BARON DE HIRSCH FUND - 13-5562971							
130 EAST 59TH STREET	1			SCHEDULE A,	SEE SCHEDULE R,		ĺ
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	

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

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
3495 NOSTRAND AVENUE LLC - 83-2777679					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		2,570,000.	YORK
58-20 LITTLE NECK PKWY - 83-2875340					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		0.	YORK
9502 SEAVIEW AVENUE LLC - 83-2891313					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK		0.	YORK
	_				

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Continu	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		Yes	No
THE BUNIM FUND - 13-4091263	4						
130 EAST 59TH STREET	4			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	
THE CAROLINE AND JOSEPH S. GRUSS LIFE	_						
MONUMENT FUNDS, INC 13-3573461, 45	_			SCHEDULE A,	SEE SCHEDULE R,		
BROADWAY, SUITE 3050, NEW YORK, NY 10006	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12B	PART VII	Х	
THE CASLOW FAMILY FOUNDATION - 13-4008908							
130 EAST 59TH STREET				SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	
THE CHUCK GOLDMAN FAMILY SUPPORTING							
FOUNDATION - 13-3458302, 130 EAST 59TH				SCHEDULE A,	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE DANIEL AND THALIA FEDERBUSH FOUNDATION	-						
13-3386873, 130 EAST 59TH STREET, NEW YORK,	7			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE DAVID AND JUDY FLEISCHER FOUNDATION -							
03-0433540, 130 EAST 59TH STREET, NEW YORK,	7			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE DORIS AND ISAAC MOINESTER FOUNDATION -							
13-3797662, 130 EAST 59TH STREET, NEW YORK,	7			SCHEDULE A	SEE SCHEDULE R.		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE DUBIN FAMILY FOUNDATION - 13-3863354							
130 EAST 59TH STREET	7			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	l x	
THE ERIC & TAMAR GOLDSTEIN FOUNDATION -							
16-1647207, 130 EAST 59TH STREET, NEW YORK,	-			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022		NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE FREDMAN LICHTENSTEIN FAMILY FOUNDATION	-					 -	
13-4131687, 130 EAST 59TH STREET, NEW YORK,	-			SCHEDULE A	SEE SCHEDULE R		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE FRIDSON FAMILY FOUNDATION - 13-4082250	BOTTONTING CROMIZATION	NEW TORK	301(0)(3)	DINE 1211	12M1 VII	71	
130 EAST 59TH STREET	\dashv			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
•	DOIFORTING ORGANIZATION	MEM TOVV	201(0)(3)	DINE 12A	TUVI AII		-
THE JEANNETTE R. & SIDNEY L. SOLOMON	\dashv			CCHEDITE 3	CEE COMEDITE D		
FOUNDATION - 13-3852165, 130 EAST 59TH	-	NEW YORK	E01/G)/3)	SCHEDULE A,	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		Yes	No
THE JOAN & JEROME R. JAKUBOVITZ FOUNDATION -	1						
13-3797217, 130 EAST 59TH STREET, NEW YORK,				SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	
THE JOEL & ORA BENTON, MONROE BENTON							
MEMORIAL FOUNDATION - 13-3927715, 130 EAST				SCHEDULE A,	SEE SCHEDULE R,		
59TH STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	
THE LEVY FAMILY FOUNDATION - 13-3499576							
130 EAST 59TH STREET				SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	Х	
THE MARC AND HARRIET SUVALL FOUNDATION -							
13-3978407, 130 EAST 59TH STREET, NEW YORK,	7			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE RICHARD C. AND LISA N. PERRY FOUNDATION							
- 13-3864962, 130 EAST 59TH STREET, NEW	1			SCHEDULE A,	SEE SCHEDULE R,		
YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE ROBERT & MARILYN FRIEDSON FOUNDATION -							
13-3801041, 130 EAST 59TH STREET, NEW YORK,	1			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE SELTZER FAMILY FOUNDATION - 13-3799971							
130 EAST 59TH STREET	1			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE SIDNEY AND MIRIAM LOEWY FRIEND							
FOUNDATION - 13-3801851, 130 EAST 59TH	7			SCHEDULE A,	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE SOL AND MILDRED LEDERMAN FOUNDATION -							
27-4349693, 130 EAST 59TH STREET, NEW YORK,	1			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	USUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE TAMEAD FOUNDATION - 56-2305424							
130 EAST 59TH STREET	-			SCHEDULE A	SEE SCHEDULE R		
NEW YORK, NY 10022	USUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE WANDERER FAMILY FOUNDATION - 59-3814958			552(5)(5)				
130 EAST 59TH STREET	1			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE WILLIAM AND ELEANOR GREENBLATT FAMILY		10111	-31(3)(3)			1	
FOUNDATION - 13-3792270, 130 EAST 59TH	1			SCHEDULE A,	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
SIREEI, NEW TORK, NI 10022	POTTORTING ORGANIZATION	MEM TOWN	Por(C)(3)	HIME IVA	LULI ATT	_ ^	l

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	g) 512(b)(13)
of related organization	Filliary activity	foreign country)	section	status (if section		contr organiz	rolled zation?
or rolated organization		loreign country)	00011011	501(c)(3))	or the s	Yes	No
THE ZIFF HERITAGE FOUNDATION - 51-0599051						1.00	110
130 EAST 59TH STREET	1			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
U F PROPERTY CORP 51-0188274							
130 EAST 59TH STREET	REAL ESTATE HOLDING						
NEW YORK, NY 10022	COMPANY	NEW YORK	501(C)(2)		UJA	Х	
UJA-FED PROPERTIES, INC 13-4043266							
130 EAST 59TH STREET	REAL ESTATE HOLDING						
NEW YORK, NY 10022	COMPANY	NEW YORK	501(C)(2)		UJA	х	
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Schedule R (Form 990) 2019

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionate tions?		Genera manag partn	Percentage ping ownership
225 FOURTH COMPANY HOLDING											
LLC - 13-3935925, 130 EAST											
59TH STREET, NEW YORK, NY											
10022	REAL ESTATE	NY	N/A	UNRELATED	12,000.			x	N/A	Х	25.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	o)(13) rolled ity?
NETWORK ADVANTAGE LTD 77-777777		, ,						Yes	No
141 FRONT STREET, 3RD FLOOR									
HAMILTON, BERMUDA HM19	INVESTMENT COMPANY	BERMUDA	N/A	C CORP	2,400,000.	17,783,000.	100%	х	ĺ
NETWORK AGENCY INSURANCE, LTD 98-1459746									
141 FRONT STREET, 3RD FLOOR	CAPTIVE INSURANCE								ĺ
HAMILTON, BERMUDA HM19	COMPANY	BERMUDA	N/A	C CORP	14,658,000.	51,109,000.	100%	Х	
CHARITABLE REMAINDER TRUSTS (26)	CHARITABLE REMAINDER TRUSTS	NY	N/A					x	
, ,									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
b	Gift, grant, or capital contribution to related organization(s)	1b	Х		
	Gift, grant, or capital contribution from related organization(s)	1c	Х		
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
g	Sale of assets to related organization(s)	1g		Х	
h	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
n	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1р		Х	
	Reimbursement paid by related organization(s) for expenses	1q	Х		
r	Other transfer of cash or property to related organization(s)	1r	Х		
	Other transfer of cash or property from related organization(s)	1s	Х		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE CAROLINE & JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC.	В	3,496,000.	GRANTS MADE
(2) JEWISH COMMUNAL FUND	С	27,049,000.	GRANTS RECEIVED
(3) THE SIDNEY AND MIRIAM LOEWY FRIEND FOUNDATION	С	5,905,000.	GRANTS RECEIVED
(4) THE JOEL & ORA BENTON, MONROE BENTON MEMORIAL FOUNDATION	С	786,000.	GRANTS RECEIVED
(5) THE ERIC AND TAMAR GOLDSTEIN FOUNDATION	С	75,000.	GRANTS RECEIVED
(6) THE SELTZER FAMILY FOUNDATION	С	60,000.	GRANTS RECEIVED

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) JEWISH COMMUNAL FUND	Q	3,404,000.	ACTUAL EXPENSE AMOUNTS
(8) UJA-FED PROPERTIES, INC.	Q	1,000,000.	ACTUAL EXPENSE AMOUNTS
(9) THE JEWISH WOMEN'S FOUNDATION OF NEW YORK, INC.	Q	604,000.	ACTUAL EXPENSE AMOUNTS
(10) NETWORK AGENCY INSURANCE LTD.	R	1,036,000.	ACTUAL CASH TRANSFERS
(11) THE JEWISH WOMEN'S FOUNDATION OF NEW YORK, INC.	R	67,000.	ACTUAL CASH TRANSFERS
(12) JEWISH COMMUNAL FUND	s	1,539,000.	ACTUAL CASH TRANSFERS
(13) CHARITABLE REMAINDER TRUSTS (5)	s	1,200,000.	ACTUAL CASH TRANSFERS
(14) NETWORK AGENCY INSURANCE LTD.	S	772,000.	ACTUAL CASH TRANSFERS
(15) NETWORK ADVANTAGE LTD.	s	238,000.	ACTUAL CASH TRANSFERS
(16) THE MARC AND HARRIET SUVALL FOUNDATION	S	68,000.	ACTUAL CASH TRANSFERS
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0040

Schedule R (Form 990) 2019 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
SCHEDULE R, PART II, COLUMN (F) - DIRECT CONTROLLING ENTITY		
THE RELATED TAX-EXEMPT ORGANIZATIONS IN PART II INCLUDE THE JEWISH		
COMMUNAL FUND ("JCF"), A DONOR ADVISED FUND OF WHICH UJA IS THE SOLE		
MEMBER, THE CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS ("GRUSS		
FUNDS"), AND 26 OTHER SUPPORTING ORGANIZATIONS. ALTHOUGH JCF, THE		
GRUSS FUNDS, AND THE OTHER 26 SUPPORTING ORGANIZATIONS MEET THE		
DEFINITION OF A CONTROLLED ENTITY UNDER INTERNAL REVENUE CODE SECTION		
512(B)(13),UJA, JCF, AND THE GRUSS FUNDS DO NOT BELIEVE THAT THE ASSETS		
OF JCF AND THE GRUSS FUNDS ARE AVAILABLE TO MEET THE OBLIGATIONS OF		
UJA. SIMILARLY, ALTHOUGH UJA NAMES A MAJORITY OF THE DIRECTORS OF EACH		
OF THE 26 OTHER SUPPORTING ORGANIZATIONS AND ALTHOUGH UJA AND ITS		
NETWORK AGENCIES RECEIVED APPROXIMATELY 52.3% AND 5.7%, RESPECTIVELY,		
OF THE TOTAL GRANTS MADE BY THESE SUPPORTING ORGANIZATIONS DURING THE		
FIVE YEAR PERIOD ENDED JUNE 30, 2020, THE DIRECTORS OF THE SUPPORTING		
ORGANIZATIONS HAVE AN INDEPENDENT FIDUCIARY DUTY TO THE ORGANIZATIONS.		
AS A RESULT, UJA BELIEVES THAT THE ASSETS OF THESE SUPPORTING		
ORGANIZATIONS ARE NOT AVAILABLE TO MEET THE OBLIGATIONS OF UJA.		