Form 990

Return of Organization Exempt From Income Tax

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

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



Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
					UN 30, 2021	Inspection			
	heck if		f organization	j	D Employer identificat	tion number			
	pplicabl	e.	JEWISH APPEAL-FEDERATION OF						
	Addre		PHILANTHROPIES OF NEW YORK, INC.						
	Name		USINESS AS UJA-FEDERATION OF NEW YORK		51-0172429				
	E Telephone number 212-836-1730								
	1,903,650,000.								
	termir ated Amen return	ded NEW VC	own, state or province, country, and ZIP or foreign postal code RK, NY 10022-1302		G Gross receipts \$ H(a) Is this a group retu				
	Applic		nd address of principal officer: ERIC S. GOLDSTEIN		for subordinates?				
	pendi		F 59TH STREET, NEW YORK, NY 10022		H(b) Are all subordinates include				
IT	ax-ex	empt status:	x 501(c)(3) $\boxed{501(c)}$ () ◀ (insert no.) $\boxed{4947(a)(1)}$	or 527					
		te: 🕨 WWW.UJ			H(c) Group exemption r				
ΚF	orm of	f organization:	x Corporation Trust Association Other ▶	L Year	of formation: 1975 M S				
	art I	Summary			•	- · · · ·			
	1	Briefly describ	e the organization's mission or most significant activities:	DERATION	CARES FOR JEWS				
ЭС			W YORKERS, RESPONDS TO CRISES AND SHAPES THE JEWISH						
Governance	2	Check this bo	x x if the organization discontinued its operations or dispos	ed of more	than 25% of its net assets	S.			
ver					3	156			
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			156			
کە ي									
/itie			of volunteers (estimate if necessary)			5000			
Activities &					7a	2,082,000.			
<	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			Ο.			
					Prior Year	Current Year			
đ	8	Contributions	and grants (Part VIII, line 1h)		192,741,000.	224,911,000.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		1,288,000.	1,244,000.			
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		47,907,000.	107,349,000.			
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,257,000.	479,000.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		239,679,000.	333,983,000.			
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		163,445,000.	180,971,000.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		58,127,000.	48,185,000.			
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		630,000.	302,000.			
Expenses	b	Total fundrais	ng expenses (Part IX, column (D), line 25) 🕨 31 , 925 ,	000.					
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		28,208,000.	29,524,000.			
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		250,410,000.	258,982,000.			
		Revenue less	expenses. Subtract line 18 from line 12		-10,731,000.	75,001,000.			
or Ces				Be	ginning of Current Year	End of Year			
Net Assets or - und Balances	20	Total assets (F	Part X, line 16)		1,420,472,000.	1,746,380,000.			
t As d B	21	Total liabilities	(Part X, line 26)		211,519,000.	239,963,000.			
_			fund balances. Subtract line 21 from line 20		1,208,953,000.	1,506,417,000.			
	art II	Signature							
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my kn	owledge and belief, it is			

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Т

Sign Here	Signature of officer JOANN LOCASCIO, CONTROLLER Type or print name and title		I	Date							
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN if self-employed							
Preparer	Firm's name		F	ïrm's EIN ▶							
Use Only											
	Phone no.										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										

	UNITED JEWISH APPEAL-FEDERATION OF		
	990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 2
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?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by expenses	
-	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 convice reported		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$107,904,000. including grants of \$97,873,000.) (Revenue)	•)
44	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		
	(Code:) (Expenses \$ 91,615,000. including grants of \$ 83,098,000.) (Revenue		
4b	(Code:) (Expenses \$, SI3,000. including grants of \$, S3,098,000.) (Revenue 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 CREATE A COMMUNITY		
	THAT IS INCLUSIVE AND WELCOMING FOR THE FULL DIVERSITY OF 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		
	(CONT. ON SCHEDULE O)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
<u> </u>			
4d	Other program services (Describe on Schedule O.)		
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 199,519,000.))	
40		Eorm	990 (2020)

Form **990** (2020)

Form	990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-017242	9	P	age 3
Pa	T IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	x	
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_ب		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х	
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	х	
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2020)

Form	990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-01724	29	Р	age 4				
Pa	rt 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		x				
	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		x				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		x				
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes." complete							
	Schedule L. Part I	25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x				
28	Was the organization a party to a business transaction with one of the following parties (see 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				
b	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							
	"Yes," complete Schedule L, Part IV	28c		x				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		x				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations							
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and							
	Part V, line 1	34	Х					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	5							
<i></i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		w					
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>				
1 a	Check if Schedule O contains a response or note to any line in this Dart V							
	Check if Schedule O contains a response or note to any line in this Part V		Var					
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	5	Yes	No				
5		_						

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-017242	9	Р	_{age} 5		
Par	t 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					
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)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х			
	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		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x		
	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		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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					
Ū	to file Form 8282?	7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
e						
f						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
-	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
-	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.	8				
a	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:					
	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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					
с	Enter the amount of reserves on hand 13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x		
	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.					
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.					

Form **990** (2020)

UNITED	JEWISH	APPEAL-FEDERATION	OF
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	990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-017242			age 6
Par				No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See ii	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sect	ion A. Governing Body and Management					
		ı.	I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	156			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		454			
	Enter the number of voting members included on line 1a, above, who are independent	1b	156			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
			ci. 10	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X X
-	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x
6	Did the organization have members or stockholders?			6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			-		x
	more members of the governing body?			7a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, si persons other than the governing body?			76		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			7b		
				8a	х	
				8b	x	
9	Each committee with authority to act on behalf of the governing body?			00		
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Re			•		
		Vonuo	0000./		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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 bod	y befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cont	licts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," d	escribe			
	in Schedule O how this was done			12c	Х	
	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 approva	l by ind	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
Sect	exempt status with respect to such arrangements?			16b		
	ion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed F L	ad 000	T (Pootion E01 (-) (0)	onl: ·	ovelle	ble
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, at	ia 990	- 1 (Section 501(C)(3)S	only)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)		hadula ()			
19	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, comparison of the state of th			financ	ial	
13	because on conclude of whether land in 30, newy the organization made its governing documents, or	innot C	and policy, and	man	101	

	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

Form 990 (2020)	JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 7
Part VII Comp	ensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
Emplo	oyees, and Independent Contractors		
Check if	f Schedule O contains a response or note to any line in this Part VII		
Section A. Officer	rs, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this ta	ble for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization	n's tax year.
	prganization's current officers, directors, trustees (whether individuals or organizations), re (D), (E), and (F) if no compensation was paid.	egardless of amount of compe	nsation.
 List all of the c 	organization's current key employees, if any. See instructions for definition of "key employ	yee."	
	ization's five current highest compensated employees (other than an officer, director, trust (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the org		
	organization's former officers, key employees, and highest compensated employees who ation from the organization and any related organizations.	received more than \$100,000 of	of
List all of the c	progenization's former directors or trustees that received, in the capacity as a former dire	ector or trustee of the organizat	tion.

more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

UNITED JEWISH APPEAL-FEDERATION OF

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ane	Reportable	Estimated	
	hours per	box,	, unles	ss per	son i	s both r/trus	n an	compensation	amount of	
	week			uau	recio	i/irus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	ial tru		oyee	ompei		(and related
	below	vidual	In stit utio nal tru stee	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High	Former			
(1) AMY A.B. BRESSMAN	0.00									
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) DAVID A. LANDAU	0.00									
PLANNING CHAIR/DIRECTOR		Х		Х				0.	0.	0.
(7) SARENE P. SHANUS	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) ISAAC S. CHERA	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) JOEL CITRON	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(14) CINDY GOLUB	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(15) SCOTT JAFFEE	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(16) JODI J. SCHWARTZ	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(17) MERRYL H. TISCH	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Page 8 Form 990 (2020) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (F) (A) (C) (D) (E) Position Average Name and title Reportable 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 em ployee and related below organizations ormer Officer line) (18) DORIT CORWIN 0.00 SPECIAL ADVISOR TO THE PRES/DIRECTOR Х 0 0 Ο. (19)ARI ACKERMAN 0.00 DIRECTOR Х 0 0 Ο. RABBI RACHEL AIN (20) 0.00 DIRECTOR х 0 0. Ο. (21) JEFFREY H. ARONSON 0.00 DIRECTOR x 0. 0. Ο. STACI BARBER (22)0.00 DIRECTOR 0. Х 0. Ο. PAMELA BARNETT (23) 0.00 DIRECTOR x 0. 0. Ο. (24) MICHAEL R. BARON 0.00 DIRECTOR х 0. 0. Ο. (25) HELAINE SUVAL BECKERMAN 0.00 Ο. DIRECTOR 0. 0. х (26) GAYLE BERG 0.00 DIRECTOR х 0 0. Ο. 0 0. Ο. 1b Subtotal ► 6,576,381. 763,236. 0. c Total from continuation sheets to Part VII, Section A ► 6,576,381, Ο. 763,236. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 2 13 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual 3 Х For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization 4 and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services 5 Х rendered to the organization? If "Yes." complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from 1 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
SJS CONSTRUCTION CO INC.		
271 SKIP LANE, BAY SHORE, NY 11706	CONSTRUCTION	4,750,903.
VICTOR ZUCCHI & SON INC		
129 EAST MAIN STREET, BOGOTA, NJ 07603	CONSTRUCTION	2,931,058.
ZASKORSKI & ASSOCIATES ARCHITECT, PC		
247 WEST 35TH STREET, NEW YORK, NY 10001	ARCHITECT	1,247,886.
ZUBATKIN OWNER REPRESENTATION, LLC, 333		
WEST 52ND STREET, 6TH FL, NEW YORK, NY	CONSTRUCTION	899,242.
INTERNATIONAL SECURITY ASSOCIATES		
301 EAST 62ND STREET, NEW YORK, NY 10021	SECURITY	785,348.
2 Total number of independent contractors (including but not limited		
\$100,000 of compensation from the organization 🕨	53	

SEE PART VII, SECTION A CONTINUATION SHEETS

UNITED JEWISH						TNO			51 0173/	120
Form 990 JEWISH PHILAN Part VII Section A Officers Directors True									51-01724	29
		nplo	yee			ligh	est (, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(-1			ition		1.3	Reportable	Reportable	Estimated
	hours	(Cl	neck	all	that	app	ly)	compensation	compensation	amount of
	per							from the	from related	other compensation
	week (list any	or				plo ye		organization	organizations (W-2/1099-MISC)	from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10130)	organization
	related	e or	stee			Isate				and related
	organizations	Individual trustee or director	Institutional trustee		yee	mper				organizations
	below	dual	ution	5	Key employee	est co	er			g
	line)	Indivi	Instit	Officer	Key e	Highest com pensated em ployee	Former			
(27) TRISANNE F. BERGER	0.00									
DIRECTOR		х						0.	0.	0.
(28) DONALD BERNSTEIN	0.00									
DIRECTOR		Х						0.	0.	0.
(29) RABBI JONATHAN E. BLAKE	0.00									
DIRECTOR	0.00	х						0.	0.	0.
(30) DANIEL B. BLASER DIRECTOR	0.00	х						0.	0.	0
(31) LAURIE E. BLITZER	0.00	~						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(32) RONEN A. BOJMEL	0.00								·	
DIRECTOR		х						٥.	0.	0.
(33) RABBI ANGELA W. BUCHDAHL	0.00									
DIRECTOR		х						0.	0.	0.
(34) RAYMOND CHALME	0.00									
DIRECTOR		Х						٥.	0.	0.
(35) JAY D. CHAZANOFF	0.00									
DIRECTOR		х						0.	0.	0.
(36) ANTOINE CHICHE	0.00									
DIRECTOR	0.00	Х						0.	0.	0.
(37) MARC CHODOCK	0.00	v						0.	0	0
DIRECTOR		х						0.	0.	0.
(38) SUSAN CLASTER	0.00	v						0.	0	0
DIRECTOR (39) LAWRENCE J. COHEN	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(40) RABBI JOSHUA M. DAVIDSON	0.00								` .	
DIRECTOR		х						٥.	0.	0.
(41) JACOB W. DOFT	0.00									
DIRECTOR		х						٥.	0.	0.
(42) CAMILLE DUNST	0.00									
DIRECTOR		х						0.	0.	0.
(43) DAVID B. EDELSON	0.00									
DIRECTOR		Х						0.	0.	0.
(44) ROGER W. EINIGER	0.00									
DIRECTOR		х						0.	0.	0.
(45) JONATHAN M. ESTREICH	0.00							0	0	0
DIRECTOR (46) DAVID FARHI	0.00	Х				<u> </u>		0.	0.	0.
(46) DAVID FARHI DIRECTOR	0.00	х						0.	0.	0.
	1		I	I	L	I			· · ·	<u> </u>
Total to Part VII, Section A, line 1c										
								1	1	

JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

			-					Compensated Employe	, ,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	<i>,</i> .			ition			Reportable	Reportable	Estimated
	hours	(Cl	neck I	all 1	that	app I	ly)	compensation	compensation from related	amount of
	per week					e		from the	organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc.				ed em		(W-2/1099-MISC)	()	organization
	related	tee oi	ustee			ensat		· · · ·		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	titutio	Officer	/ em p	hesto	Former			
	line)	Ind	lus	Offi	Key	Hig	For			
(47) CINDY FEINBERG	0.00									
DIRECTOR		Х						٥.	0.	0
(48) LORI FIFE	0.00									
DIRECTOR		Х						0.	0.	0
(49) BENJAMIN FINKELSTEIN	0.00									
DIRECTOR		х						0.	0.	0
(50) KYRILL FIRSHEIN	0.00									
DIRECTOR		х						٥.	0.	0
(51) STEVEN J. FREDMAN	0.00									
DIRECTOR		х						0.	0.	0
(52) KARA FRIEDMAN	0.00									
DIRECTOR		х						0.	0.	0
(53) ZOYA RAYNES FRIEDMAN	0.00									
DIRECTOR		x						0.	0.	0
(54) EVA GALPERN	0.00									
DIRECTOR		x						0.	0.	0
(55) MARC GARY	0.00									
DIRECTOR		x						0.	0.	0
(56) ABIGAIL G. GELLER	0.00									
DIRECTOR		x						0.	0.	0
(57) DANIEL S. GLASS	0.00							·.	۰.	, , , , , , , , , , , , , , , , , , ,
DIRECTOR	0.00	x						0.	0.	0
(58) LEE JASON GOLDBERG	0.00	л						••	۰.	0
	0.00	х						0	0	
DIRECTOR	0.00	~						0.	0.	0
(59) PETER J. GOLDMAN	0.00							0	0	
DIRECTOR		Х						0.	0.	0
(60) CAROL S. GOLDSTEIN	0.00								0	
DIRECTOR		х						0.	0.	0
(61) MZ GOODMAN	0.00									
DIRECTOR		х			<u> </u>			0.	0.	0
(62) JACK M. GORMAN	0.00	l								
DIRECTOR		х						0.	0.	0
(63) PATRICIA GREEN	0.00									
DIRECTOR		х						0.	0.	0
(64) ALYSSA GREENBERG	0.00									
DIRECTOR		Х			L		 	0.	0.	0
(65) WILLIAM GREENBLATT	0.00									
DIRECTOR		Х						0.	0.	0
(66) LAURA B. GREENFIELD	0.00									
	1	Х	1	1	1	1	I	0.	0.	0

Form 990

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Form 990 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 Former Officer line) JAMIE A. HARRIS (67) 0.00 DIRECTOR Х 0. 0. Ο. (68) SCOTT HARRIS 0.00 DIRECTOR х 0. 0. Ο. (69) KIM HARTMAN 0.00 DIRECTOR х 0. 0. Ο. (70) JONATHON C. HELD 0.00 DIRECTOR 0 0. х Ο. (71) SUSAN K. HELD 0.00 DIRECTOR Х 0 0 Ο. (72) STACY EINHORN HELFSTEIN 0.00 DIRECTOR х Ο. 0 Ο. (73) STACY HOFFMAN 0.00 Х DIRECTOR 0 0. Ο. TRICIA KALLETT (74)0.00 DIRECTOR Х 0. 0. Ο. (75) BARRY A. KAPLAN 0.00 DIRECTOR Х Ο. 0. Ο. 0.00 (76) JAY B. KASNER DIRECTOR Х Ο. 0. Ο. (77) DAYLE H. KATZ 0.00 DIRECTOR Х 0. 0. Ο. JEFFREY A. KESWIN (78) 0.00 DIRECTOR Х 0. 0. Ο. (79) STEVEN KHADAVI 0.00 DIRECTOR х 0. 0. Ο. (80) E. TEMMA KINGSLEY 0.00 DIRECTOR х 0. 0. Ο. (81) ANDREW D. KLABER 0.00 DIRECTOR Ο. 0 х Ο. (82) BRETT S. KLEIN 0.00 DIRECTOR Х 0 0 Ο. (83) MICHAEL D. KLEINBERG 0.00 Ο. DIRECTOR Х 0 Ο. (84) VICKIE G. KOBAK 0.00 DIRECTOR Х 0 0. Ο. (85) LOIS KOHN-CLAAR 0.00

Х

Х

0.00

0.

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0.

Ο.

Ο.

Ο.

DIRECTOR

DIRECTOR

(86) DOUGLAS R. KORN

Total to Part VII, Section A, line 1c

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Form 990 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 Former Officer line) (87) ALISA F. LEVIN 0.00 DIRECTOR Х 0. 0. Ο. (88) RABBI YOSIE LEVINE 0.00 DIRECTOR х 0. 0. Ο. (89) DIANE C. LEVY 0.00 DIRECTOR х 0. 0. Ο. (90) PAUL G. LEVY 0.00 DIRECTOR 0 0. х Ο. (91) BRIAN S. LICHTER 0.00 DIRECTOR Х 0 0 Ο. (92) HADASSAH LIEBERMAN 0.00 DIRECTOR х Ο. 0 Ο. (93) DAVID S. LOBEL 0.00 Х DIRECTOR 0 0. Ο. BARRY S. LOVELL (94) 0.00 DIRECTOR Х 0. 0. Ο. (95) HEIDI LURENSKY 0.00 DIRECTOR Х Ο. 0. Ο. 0.00 (96) MICHAEL P. LUSTIG DIRECTOR Х Ο. 0. Ο. (97) MARGE MAGNER 0.00 DIRECTOR x 0. 0. Ο. (98) ARLENE ESSES MAIDMAN 0.00 DIRECTOR Х 0. 0. Ο. (99) KYLE KOEPPEL MANN 0.00 DIRECTOR х 0. 0. Ο. (100) BRYCE A. MARKUS 0.00 DIRECTOR х 0. 0. Ο. (101) PAUL MILLMAN 0.00 DIRECTOR 0 0. х Ο. (102) ALAN G. MNUCHIN 0.00 DIRECTOR Х 0. 0 Ο. (103) RABBI JONATHAN MORGENSTERN 0.00 DIRECTOR Ο. Х 0 Ο. (104) JOSHUA L. NASH 0.00 DIRECTOR Х 0 0. Ο. (105) CHARLES M. NATHAN 0.00 DIRECTOR Х 0. 0. Ο. (106) BARRY NESS 0.00 DIRECTOR Х Ο. Ο. Ο.

Total to Part VII, Section A, line 1c

Form 990 JEWISH PHILAN	NTHROPIES O	FN	EW	YOR	к,	INC	•		51-01724	129					
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, a	nd H	Highest Compensated Employees (continued)									
(A)	(B)			(F)											
Name and title	Average			Pos	ition			Reportable	Estimated						
	hours	(cł	neck	all	that	app	ly)	compensation	compensation	amount of					
	per							from	from related	other					
	week	r				lo yee		the	organizations	compensation					
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the					
	hours for related	e or c	tee			satec		(W-2/1099-MISC)		organization and related					
	organizations	ruste	nstitutional trustee		yee	m pen				organizations					
	below	dual t	ution	-	Key employee	st co	er.			organizationio					
	line)	Individual trustee or director	Institu	Officer	Key e	Highest com pensated em ployee	Former								
(107) WARREN S. NEWCORN	0.00														
DIRECTOR		х						٥.	0.	0.					
(108) ELYSE NEWHOUSE	0.00														
DIRECTOR		х						0.	0.	0.					
(109) STACEY NOVICK	0.00														
DIRECTOR		х						0.	0.	0.					
(110) JOSHUA OBOLER	0.00														
DIRECTOR		х						0.	0.	0.					
(111) SUZANNE F. PECK	0.00														
DIRECTOR		х						0.	0.	0.					
(112) LEE H. PERLMAN	0.00														
DIRECTOR		х						0.	0.	0.					
(113) LINDA PLATTUS	0.00														
DIRECTOR		х						0.	0.	0.					
(114) TINA PRICE	0.00														
DIRECTOR		х						0.	0.	0.					
(115) VLAD RASHKOVICH	0.00														
DIRECTOR		х						0.	0.	0.					
(116) DAVID L. RESNICK	0.00														
DIRECTOR		х						0.	0.	0.					
(117) SERYL ELANA RITTER	0.00														
DIRECTOR		х						0.	0.	0.					
(118) RABBI SHAUL ROBINSON	0.00														
DIRECTOR		х						0.	0.	0.					
(119) IRINA ROLLER	0.00														
DIRECTOR		х						0.	0.	0.					
(120) RICHARD A. ROSEN	0.00														
DIRECTOR		х						0.	0.	0.					
(121) GARY M. ROSENBERG	0.00														
DIRECTOR		х						0.	0.	0.					
(122) DAVID G. ROTHMAN	0.00														
DIRECTOR		х						0.	0.	0.					
(123) STEPHEN RUTENBERG	0.00														
DIRECTOR		х						0.	0.	0.					
(124) JANE DRESNER SADAKA	0.00														
DIRECTOR		х						0.	0.	0.					
(125) JACOB M. SAFRA	0.00														
DIRECTOR		х						0.	0.	0.					
(126) BARBARA D. SALMANSON	0.00														
DIRECTOR		х						0.	0.	0.					
Total to Part VII. Section A, line 1c	Total to Part VII, Section A, line 1c														

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Form 990 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 hours compensation 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 Former Officer line) (127) EDWARD SASSOWER 0.00 DIRECTOR Х 0. 0. Ο. (128) LOUIS J. SHAMIE 0.00 DIRECTOR х 0. 0. Ο. (129) SHIMON SHKURY 0.00 DIRECTOR х 0. 0. Ο. (130) RABBI GIDEON SHLOUSH 0.00 DIRECTOR 0 0. х Ο. (131) PAUL A. SIEGEL 0.00 DIRECTOR Х 0 0 Ο. (132) DAVID SILVERS 0.00 DIRECTOR х Ο. 0 Ο. (133) PATRICIA SILVERS 0.00 DIRECTOR х 0 0. Ο. (134) HARRIET G. SINGER 0.00 DIRECTOR Х 0. 0. Ο. (135) RABBI GERALD C. SKOLNIK 0.00 DIRECTOR Х Ο. Ο. Ο. 0.00 (136) JILL SMITH DIRECTOR Х Ο. 0. Ο. (137) JEFFREY M. SOLOMON 0.00 DIRECTOR x 0. 0. Ο. (138) SUZANNE STADLER 0.00 Ο. DIRECTOR Х 0. 0. (139) RABBI CHAIM STEINMETZ 0.00 DIRECTOR х 0. 0. Ο. (140) JEFFREY M. STERN 0.00 DIRECTOR х 0. 0. Ο. (141) PETER K. STERN 0.00 DIRECTOR 0 Ο. х Ο. (142) STEPHANIE J. STIEFEL 0.00 DIRECTOR Х 0. 0. Ο. (143) RADA SUMAREVA 0.00 DIRECTOR Ο. х 0 Ο. (144) HARRIET KAPLAN SUVALL 0.00 DIRECTOR Х 0 0. Ο. (145) RABBI RACHEL TIMONER 0.00 DIRECTOR Х 0. 0. Ο. (146) JOHN USDAN 0.00 DIRECTOR Х Ο. Ο. Ο.

Total to Part VII, Section A, line 1c

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Form 990 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) hours compensation compensation 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 Former Officer line) (147) MICHAEL VICKERS 0.00 DIRECTOR Х 0. 0. Ο. (148) DAVID WASSERMAN 0.00 DIRECTOR х 0. 0. Ο. (149) BETH WEINGARTEN 0.00 DIRECTOR х 0. 0. Ο. (150) ADAM F. WEISSENBERG 0.00 DIRECTOR Ο. 0 х Ο. (151) JUDITH WEST 0.00 DIRECTOR Х 0 0 Ο. (152) PAMELA P. WEXLER 0.00 DIRECTOR х 0 0 Ο. (153) STEVEN B. WOLITZER 0.00 DIRECTOR х 0 0 Ο. (154) NANCY ZARO 0.00 DIRECTOR Х 0. 0. Ο. (155) VIVIAN ZELTER 0.00 DIRECTOR Х Ο. 0. Ο. 0.00 (156) RABBI IRWIN ZEPLOWITZ DIRECTOR Х 0. 0. Ο. (157) AARON L. ZISES 0.00 DIRECTOR x 0. 0. Ο. (158) ERIC S. GOLDSTEIN 35.00 CHIEF EXECUTIVE OFFICER Х 1,847,327. 0. 40,345. (159) IRVIN A. ROSENTHAL 35.00 CHIEF FINANCIAL OFFICER х 453,322. 0. 116,245. (160) ELLEN R. ZIMMERMAN 35.00 SECRETARY/GEN'L COUNSEL & CCO х 0 648,702. 37,128. (161) DEVANA COHEN 35.00 CHIEF INVESTMENT OFFICER 856,989. 0. x 26,609. (162) MARK MEDIN 35.00 EXEC. VICE PRESIDENT - FRD х 513,410 0 196,513. (163) GRAHAM CANNON 35.00 CHIEF MARKETING OFFICER x 0 325,450 54,872. (164) DEBORAH JOSELOW 35.00 CHIEF PLANNING OFFICER Х 318,075 0. 55,574. (165) LOUISA CHAFEE 35.00

Х

Х

35.00

287,230.

278,186.

0.

0.

8,780.

60,624.

SENIOR VICE PRESIDENT

VICE PRESIDENT, REGIONS

Total to Part VII, Section A, line 1c

(166) STUART TAUBER

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours per from from related other week the organizations compensation Highest compensated employee Individual trustee or director organization (W-2/1099-MISC) (list any from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Former Officer line) (167) WILLIAM SAMERS 35.00 VP, PLANNED GIVING & ENDOWNMENTS Х 276,874. Ο. 53,728. (168) JOANN LOCASCIO 35.00 CONTROLLER х Ο. 48,439. 264,573. (169) MARC ZUCKERMAN 35.00 CHIEF INFORMATION OFFICER х 243,264. Ο. 56,297. (170) COURTNEY WEINSTEIN 35.00 VICE PRESIDENT, AFFINITY Ο. 8,082. Х 262,979. 6,576,381. 763,236. Total to Part VII, Section A, line 1c

m	990) (2					IES OF NEW YOU			51-017242	9 Pag
arl	t V	III	Statement of Re	ven	lue						_
			Check if Schedule O	conta	ains a re	sponse	e or note to any lin	e in this Part VIII	(B)	(0)	
								(A) Total revenue	(B) Related or exempt	Unrelated	(D) Revenue exclue
								Total revenue		business revenue	from tax und
											sections 512 -
ţ	1 ;	а	Federated campaigns		1	a					
and Other Similar Amounts	I	b	Membership dues		1	b					
Ĕ		с	Fundraising events		1	lc	29,451,000.				
ar /		d	Related organizations		1	d	25,096,000.				
Ĩ		е	Government grants (contr	ributi	ions) 1	le					
3	1	f	All other contributions, gifts,	gran	ts, and						
the			similar amounts not included	l abov	ve 1	If	170,364,000.				
Ö	9	g	Noncash contributions included in	lines .	1a-1f 1	g \$	10,547,000.				
anc	I	-	Total. Add lines 1a-1f					224,911,000.			
							Business Code				
	2	а	TRUST FOR DISAB ADU	JLTS			900099	649,000.	649,000.		
	_		PUBLIC POLICY SERVI	CES			900099	1,000.	1,000.		
ant		c						/ -	, -		
vel		d									
Нe		u e					·				
Revenue			All other program service	revo	nue		900099	594,000.	594,000.		
			Total. Add lines 2a-2f					1,244,000.			
	3		Investment income (includ					1,211,000.			
	3			-				20,513,000.	18,431,000.	2,082,000.	
			other similar amounts)					20,515,000.	10,431,000.	2,002,000.	
	4			estment of tax-exempt bond p							
	5		Royalties		1	Real	(ii) Personal				
	_						. ,				
			Gross rents			6,000					
			Less: rental expenses	6b		0	•				
			Rental income or (loss)	6c	10	6,000	•				
			Net rental income or (loss	;) <u></u>	1		🕨	106,000.			106,0
	7 :	а	Gross amount from sales of			urities					
			assets other than inventory	7a	16565	03000	•				
	1		Less: cost or other basis								
			and sales expenses		15696						
		С	Gain or (loss)	7c	86,83	6,000	•				
		d	Net gain or (loss)			<u></u>	🕨	86,836,000.	86,836,000.		
	8	а	Gross income from fundraisi	ng ev	ents (not	t					
5			including \$ 29,	451,	, ⁰⁰⁰ . (of					
			contributions reported on	line	1c). See						
			Part IV, line 18			8	a ⁰ .				
	I		Less: direct expenses				b ⁰ .				
			Net income or (loss) from					0.			
			Gross income from gamin								
			Part IV, line 19				a				
	I		Less: direct expenses								
			Net income or (loss) from								
.			Gross sales of inventory,			Γ					
			and allowances			10	Da				
	I		Less: cost of goods sold								
			Net income or (loss) from								
\top		-		Juic		nory	Business Code				
.	11 :	2	PENSION PLAN ADMIN	FER			561000	80,000.	80,000.		
ne		-									
en		b									
2		с					900099	293,000.	293,000.		
Rev										1	1
Revenue			All other revenue Total. Add lines 11a-11d					373,000.			

Form 990 (2020) JEWISH PHILANTHROPIN JEWISH PHILANTHROPIES OF NEW YORK, INC.

	501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gra	ants and other assistance to domestic organizations				•
and	d domestic governments. See Part IV, line 21	177,397,000.	177,397,000.		
2 Gra	ants and other assistance to domestic				
ind	dividuals. See Part IV, line 22	3,574,000.	3,574,000.		
3 Gra	ants and other assistance to foreign				
org	ganizations, foreign governments, and foreign				
ind	dividuals. See Part IV, lines 15 and 16				
4 Be	nefits paid to or for members				
5 Co	ompensation of current officers, directors,				
tru	stees, and key employees	3,460,000.	984,000.	1,709,000.	767,000
6 Coi	mpensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
7 Otl	her salaries and wages	34,032,000.	7,078,000.	9,986,000.	16,968,000
B Per	nsion plan accruals and contributions (include				
sec	ction 401(k) and 403(b) employer contributions)	1,512,000.	305,000.	414,000.	793,000
	her employee benefits	6,538,000.	1,409,000.	2,030,000.	3,099,000
	yroll taxes	2,643,000.	580,000.	728,000.	1,335,000
	es for services (nonemployees):				
	anagement				
	gal	161,000.	127,000.	-32,000.	66,000
	counting	480,000.		480,000.	
	bbying	169,000.	169,000.		
	ofessional fundraising services. See Part IV, line 17	302,000.			302,000
	vestment management fees	7,361,000.		7,361,000.	·
	her. (If line 11g amount exceeds 10% of line 25,	, ,		, ,	
-	umn (A) amount, list line 11g expenses on Sch O.)	2,239,000.	1,363,000.	451,000.	425,000
	Ivertising and promotion	2,377,000.	245,000.	232,000.	1,900,000
	fice expenses	1,923,000.	559,000.	288,000.	1,076,000
	ormation technology	1,556,000.	109,000.	853,000.	594,000
	yalties	, ,	,	,	,
		2,881,000.	594,000.	691,000.	1,596,000
		243,000.	144,000.	29,000.	70,000
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings	16,000.	10,000.	3,000.	3,000
		1,251,000.	832,000.	453,000.	-34,000
	erest				
	preciation, depletion, and amortization	3,784,000.	1,191,000.	979,000.	1,614,000
		544,000.		544,000.	_ / / _
	her expenses. Itemize expenses not covered	,		,	
abo line	ve (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) ount, list line 24e expenses on Schedule 0.)				
	TITION AND STIPENDS	1,578,000.	1,573,000.	2,000.	3,000
~ <u> </u>	S ON BEHALF OF AGENCI	600,000.	600,000.		,
~	D DEBT EXPENSES	480,000.	480,000.		
· _	EDIT CARD FEES	442,000.			442,000
~ <u> </u>	other expenses	1,439,000.	196,000.	337,000.	906,000
	tal functional expenses. Add lines 1 through 24e	258,982,000.	199,519,000.	27,538,000.	31,925,000
	int costs. Complete this line only if the organization	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,0,000,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
eut	acational campaign and fundraising solicitation.				

	990 (; + X	2020) JEWISH PHILANTHROPIES C Balance Sheet		K, INC.		51-	0172429	Page 11
ı aı	נא		o o o u lino in ti	nin Dort V				
		Check if Schedule O contains a response or note to	o any ine in u		(A)		(B)	
					رم) Beginning of year		End of y	
	1	Cash - non-interest-bearing			29,199,000.	1	29,	602,000.
	2	Savings and temporary cash investments			103,500,000.	2		382,000.
	3	Pledges and grants receivable, net			110,581,000.	3		346,000.
	4	Accounts receivable, net			7,888,000.	4		294,000.
	5	Loans and other receivables from any current or for	, ,		,	,		
	Ū	trustee, key employee, creator or founder, substant		· ·				
		controlled entity or family member of any of these p				5		
	6	Loans and other receivables from other disqualified						
	Ŭ	under section 4958(f)(1)), and persons described in				6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9	_			2,878,000.	9	3,	095,000.
		Land, buildings, and equipment: cost or other			, , , -	•	,	, .
	ieu	basis. Complete Part VI of Schedule D 1	0a	83,197,000.				
	b		0b	31,646,000.	54,137,000.	10c	51,	551,000.
	11	Investments - publicly traded securities	•		433,714,000.	11	,	838,000.
	12	Investments - other securities. See Part IV, line 11			494,105,000.	12		, 581,000.
	13	Investments - program-related. See Part IV, line 11		41,910,000.	13		, 515,000.	
	14	Intangible assets				14		,
	15	Other assets. See Part IV, line 11			142,560,000.	15	159,	176,000.
	16	Total assets. Add lines 1 through 15 (must equal li			1,420,472,000.	16		380,000.
	17	Accounts payable and accrued expenses		19,430,000.	17		200,000.	
	18	Grants payable		19,275,000.	18	26,	927,000.	
	19	Deferred revenue			· · · ·	19		
	20	Tax-exempt bond liabilities			41,534,000.	20	14,	585,000.
	21	Escrow or custodial account liability. Complete Par			57,206,000.	21	65,	461,000.
ъ	22	Loans and other payables to any current or former						
Liabilities		trustee, key employee, creator or founder, substant						
lide		controlled entity or family member of any of these p	persons			22		
Ë	23	Secured mortgages and notes payable to unrelated	third parties			23		
	24	Unsecured notes and loans payable to unrelated th				24		
	25	Other liabilities (including federal income tax, payab	oles to related	l third				
		parties, and other liabilities not included on lines 17	'-24). Comple	te Part X				
		of Schedule D			74,074,000.	25	104,	790,000.
	26	Total liabilities. Add lines 17 through 25			211,519,000.	26	239,	963,000.
		Organizations that follow FASB ASC 958, check	here 🕨 🛛					
ces		and complete lines 27, 28, 32, and 33.						
lan	27	Net assets without donor restrictions			491,401,000.	27	606,	674,000.
Ba	28	Net assets with donor restrictions			717,552,000.	28	899,	743,000.
pur		Organizations that do not follow FASB ASC 958,	check here					
ц		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29		
set	30	Paid-in or capital surplus, or land, building, or equip	ment fund			30		
As	31	Retained earnings, endowment, accumulated incom	ne, or other f	unds		31		
Net	32	Total net assets or fund balances		1,208,953,000.	32		417,000.	
	33	Total liabilities and net assets/fund balances			1,420,472,000.	33		380,000.

Form 990 (2020)

	UNITED JEWISH APPEAL-FEDERATION OF				
Form	1990 (2020) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-017	2429	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	333	983,	000.
2	Total expenses (must equal Part IX, column (A), line 25)	2	258	982,	000.
3	Revenue less expenses. Subtract line 2 from line 1	3	75	001,	000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,208	953,	000.
5	Net unrealized gains (losses) on investments	5	195	797,	000.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	26	666,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,506	417,	000.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	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				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		. 3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

(Form 9	DULE A 90 or 990-EZ) of the Treasury		Public Chai pomplete if the organ 494	OMB No. 1545-0047					
Internal Reve	enue Service			/Form990 for instruction			formation.		Inspection
Name of	the organizati	on UNITED	JEWISH APPEAL-	FEDERATION OF					identification number
Dort	Decem			OF NEW YORK, INC.					51-0172429
Part I				(All organizations must c			ee instructior	IS.	
Ē		•		For lines 1 through 12, cl		,			
				n of churches described			l)(A)(i).		
2				Attach Schedule E (Form			•		
3	•	•		inization described in se			•	VIII) Entor	the beenitel's name
4 📖	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								the hospital's hame,
5	•		or the benefit of a col	lege or university owned	or operate	ed by a do	vernmental u	nit describe	ed in
•			Complete Part II.)	loge of anitoroity ethiod	or operat	ou oy u go	von montar a		
6				nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X			-	ntial part of its support fr				ne general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	: II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
	or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10	-		•	than 33 1/3% of its supp				-	•
				t to certain exceptions; a					
				(less section 511 tax) fro	m busines	ses acqui	rea by the org	janization a	inter June 30, 1975.
11 🗌			mplete Part III.)	vely to test for public sat	aty See	section 50)Q(a)(4)		
12	-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	-	-	-	d in section 509(a)(1) o	-			-	
				f supporting organization					
a	_	-	• •	upervised, or controlled		-		-	giving
	the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b			-	or controlled in connect			-		-
				anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_	_ ~	()	t complete Part IV,						
c _				g organization operated				lly integrate	d with,
a [_	-). You must complete F				tod organi-	ration(a)
d 🗌		-	• · ·	orting organization oper ation generally must sati			• •	•	. ,
			с с	nplete Part IV, Sections	•		•	anallenin	61633
e				written determination from				II. Type III	
		-		nally integrated supportir			JI 7 JI	, ,,	
f Ent	er the number								
g Pro			about the supporte		(iu) to the error	anization listed			
	 (i) Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	support (see ii	istructions	
Total									

UNITED JEWISH	APPEAL-FEDERATION	OF	
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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	209,725,000.	217,753,000.	184,455,000.	192,741,000.	224,911,000.	1029585000.				
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	209,725,000.	217,753,000.	184,455,000.	192,741,000.	224,911,000.	1029585000.				
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)						14,756,000.				
6	Public support. Subtract line 5 from line 4.						1014829000.				
Sec	tion B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
7	Amounts from line 4	209,725,000.	217,753,000.	184,455,000.	192,741,000.	224,911,000.	1029585000.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	5,021,000.	7,021,000.	20,105,000.	7,229,000.	18,431,000.	57,807,000.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on	6,418,000.	4,608,000.	-5,418,000.	2,034,000.	2,082,000.	9,724,000.				
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	849,000.	277,000.	369,000.	389,000.	373,000.	2,257,000.				
11	Total support. Add lines 7 through 10						1099373000.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	22,212,000.				
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)					
	organization, check this box and stop	here									
Sec	tion C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.31 %				
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	94.46 %				
16a	33 1/3% support test - 2020. 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	and				
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly supp	orted organization				► X				
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box										
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			►□				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,				
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or				
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the										
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation					
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions					

Schedule A (Form 990 or 990-EZ) 2020

51-0172429

51-0172429 Page **3**

Schedule A (Form 990 or 990-EZ) 2020 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.)

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
~	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		(-)	(-)			(1)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organi	ization,
	ction C. Computation of Publi					1 1	
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20					17	%
	1 5					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and lii	ne 17 is not
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	-	•				
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organizat	ion ►
20	Private foundation. If the organizatio						

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 line 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.)

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11 Has the organization accepted a gift or contribution from any of the following persons?

Part IV Supporting Organizations (continued)

	tribution from any of the following persons?			
a A person who directly or indirectly controls	, either alone or together with persons described in lines 11b and			
11c below, the governing body of a suppor	ted organization?	11a		
b A family member of a person described in li	ine 11a above?	11b		
c A 35% controlled entity of a person describ	ed in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.		11c		
ection B. Type I Supporting Organiz	ations			
			Yes	N
more supported organizations have the pol directors, or trustees at all times during the effectively operated, supervised, or controlle	overning body, officers acting in their official capacity, or membership of one or wer to regularly appoint or elect at least a majority of the organization's officers, tax year? If "No," describe in Part VI how the supported organization(s) ed the organization's activities. If the organization had more than one supported oppoint and/or remove officers, directors, or trustees were allocated among the		100	
supported organizations and what condition	of any supported organization other than the supported	1		
	or controlled the supporting organization? If "Yes," explain in			
· -	out the purposes of the supported organization(s) that operated,			
supervised, or controlled the supporting orgenized of the supporting orgenized of the support of	nanization.	2		
ction C. Type in Supporting Organiz				
			Yes	N
	ors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's sup	pported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organizat	ion was vested in the same persons that controlled or managed			
the supported organization(s).		1		
ction D. All Type III Supporting Org	anizations			
			Yes	Ν
Did the organization provide to each of its s	supported organizations, by the last day of the fifth month of the			
organization's tax year, (i) a written notice c	lescribing the type and amount of support provided during the prior tax			
	nost recently filed as of the date of notification, and (iii) copies of the			
	ct on the date of notification, to the extent not previously provided?	1		
	ectors, or trustees either (i) appointed or elected by the supported	-		
	ng body of a supported organization? If "No," explain in Part VI how			
		2		
-	ntinuous working relationship with the supported organization(s).			
•	ine 2, above, did the organization's supported organizations have a			
	tment policies and in directing the use of the organization's			
	year? If "Yes," describe in Part VI the role the organization's	•		
supported organizations played in this regared in the second seco	rd. rated Supporting Organizations	3		
 a The organization satisfied the Activiti b The organization is the parent of each 	h of its supported organizations. Complete line 3 below.			
	mental entity. Describe in Part VI how you supported a governmental entity (see in	istruction		•
Activities Test. Answer lines 2a and 2b be			Yes	Ν
	tivities 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			
	in how these activities directly furthered their exempt purposes,			
those supported organizations and expla				
	se supported organizations, and how the organization determined			
		2a		
how the organization was responsive to tho that these activities constituted substantially		2a		
how the organization was responsive to the that these activities constituted substantially b Did the activities described in line 2a, above	y all of its activities.	<u>2</u> a		
 how the organization was responsive to those that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported 	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? If "Yes," explain in	2a		
 how the organization was responsive to the that these activities constituted substantially Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's point of the organization or point or	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? If "Yes," explain in position that its supported organization(s) would have engaged in	2a 2b		
 how the organization was responsive to the that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's potthese activities but for the organization's invites the these activities but for the organization's invites of the organization's invites but for the organization's invites of the organization's invites but for the organization's invites of the organization's invites but for the organization's invites of the organization's i	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? If "Yes," explain in position that its supported organization(s) would have engaged in volvement.			
 how the organization was responsive to the that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's per these activities but for the organizations. Answer 	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <i>position that its supported organization(s) would have engaged in</i> <i>rolvement.</i> er lines 3a and 3b below.			
 how the organization was responsive to those that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's new these activities but for the organization's investigation of Supported Organizations. Answere a Did the organization have the power to regulate the power to regulate the organization have the power to regulate the organization have the power to regulate the power to	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <i>position that its supported organization(s) would have engaged in</i> <i>rolvement.</i> er lines 3a and 3b below. ularly appoint or elect a majority of the officers, directors, or	2b		
 how the organization was responsive to the that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's investigation of Supported Organizations. Answer a Did the organization have the power to regular trustees of each of the supported organization 	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? If "Yes," explain in position that its supported organization(s) would have engaged in volvement. er lines 3a and 3b below. ularly appoint or elect a majority of the officers, directors, or tions? If "Yes" or "No" provide details in Part VI.			
 how the organization was responsive to the that these activities constituted substantially b Did the activities described in line 2a, above one or more of the organization's supported Part VI the reasons for the organization's investigation of Supported Organizations. Answer a Did the organization have the power to regularizates of each of the supported organization b Did the organization exercise a substantial 	y all of its activities. e, constitute activities that, but for the organization's involvement, d organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> <i>position that its supported organization(s) would have engaged in</i> <i>rolvement.</i> er lines 3a and 3b below. ularly appoint or elect a majority of the officers, directors, or	2b		

Yes No

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51-0172429 Page **6**

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	3
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust or	n Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complet	e Sections 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

51-0172429	Page 7
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Sche	dule A (Form 990 or 990-EZ) 2020 JEWISH PHILANTHROPII	ES OF NEW YORK, INC.			51-0172429	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)		
Secti	on D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributa Amount for	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
с	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2020 distributable amount					
i	Carryover from 2015 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
_						

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE C	Po	litical Campaign a	nd Lobbying	a Activities	OMB No. 1545-0047
 (Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 				EZ. Open to Public Inspection	
If the organization answ • Section 501(c)(3) org	wered "Yes," on janizations: Com	Form 990, Part IV, line 3, or Forr plete Parts I-A and B. Do not comp 11(c)(3)) organizations: Complete Pa	n 990-EZ, Part V, line blete Part I-C.	e 46 (Political Campaign	Activities), then
 Section 501(c)(3) org Section 501(c)(3) org If the organization answ 	wered "Yes," on janizations that h janizations that h wered "Yes," on	e Part I-A only. Form 990, Part IV, line 4, or Form have filed Form 5768 (election under have NOT filed Form 5768 (election Form 990, Part IV, line 5 (Proxy	er section 501(h)): Con under section 501(h))	nplete Part II-A. Do not co Complete Part II-B. Do r	omplete Part II-B. not complete Part II-A.
Tax) (See separate inst		ions: Complete Part III.			
Name of organization	UNITED JEW	ISH APPEAL-FEDERATION OF		Emp	ployer identification number
Part I-A Compl		LANTHROPIES OF NEW YORK, I anization is exempt under		r is a section 527 o	51-0172429
 Provide a description Political campaigner Volunteer hours for 	activity expendit			▶	\$
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(3)).	
 Enter the amount o If the organization i 4a Was a correction m b If "Yes," describe in 	f any excise tax ncurred a section ade?	incurred by the organization under incurred by organization managers n 4955 tax, did it file Form 4720 for anization is exempt under	under section 4955 r this year?		\$ Yes No Yes No
 Enter the amount of exempt function action ac	f the filing organ tivities on expenditures zation file Form ddresses and en or each organiza yed that were pro	nployer identification number (EIN) tion listed, enter the amount paid fr omptly and directly delivered to a s	on Form 1120-POL, of all section 527 polit om the filing organiza eparate political organ	tion 527 tical organizations to whict tion's funds. Also enter the hization, such as a separate the hization, such as a separate the hization.	
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part IV	Г	
(a) Name	2	(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

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	UNITED	JEWISH	APPEAL-I	FEDI	ERATI	ION OF	
Schedule C (Form 990 or 990-EZ) 2020	JEWISH	PHILANT	THROPIES	OF	NEW	YORK,	INC.

 Schedule C (Form 990 or 990-EZ) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.
 51-0172429
 Page 2

 Part II-A
 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under
 Page 2

section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply.

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	ic opinion (grassroots lobbying)	1,000.	
b	Total lobbying expenditures to influence a leg	jislative body (direct lobbying)	168,000.	
с	Total lobbying expenditures (add lines 1a and	1 1b)	169,000.	
d			258,813,000.	
е		s 1c and 1d)	258,982,000.	
f	Lobbying nontaxable amount. Enter the amo		1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	٥.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	٥.	
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?	-		Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Vear Averaging Period

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(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.		
 Total lobbying expenditures	117,000.	176,000.	197,000.	169,000.	659,000.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		
f Grassroots lobbying expenditures	1,000.		1,000.	1,000.	3,000.		

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC. Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5)	, or sec	tion		
	561(6)(6).			Yes	No	
	Manager and a fear that the still (2004) and an experimentation of a standard state of the strength stars O			163	NO	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from th t III-B Complete if the organization is exempt under section 501(c)(4), section			tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered " answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		. 1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		. 4			
5	Taxable amount of lobbying and political expenditures (See instructions)		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 ar	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

51-0172429

SC	HEDULE D	Supplementa	al Financial St	atements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Ye	s" on Form 990.		2020
Denert	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e Attach to Form 990.	e, 11f, 12a, or 12b.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and t	he latest information.		Inspection
Nam	e of the organizati				Emplo	oyer identification numbe
D.		JEWISH PHILANTHROPIES OF NE	1	· · · · · · · · · · · · · · · · · · ·		51-0172429
Pa		ations Maintaining Donor Advise		imilar Funds or Ac	count	S. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	ie 6. (a) Donor advise	d funds	h) Funde	s and other accounts
	Total work on at a				b) Fullos	
1		nd of year				127,000
2 3		f contributions to (during year) f grants from (during year)				954,000
4		t end of year				25,137,000
5		on inform all donors and donor advisors in		Id in donor advised fund	9	
•	•	on's property, subject to the organization's	•			Yes X N
6		on inform all grantees, donors, and donor a				
	0	ooses and not for the benefit of the donor o	с с		-	
	impermissible priv	ate benefit?				Yes X N
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes	s" on Form 990, Part IV,	line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).	_		
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of a histo	rically in	nportant land area
	Protection c	of natural habitat		Preservation of a certil	fied histo	pric structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribu	ution in the form of a cor		
	day of the tax yea					leld at the End of the Tax Yea
а		onservation easements			2a	
b	•				2b	
c		vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a			0.1	
2		nal Register			2d	wing the tax
3	vear	vation easements modified, transferred, rel	eased, extinguished, or it	erminated by the organiz	cation of	uning the tax
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per		ion handling of		
•	0	forcement of the conservation easements it				Yes N
6		r hours devoted to monitoring, inspecting,				
	•	с, т. с,	u ,	Ũ		0 ,
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and ent	forcing conservation eas	ements	during the year
	►\$		-	-		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirement	s of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				🗌 Yes 🗌 N
9	In Part XIII, descril	be how the organization reports conservation	on easements in its reven	ue and expense statem	ent and	
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's	financial statements that	t descril	bes the
De	organization's acc	ounting for conservation easements.	Art Historical Tra	ourse or Other S	milor	Acceto
Pa		ations Maintaining Collections of		asures, or other Si	miar	Assels.
		f the organization answered "Yes" on Form				
па	•	elected, as permitted under FASB ASC 95	· ·			
		easures, or other similar assets held for put			ce of pu	DIIC
L		Part XIII the text of the footnote to its finar			abaatu	iorlico of
a		elected, as permitted under FASB ASC 95	· ·			
		sures, or other similar assets held for public	EXTINUTION, EQUCATION, OF	research in jurtherance	or publi	
	•	ing amounts relating to these items:			▶ \$	
		ded on Form 990, Part VIII, line 1 ed in Form 990, Part X			► ⇒ ► \$	
2		received or held works of art, historical tre	asures, or other similar as		· ·	
-		unts required to be reported under FASB A				
а	-	on Form 990, Part VIII, line 1	-		▶ \$	
		Form 990, Part X				

		ISH APPEAL-FEDER							-
		LANTHROPIES OF N					51-017		Page 2
	t III Organizations Maintaining C							(continu	jed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
-	collection items (check all that apply):								
a L		Public exhibition d Loan or exchange program							
b	Scholarly research	e	Other						
c	Preservation for future generations	U	h						
4	Provide a description of the organization's co	•	•	•	•	• •	in Part	XIII.	
5	During the year, did the organization solicit o							Yes	
Par	to be sold to raise funds rather than to be ma TIV Escrow and Custodial Arran							_	NoNo
I ui	reported an amount on Form 990, Pa		ete il the organizatio	IT all swelled te		m 990, I	Fart IV, I	ine 9, 01	
19	Is the organization an agent, trustee, custodi		any for contributions	s or other asset	s not inc	uded			
Ia	on Form 990, Part X?		•					Yes	X No
h	If "Yes," explain the arrangement in Part XII						∟		
5			owing table.					Amount	
c	Beginning balance					1c		7 mount	
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						X	Yes	No
	If "Yes," explain the arrangement in Part XIII.						······		X
	t V Endowment Funds. Complete i								
	•	(a) Current year	(b) Prior year	(c) Two years t		Three yea	ars back	(e) Four	years back
1a	Beginning of year balance	922,018,000.	963,386,000.	979,826,0	000.	943,258	8,000.	875,2	228,000.
	Contributions	41,659,000.	31,247,000.	33,797,0	000.	46,504	4,000.	42,6	612,000.
	Net investment earnings, gains, and losses	270,061,000.	-2,256,000.	19,042,0	000.	62,35	5,000.	97,7	758,000.
d	Grants or scholarships	-58,835,000.	-57,329,000.	-56,984,0	000.	-59,383	1,000.	-60,6	626,000.
	Other expenditures for facilities								
	and programs	-1,199,000.	-10,218,000.	-9,437,0	000.	-10,020	0,000.	-9,1	116,000.
f	Administrative expenses	-2,422,000.	-2,812,000.	-2,858,0	000.	-2,890	0,000.		598,000.
g	End of year balance	1,171,282,000.	922,018,000.	963,386,0	000.	979,820	5,000.	943,2	258,000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	35.0000	_%						
b	Permanent endowment 25.0000	%							
С	Term endowment 40.0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	for the c	organizati	on	Г	
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
	If "Yes" on line 3a(ii), are the related organiza							3b	
	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.						
Fai			Devis N/ View dda O			10			
	Complete if the organization answere							(-1) D -	
	Description of property	(a) Cost or of basis (investm	• • •	or other (other)		umulated		(d) Book	value
10	Land	· · · · ·	,	,118,000.	Copie			1 1	118,000.
la b	LandBuildings			,515,000.	27	,724,00	00.		791,000.
	Leasehold improvements			48,000.	_,	2,00		-,	46,000.
	Equipment		7	,516,000.	3	,920,00		3.5	596,000.
	Other			· /		. ,		,	
	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)				51,5	551,000.
		your onn oov, i an /		····			r	,	

Schedule D (Form 990) 2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule D (Form 990) 2020 JEWISH PHILAN Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MULTI-STRATEGY HEDGE FUNDS	255,309,000.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY/REAL-ESTATE	197,879,000.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN RELATED ORGANIZATIONS	60,385,000.	COST
(D) NON-PUBLIC EQUITIES	53,743,000.	END-OF-YEAR MARKET VALUE
(E) STATE OF ISRAEL BONDS	10,152,000.	COST
(F) PRIVATE CREDIT INVESTMENT	17,977,000.	END-OF-YEAR MARKET VALUE
(G) PRIVATE COMPANIES	5,136,000.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	600,581,000.	

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	65,461,000.		
(2)	OTHER PROPERTY	42,608,000.		
(3)	ASSETS HELD UNDER CHARITABLE TRUST AGREEMENTS	28,979,000.		
(4)	UNEXPENDED BOND PROCEEDS	13,788,000.		
(5)	CASH SURRENDER VALUE - LIFE INSURANCE	4,979,000.		
(6)	RIGHT-OF-USE ASSET - OPERATING LEASES	3,772,000.		
(7)	INTERCOMPANY RECEIVABLE (PAYABLE)	-1,681,000.		
(8)	OTHER	1,270,000.		
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 159,176,000.				

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB. UNDER CHARITABLE TRUST & ANNUITY AGREEMENTS	35,675,000.
(3) TAXABLE BOND LIABILITIES	60,985,000.
(4) LEASE LIABILITIES	4,236,000.
(5) ACCRUED POSTRETIREMENT BENEFITS	3,894,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)	▶ 104,790,000.

Iotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

	UNITED JEWISH APPEAL-FEDERATIC	ON OF			
Sche	edule D (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-01	72429 Page 4	
Par	rt XI Reconciliation of Revenue per Audited Financial	Statements With I	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part	: IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	ts		1	546,848,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	195,797,000.		
b	Donated services and use of facilities	2b	150,000.		
с	Recoveries of prior year grants				
d			26,395,000.		
е	Add lines 2a through 2d			2e	222,342,000.
3	Subtract line 2e from line 1			3	324,506,000.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	9,477,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,477,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lir	ne 12.)		5	333,983,000.
Par	rt XII Reconciliation of Expenses per Audited Financia	al Statements With	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total expenses and losses per audited financial statements			1	249,655,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	150,000.		
b	Prior year adjustments	2b			
с	Other losses				
d					
е	Add lines 2a through 2d			2e	150,000.
3	Subtract line 2e from line 1			3	249,505,000.
4	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	9,477,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	9,477,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.			5	258,982,000.
Par	rt XIII Supplemental Information.	-			

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

PART IV, LINE 2B:

CERTAIN NETWORK AGENCIES INVEST IN THE UJA POOLED INVESTMENT ACCOUNT.

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS:

THE ORGANIZATION'S OPERATING BUDGET IS BASED UPON A TOTAL "SOURCES & USES"

OF FUNDS CONCEPT. SOURCES OF FUNDING ARE IDENTIFIED DURING THE OPERATING

BUDGET PROCESS TO COVER PLANNED EXPENDITURES. OTHER THAN THE ANNUAL

CAMPAIGN, THE ENDOWMENT IS THE NEXT SINGLE HIGHEST SOURCE OF FUNDING FOR

BUDGETARY NEEDS.

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule D (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	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 26,395,000.		
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	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ntes 🗠	MB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2020
Department of the Treasury			Attach to Form 990.		Oper	n to Public
Internal Revenue Service	Go to v	www.irs.gov/Fo	orm990 for instructions and the latest	information.		ection
Name of the organization					Employer identi	fication number
UNITED JEWISH APPEAL-H		TNC			51-0172429	
JEWISH PHILANTHROPIES Part I General Info	,		side the United States. Comple	ata if tha argan		
Form 990, Part				ete il the organ	lization answered	res on
		n maintain record	ds to substantiate the amount of its gra	ints and other	assistance.	
-	-		the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Des	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the
United States.						
			an be duplicated if additional space is n	1	·	(0) Tabal
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors in the region	recipients located in the region)	of service	(s) in the region	investments in the region
				INSURANCE :	SERVICES FOR	
NORTH AMERICA		1	PROGRAM SERVICES	NETWORK AG	ENCIES	13,565,000.
				MONITORING	OF GRANTS -	
				REFER TO S	CHEDULE F,	
				PART V, SUI		
MIDDLE EAST	1	7	PROGRAM SERVICES	INFORMATIO	N	1,128,000.
					OTHER SUPPORT MENT IN SOCIAL	
MIDDLE EAST			PROGRAM-RELATED INVESTMENTS	IMPACT FUNI		397,000.
				immer row		337,000.
CARIBBEAN			INVESTMENTS			275,704,000.
	-					
3 a Subtotal	1	8				290,794,000.
b Total from continuation		_				
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	1	8				290,794,000.

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

Schedule F (Form 990) 2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule F (Form 990) 2020

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f					
			or counsel has provided a sect			►		
3 Enter total number of	other organizations o	r entities				►		

032072 12-03-20

51-0172429

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

Schedule F (Form 990) 2020

51-0172429

Schedule F (Form 990) 2020 J	EWISH PHILANTHROPI	ES OF NEW YO	RK, INC.	5	1-0172429		Page 3
Part III Grants and Other Assistance	e to Individuals Outside	e the United Sta	tes. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is needed	d.			<u>.</u>		
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
				1			

Schedule F (Form 990) 2020

	UNITED JEWISH APPEAL-FEDERATION OF		
Sched	Jle F (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	T	—
	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 No
-			
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	X Yes	
	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) 2020

Schedule F (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.

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.

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.

SCHEDULE G	Suppleme	ental Information Regarding	Fund	raisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2020
Department of the Treasury		Attach to Form 990	or Fo	m 99	0-EZ.		Open to Public
Internal Revenue Service	► Ge	o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Inspection
Name of the organization	UNITED JEW	ISH APPEAL-FEDERATION OF				Employer	identification number
	JEWISH PHI	LANTHROPIES OF NEW YORK, IN	c.			51-0172	2429
	ng Activities. omplete this par	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	EZ filers are not
1 Indicate whether the	organization rais	sed funds through any of the followin	g activ	ities. (Check all that apply.		
a X Mail solicitatio	ons	e 🗴 Solicita	tion of	non-g	overnment grants		
b X Internet and e	mail solicitations	s f 🔄 Solicita	tion of	gover	nment grants		
c X Phone solicita	ations	g 🗴 Special	fundra	ising e	events		
d X In-person soli	citations						
2 a Did the organizatior	n have a written o	or oral agreement with any individual	(incluc	ing of	ficers, directors, trus	tees, or	
key employees liste	d in Form 990, P	art VII) or entity in connection with p	rofessi	onal fu	undraising services?	X	/es 🗌 No
b If "Yes," list the 10 I	nighest paid indi	viduals or entities (fundraisers) pursu	ant to	agreer	ments under which t	ne fundraiser is to	be
compensated at lea	st \$5,000 by the	organization.		•			
			()			(v) Amount pai	4
(i) Name and address	of individual		(iii) fundr	Did aiser	(iv) Gross receipts	to (or retained b	
or entity (fundr	aiser)	(ii) Activity	have c or cor	trol of	from activity	fundraiser	organization
			contrib	utions?		listed in col. (i)	Ŭ
JRB CONSULTING SERV	ICES,LLC -	SOLICITATION OF DONORS	Yes	No			
215 W 88TH ST, NY,		(SEE PART IV)		Х	2,810,000.	165,00	0. 2,645,000
PAUL KANE – 3 STONE	DRIVE,	SOLICITATION OF DONORS					
WESTPORT, CT 06880		(SEE PART IV)		Х	643,000.	80,00	0. 563,000
SANKY COMMUNICATION	S INC -						
599 11TH AVE, NY, N	Y 10036	DIRECT MAIL (SEE PART IV)		Х	210,000.	57,00	0. 153,000
		1	1				
Total					3,663,000.	302,00	0. 3,361,000
	h the organizatio	on is registered or licensed to solicit o	ontrib	Itions			
or licensing.	in the organizatio		Jonuno	10115		it is exempt if off	- i ogisti ation
NY,NJ,PA,FL,CT							

	edul rt l	I Fundraising Events. Complete if t				0172429 Page 2
	_	of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			WALL STREET DINNER	BANKRUPTCY	66	(add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	4,646,000.	2,977,000.	21,793,000.	29,416,000
	2	Less: Contributions	4,646,000.	2,977,000.	21,793,000.	29,416,000.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
<i>"</i>	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				
	9 10		h 9 in column (d)		>	
	9 10	Other direct expenses	h 9 in column (d)			
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	h 9 in column (d)	990, Part IV, line 19, or r (b) Pull tabs/instant		(d) Total gaming (add
Pa	9 10 11	Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
Pa	9 10 11	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
	9 10 11	Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
es Revenue Ba	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	(d) Total gaming (add col. (a) through col. (c)
es Revenue Ba	9 10 <u>11</u> rt I	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
es Revenue Ba	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
Pa	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
es Revenue Ba	9 10 <u>11</u> rt I 2 3	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	reported more than	
es Revenue Ba	9 10 11 rt I 2 3 4	Other direct expenses	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	
es Revenue Ba	9 10 11 rt I 2 3 4	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	h 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	reported more than (c) Other gaming	
es Revenue Ba	9 10 11 rt I 2 3 4 5	Other direct expenses Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	h 9 in column (d) h 9 in column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo (c) Bingo (c) Bingo (c) Bingo (c) Bingo (c) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	<pre>ceported more than (c) Other gaming (c) Other gaming</pre>	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: ____

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC. 51	-0172429	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility		%
	An outside facility	. 13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶ \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	No
Ľ			
Pa	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
PAR	T I, LINE 2B, COLUMN (V):		
AMC	UNTS PAID TO THE PROFESSIONAL FUNDRAISERS PAUL KANE AND JRB CONSULTING		
SER	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 (\$9,000) AS WELL AS PRINITNG		
	POSTAGE OF (\$48,000).		

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

SCHEDULE I		G	arants and Oth	ner Assistan	ce to Organ	izations,		L	OMB No. 15	545-0047
(Form 990)		Go	vernments, ar	nd Individual	s in the Ŭni	ted States			202	20
		Compl	ete if the organizatio	n answered "Yes" Attach to Fori		rt IV, line 21 or 22.			Open to	Dublic
Department of the Treasury Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo		nation.		_	Inspec	
Name of the organizat	ion UNITED JEWISH	APPEAL-FEDERA						Employer ic	Ientificatio	n number
	JEWISH PHILANT	THROPIES OF NE	EW YORK, INC.						51-0172	429
Part I General Ir	nformation on Grants ar	nd Assistance								
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti			
criteria used to a	award the grants or assis	tance?						[X Yes	🗌 No
2 Describe in Part	IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.					
	nd Other Assistance to I					anization answered "Y	es" on Form 990, Part	: IV, line 21, fo	or any	
	hat received more than \$					(f) Method of	1	1		
	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g r assistance	
67TH PRECINCT CLH 203 EAST 37TH STE BROOKLYN, NY 1120		27-4581070	501(C)3	7,000.	0.			CARING		
92ND STREET YM-YW	WHA									
1395 LEXINGTON AV	VENUE									
NEW YORK, NY 1012	28	13-1624229	501(C)3	707,000.	0.			CARING /	JEWISH L	IFE
ABRAHAM JOSHUA HI 30 WEST END AVENU NEW YORK, NY 1002	UE	13-3091539	501(C)3	357,000.	0.			JEWISH LI	FE	
ADHIKAAR FOR HUMA SOCIAL JUSTICE - AVENUE - WOODSIDE	71-07 WOODSIDE	20-3384725	501(C)3	8,000.	0.			CARING		
AFRICAN LIFE CENT 2663 HEALTH AVENU BRONX, NY 10463		75-3253474	501(C)3	8,000.	0.			CARING		
AFYA FOUNDATION (140 SAW MILL RIVE YONKERS, NY 10701	ER ROAD	26-1300361		340,000.	0.			CARING /	JEWISH L	IFE
,	Der of section 501(c)(3) ar			,			•	•		258.
	per of other organizations	•	•							
LHA For Paperwork	k Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedu	le I (Form §	990) 2020

13-3876942 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

NEW YORK, NY 10024

(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
AMUDIM COMMUNITY RESOURCES INC 11 BROADWAY, SUITE 1076 NEW YORK, NY 10004	47-0984801	501(C)3	14,000.	0.			CARING
ARAB-AMERICAN FAMILY SUPPORT CENTER, INC 150 COURT STREET, 3RD FLOOR - BROOKLYN, NY 11216	11-3167245	501(C)3	8,000.	0.			CARING
ASIAN AMERICANS FOR EQUALITY, INC. 2 ALLEN STREET, 7TH FLOOR NEW YORK, NY 10002	13-3187792	501(C)3	8,000.	0.			CARING
ASSOCIATED BETH RIVKAH SCHOOLS 405 LEFFERTS AVENUE BROOKLYN, NY 11225	11-2163504	501(C)3	60,000.	0.			JEWISH LIFE
BARKAI YESHIVAH 5302 21ST AVENUE BROOKLYN, NY 11204	11-3487526	501(C)3	25,000.	0.			JEWISH LIFE
BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER - 15 NEIL COURT - OCEANSIDE, NY 11572	11-2002556	501(C)3	891,000.	٥.			CARING / JEWISH LIFE
BAYIT: BUILDING JEWISH 9 WINDFLOWER WAY WILLIAMSTOWN, MA 01267	85-1882768	501(C)3	6,000.	0.			CARING
BE'ER HAGOLAH INSTITUTES 671 LOUISIANA AVENUE BROOKLYN, NY 11239	11-2501388	501(C)3	50,000.	0.			JEWISH LIFE
BEIT RABBAN DAY SCHOOL 15 WEST 86TH STREET							

30,000.

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51-0172429 Page 1

Schedule I (Form 990)

JEWISH LIFE

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

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule I (Form 990)

51-0172429

(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
BELOVED BUILDERS INC							
35 PARK STREET							
FLORENCE, MA 01062	47-3898186	501(C)3	89,000.	0.			JEWISH LIFE
BEND THE ARC: A JEWISH PARTNERSHIP							
FOR JUSTICE - 333 SEVENTH AVENUE,	50 4000604		1.50.000				
19TH FLOOR - NEW YORK, NY 10001	52-1332694	501(C)3	160,000.	0.			JEWISH LIFE
BET TORAH							
60 SMITH AVENUE							
MOUNT KISCO, NY 10549	13-1980421	501(C)3	8,000.	0.			JEWISH LIFE
BETH GAVRIEL BUKHARIAN							
CONGREGATION - 75-24 GRAND CENTRAL							
PARKWAY - FOREST HILLS, NY 11375	11-3336257	501(C)3	35,000.	0.			JEWISH LIFE
BETH ISRAEL MEDICAL CENTER							
1ST AVENUE AT 16TH STREET	13-5564934	E01(a)2	22.000	0.			CARING
NEW YORK, NY 10003	13-5564954	501(C)5	22,000.	υ.			CARING
B'NAI BRITH YOUTH ORGANIZATION							
(BBYO) - 800 EIGHTH STREET NW -							
WASHINGTON, DC 20001	31-1794932	501(C)3	134,000.	Ο.			JEWISH LIFE
BNOS MALKA ACADEMY							
71-02 113TH STREET							
FOREST HILLS, NY 11375	11-3331303	501(C)3	35,000.	0.			JEWISH LIFE
BORO PARK JEWISH COMMUNITY COUNCIL							
1310 46TH STREET	11 2475002	E01 (60.000	•			
BROOKLYN, NY 11219	11-3475993	501(C)3	60,000.	0.			CARING / JEWISH LIFE
BORO PARK YM & YWHA							
4912 14TH AVENUE							
BROOKLYN, NY 11219	11-1630917	501(C)3	384,000.	0.			CARING / JEWISH LIFE

11-2544630 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

- BROOKLYN, NY 11212

		v		,		,	
(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 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	581,000.	٥.			CARING / JEWISH LIFE
BRONX HOUSE INC. 990 PELHAM PARKWAY SOUTH	12 1820025	504 (2) 2					
BRONX, NY 10461	13-1739935	501(C)3	292,000.	0.			CARING / JEWISH LIFE
BRONX JEWISH COMMUNITY COUNCIL 2930 WALLACE AVENUE BRONX, NY 10467	13-2744533	501(C)3	130,000.	0.			CARING / JEWISH LIFE
	10 1711000						
BRONX LACROSSE 1 MANHATTANVILLE ROAD, SUITE 102 PURCHASE, NY 10577	82-1991261	501(C)3	7,000.	0.			CARING
BRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471	13-1740507	501(C)3	674,000.	0.			CARING / JEWISH LIFE
BROOKLYN CHINESE-AMERICAN ASSOCIATION INC 5002 8TH AVENUE - BROOKLYN, NY 11220	11-3065859	501(C)3	6,000.	0.			CARING
BROOKLYN CONSERVATORY OF MUSIC 58 7TH AVENUE BROOKLYN, NY 11217	11-1532426	501(C)3	12,000.	0.			CARING
BROOKLYN PERINATAL NETWORK INC. 259 BRISTOL STREET, SUITE 242 BROOKLYN, NY 11212	13-3428222	501(C)3	12,000.	0.			CARING
BROWNSVILLE COMMUNITY DEVELOPMENT CORPORATION - 592 ROCKAWAY AVENUE							

8,000.

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Schedule I (Form 990)

CARING

51-0172429

Schedule I (Form 990) JEWISH PHILANT	HROPIES OF NE	W YORK, INC.					51-0172429 Pag
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CAMP DORA GOLDING							
5515 NEW UTRECHT AVENUE							
BROOKLYN, NY 11219	13-6000413	501(C)3	0.	325,000.	APPRAISAL	IMPUTED RENT	JEWISH LIFE
CAMP EXTREME							
335 CENTRAL AVENUE							
LAWRENCE, NY 11559	36-4428246	501(C)3	5,000.	Ο.			JEWISH LIFE
CAROLINE AND JOSEPH S. GRUSS LIFE			,				
MONUMENT FUNDS, INC 45							
BROADWAY, SUITE 3050 - NEW YORK,							
NY 10006	13-3573461	501(C)3	3,490,000.	0.			JEWISH LIFE
CATHOLIC CHARITIES COMMUNITY							
SERVICES OF THE ARCHDIOCESE OF NEW							
YORK - 1011 1ST AVENUE, 6TH FLOOR							
- NEW YORK, NY 10022	13-5562185	501(C)3	105,000.	0.			CARING
CENTRAL NASSAU GUIDANCE &							
COUNSELING SERVICES, INC 950							
SOUTH OYSTER BAY ROAD -							
HICKSVILLE, NY 11801	11-2438388	501(C)3	135,000.	0.			CARING
СНАМАН							
420 LEXINGTON AVENUE, SUITE 300							
NEW YORK, NY 10170	23-7365688	501(C)3	50,000.	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	25,000.	0.			JEWISH LIFE
COLLEGE OF STATEN ISLAND HILLEL							
2800 VICTORY BOULEVARD, BUILDING							
1A, ROOM 212A - STATEN ISLAND, NY							
10314	26-0212010	501(C)3	91,000.	0.			CARING / JEWISH LIFE
COMMUNITY ALLIANCE FOR							
JEWISH-AFFILIATED CEMETERIES							
(CAJAC) - 360 HAMILTON AVENUE,							
SUITE 1110 - WHITE PLAINS, NY	56-2649778	501(C)3	80,000.	0.			CARING

Schedule I (Form 990)

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(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
COMMUNITY INITIATIVES							
1000 BROADWAY, SUITE 480							
OAKLAND, CA 94607	94-3255070	501(C)3	40,000.	0.			JEWISH LIFE
COMMUNITY SECURITY SERVICE 132 EAST 43RD STREET, #552 NEW YORK, NY 10017	26-0803826	501(C)3	575,000.	0.			CARING
				••			
COMUNILIFE, INC. 462 7TH AVENUE NEW YORK, NY 10018	13-3530299	501(0)2	8,000.	0.			CARING
NEW TORK, NI 10018	13-3530299	501(C)5	8,000.	0.			CARING
CONCERTS IN MOTION, INC. 729 SEVENTH AVENUE, 9TH FLOOR							
NEW YORK, NY 10019	27-1367692	501(C)3	110,000.	0.			CARING / JEWISH LIFE
CONGREGATION BETH ELOHIM 274 GARFIELD PLACE							
BROOKLYN, NY 11215	11-1672755	501(C)3	405,000.	0.			CARING / JEWISH LIFE
CONGREGATION B'NAI JESHURUN 257 WEST 88TH STREET NEW YORK, NY 10024	13-0594858	501(C)3	7,000.	0.			JEWISH LIFE
,			,				
CONGREGATION CHABAD IN REACH ALIYA 527 EAST NEW YORK AVENUE							
BROOKLYN, NY 11225	05-0609266	501(C)3	12,000.	0.			CARING / JEWISH LIFE
CONGREGATION RODEPH SHOLOM 7 WEST 83RD STREET							
NEW YORK, NY 10024	13-1628164	501(C)3	323,000.	0.			JEWISH LIFE
COUNCIL OF JEWISH EMIGRE COMMUNITY			· · · · · · · · · · · · · · · · · · ·				
ORGANIZATIONS, INC. (COJECO) - 40 EXCHANGE PLACE, SUITE 1302 - NEW							
YORK, NY 10005	13-3955736	501(C)3	403,000.	0.			CARING / JEWISH LIFE

Schedule I (Form 990)

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

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

Page 1

51-0172429

(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
COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH - 1523 AVENUE M, 3RD FLOOR - BROOKLYN, NY 11230	11-2864728	501(C)3	84,000.	0.			CARING
COUNCIL OF JEWISH ORGANIZATIONS OF STATEN ISLAND - 984 POST AVENUE - STATEN ISLAND, NY 10302	13-3525474	501(C)3	25,000.	0.			JEWISH LIFE
CROWN HEIGHTS JEWISH COMMUNITY COUNCIL - 392 KINGSTON AVENUE - BROOKLYN, NY 11225	23-7390996	501(C)3	66,000.	0.			CARING / JEWISH LIFE
CZ WELLNESS GROUP INC (CAMP ZEKE) 4080 BROADWAY, SUITE 147 NEW YORK, NY 10032	46-1869615	501(C)3	533,000.	307,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
DOMINICO-AMERICAN SOCIETY OF QUEENS, INC 40-27 97TH STREET, 1ST FLOOR - CORONA, NY 11368	06-1389895	501(C)3	8,000.	٥.			CARING
DOROT 171 WEST 85TH STREET NEW YORK, NY 10024	13-3264005	501(C)3	435,000.	0.			CARING / JEWISH LIFE
EDEN VILLAGE CAMP 392 DENNYTOWN ROAD PUTNAM VALLEY, NY 10579	26-4373931	501(C)3	462,000.	140,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE OF BENSONHURST - 7802 BAY PARKWAY - BROOKLYN, NY 11214	11-1633484	501(C)3	2,069,000.	0.			CARING / JEWISH LIFE
EDUCATIONAL ALLIANCE, INC. 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)3	2,623,000.	4,130,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

13-2952614 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

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(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
FACES NY, INC.							
123 WEST 115TH STREET	12 2440.097	E01(0)2	7 000	0.			CARING
NEW YORK, NY 10026	13-3449087	501(C)3	7,000.	0.			CARING
FAITH IN NEW YORK							
103-04 39TH AVENUE, SUITE 105							
CORONA, NY 11368	80-0122559	501(C)3	6,000.	0.			CARING
· · · ·			,				
FAMILY SERVICE LEAGUE							
790 PARK AVENUE							
HUNTINGTON, NY 11743	11-1631827	501(C)3	130,000.	0.			CARING
FEEDING WESTCHESTER, INC.							
200 CLEARBOOK ROAD	40.0505000	504 (7) 2	10.000				
ELMSFORD, NY 10523	13-3507988	501(C)3	10,000.	0.			CARING
FLATBUSH COMMUNITY FUND							
2361 NOSTRAND AVENUE							
BROOKLYN, NY 11210	82-3212305	501(C)3	95,000.	0.			CARING
FLORENCE MELTON ADULT MINI-SCHOOL							
85 REVERE DRIVE, SUITE J							
NORTHBROOK, IL 60062	01-0725179	501(C)3	45,000.	0.			JEWISH LIFE
FOOTSTEPS, INC.							
114 JOHN STREET, SUITE 930							
NEW YORK, NY 10272	20-0666923	501(C)3	115,000.	0.			CARING / JEWISH LIFE
FOUNDARTON FOR TRUTCH CAMP THO							
FOUNDATION FOR JEWISH CAMP, INC. 253 WEST 35TH STREET, 4TH FLOOR							
NEW YORK, NY 10001	22-3551013	501(C)3	149,000.	0.			JEWISH LIFE
FRIENDS OF BEZALEL ACADEMY OF ARTS							
AND DESIGNS, INC 370 LEXINGTON							
AVENUE, SUITE 1612 - NEW YORK, NY							
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Schedule I (Form 990)

JEWISH LIFE

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13-5562412 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

NEW YORK, NY 10002

(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
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVENUE, SUITE 101 SUFFERN, NY 10901	46-5714234	501(C)3	25,000.	0.			JEWISH LIFE
FRIENDS OF WHEELS 511 WEST 182ND STREET, 4TH FLOOR NEW YORK, NY 10033	42-1775449	501(C)3	12,000.	0.			CARING
FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS, SUITE NEW YORK, NY 10013	5 13-2612524	501(C)3	13,000.	0.			CARING
GABRIEL PROJECT MUMBAI P.O. BOX 5025 BERGENFIELD, NJ 07621	45-4541556	501(C)3	45,000.	0.			CARING
GRAND STREET SETTLEMENT, INC. 72 COLUMBIA STREET NEW YORK, NY 10002	13-5562230	501(C)3	8,000.	0.			CARING
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624404	501(C)3	50,000.	0.			CARING
GURWIN JEWISH NURSING & REHABILITATION CENTER - 68 HAUPPAUGE ROAD - COMMACK, NY 11725	11-2785201	501(C)3	208,000.	0.			CARING
HAITIAN CENTERS COUNCIL, INC. 3807 CHURCH AVENUE BROOKLYN, NY 11203	11-2648501	501(C)3	6,000.	0.			CARING
HAMILTON MADISON HOUSE 253 SOUTH STREET, APT, 2							

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51-0172429 Page 1

Schedule I (Form 990)

CARING

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

NEW YORK, NY 10038

(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
HANNAH SENESH COMMUNITY DAY SCHOOL 342 SMITH STREET BROOKLYN, NY 11231	20-3330699	501(C)3	183,000.	0.			JEWISH LIFE
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)3	270,000.	0.			JEWISH LIFE
HATZOLOH INCORPORATED 1070 MCDONALD AVENUE BROOKLYN, NY 11230	80-0369977	501(C)3	8,000.	0.			CARING
HAZON, INC. 25 BROADWAY , 17TH FLOOR NEW YORK, NY 10004	13-1623922	501(C)3	119,000.	0.			CARING / JEWISH LIFE
HEBREW ACADEMY OF LONG BEACH 132 SPRUCE STREET CEDARHURST, NY 11516	11-1892079	501(C)3	263,000.	0.			JEWISH LIFE
HEBREW ACADEMY OF NASSAU COUNTY (H.A.N.C.) - 240 HEMPSTEAD AVENUE - WEST HEMPSTEAD, NY 11552	11-1733449	501(C)3	108,000.	0.			JEWISH LIFE
HEBREW ACADEMY OF THE FIVE TOWNS AND ROCKAWAY (HAFTR) - 389 CENTRAL AVENUE - LAWRENCE, NY 11559	11-2551180	501(C)3	70,000.	0.			JEWISH LIFE
HEBREW EDUCATIONAL SOCIETY OF BROOKLYN - 9502 SEAVIEW AVENUE - BROOKLYN, NY 11236	11-1642720	501(C)3	653,000.	748,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HEBREW FREE BURIAL ASSOCIATION 125 MAIDEN LANE, UNIT 5B							

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Schedule I (Form 990)

CARING

51-0172429

20-1355458 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

PURCHASE, NY 10577

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(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 FREE LOAN SOCIETY							
675 3RD AVENUE, SUITE 1905	12 5562220	E01(0)2	253 000	0			
NEW YORK, NY 10017	13-5562239	501(C)5	253,000.	0.			CARING / JEWISH LIFE
HEIGHTS AND HILLS, INC.							
81 WILLOUGHBY STREET							
BROOKLYN, NY 11201	23-7237927	501(C)3	6,000.	0.			CARING
,,			-,	- •			
HENRY KAUFMANN CAMPGROUNDS, INC.							
667 BLAUVELT ROAD							
PEARL RIVER, NY 10965	13-5633239	501(C)3	4,056,000.	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	204,000.	٥.			CARING / JEWISH LIFE
HILLEL AT BARUCH COLLEGE							
55 LEXINGTON AVENUE, ROOM B2-210							
NEW YORK, NY 10010	20-4777751	501(C)3	271,000.	٥.			CARING / JEWISH LIFE
HILLEL AT BINGHAMTON UNIVERSITY							
WEST 208-B, UNIVERSITY UNION							
BINGHAMTON, NY 13902	01-0569965	501(C)3	110,000.	0.			JEWISH LIFE
HILLEL FOUNDATION FOR JEWISH LIFE:							
SNYDER HILLEL CENTER STONY BROOK							
UN - MELVILLE LIBRARY, SUITE N5580							
- STONY BROOK, NY 11794	11-6112474	501(C)3	140,000.	0.			JEWISH LIFE
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET NW							
		501(0)2	425 000	0			TRWICH ITEE
- WASHINGTON, DC 20001	52-1844823	501(0)5	425,000.	0.			JEWISH LIFE
HILLELS OF WESTCHESTER							
MAIN P.O. BOX 8							

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Schedule I (Form 990)

JEWISH LIFE

51-0172429 Page 1

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(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
HOFSTRA UNIVERSITY HILLEL							
200 HOFSTRA UNIVERSITY, STUDENT CEN	N						
HEMPSTEAD, NY 11549	11-1630906	501(C)3	55,000.	0.			JEWISH LIFE
HOLOCAUST AND HUMAN RIGHTS							
EDUCATION CENTER - 4 WEST RED OAK							
LANE, SUITE 330 - WHITE PLAINS, NY							
10604	13-3583059	501(C)3	35,000.	0.			CARING
HONEYMOON ISRAEL FOUNDATION, INC.							
5070 WHITEGATE CROSSING							
EAST AMHERST, NY 14051	47-1291052	501 (C) 3	170,000.	0.			JEWISH LIFE
	1, 1251052	501(0)5	1,0,000.				
HOPE COMMUNITY SERVICES, INC.							
50 WASHINGTON AVENUE							
NEW ROCHELLE, NY 10801	13-3477015	501 (C) 3	80,000.	0.			CARING
	13 3477013	501(0)5		· ·			
HUNTER COLLEGE HILLEL							
595 PARK AVENUE, BUILDING 1317A							
VEW YORK, NY 10065	13-3853221	501(0)3	108,000.	0.			CARING / JEWISH LIFE
INSTITUTE FOR JEWISH COMMUNITY	13-3655221	501(C)5	108,000.	0.			CARING / DEWISH LIFE
RESEARCH: BE'CHOL LASHON - 3198							
FULTON STREET - SAN FRANCISCO, CA	94-3307253	E01(0)2	41 000	0			TENTON LIPE
94118 VEWISH ASSOCIATION SERVING THE	94-3307253	501(C)3	41,000.	0.			JEWISH LIFE
AGING (JASA) - 247 WEST 37TH							
TREET, 9TH FLOOR - NEW YORK, NY	12 0 0 0 0 0 0 0		2 2 4 7 2 2 2				
.0018	13-2620896	501(C)3	3,047,000.	0.			CARING / JEWISH LIFE
EWISH BOARD OF FAMILY AND							
HILDREN'S SERVICES - 135 WEST							
50TH STREET, 6TH FLOOR - NEW YORK,				_			
TY 10020	13-5564937	501(C)3	7,983,000.	0.			CARING / JEWISH LIFE
TEWISH CHILD CARE ASSOCIATION OF							
IEW YORK - 120 WALL STREET, 20TH							
FLOOR - NEW YORK, NY 10005	13-1624060	501(C)3	670,000.	Ο.			CARING / JEWISH LIFE

Schedule I (Form 990)

51-0172429

13-3914924 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

HARTSDALE, NY 10530

(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 CENTER OF MID-WESTCHESTER - 999 WILMOT ROAD - SCARSDALE, NY 10583	13-3617061	501(C)3	530,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY CENTER OF STATEN ISLAND - 1466 MANOR ROAD - STATEN ISLAND, NY 10314	13-5562256	501(C)3	1,060,000.	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	256,000.	0.			JEWISH LIFE
JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND - 3001 WEST 37TH STREET - BROOKLYN, NY 11224	11-2665181		375,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA - 1525 CENTRAL AVENUE - FAR ROCKAWAY, NY 11691	11-2425813	501(C)3	375,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY LEGACY PROJECT, INC 5256 WEATHERWOOD TRACE - MARIETTA, GA 30068	81-1708125	501(C)3	50,000.	0.			JEWISH LIFE
JEWISH COMMUNITY RELATIONS COUNCIL OF NEW YORK - 225 WEST 34TH STREET, SUITE 1607 - NEW YORK, NY 10122	13-2869041	501(C)3	3,858,000.	0.			CARING / JEWISH LIFE
JEWISH COUNCIL FOR PUBLIC AFFAIRS 25 BROADWAY, SUITE 1700 NEW YORK, NY 10004	13-1624104	501(C)3	190,000.	0.			JEWISH LIFE
JEWISH DEAF RESOURCE CENTER P.O. BOX 318							

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Schedule I (Form 990)

JEWISH LIFE

51-0172429 Page 1

13-0887640 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

YORK, NY 10027

		Janizationio				,	
(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	1,269,000.	0.			JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR JAFI - 25 BROADWAY,							
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)3	18,495,000.	٥.			CARING / JEWISH LIFE
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JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR JDC - 25 BROADWAY,							
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)3	6,781,000.	٥.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - 25 BROADWAY, SUITE 1700							
- NEW YORK, NY 10004	13-1624240	501(C)3	4,595,000.	٥.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - OVERSEAS /TARGETED - 25							
BROADWAY, SUITE 1700 - NEW YORK,							CARING / JEWISH LIFE
NY 10004	13-1624240	501(C)3	17,063,000.	0.			SEE PART IV SUPPL INFO
JEWISH FUNDERS NETWORK							
150 WEST 30TH STREET, SUITE 900							
NEW YORK, NY 10001	23 - 2742482	501(C)3	50,000.	٥.			CARING
JEWISH HOME LIFECARE							
120 WEST 106TH STREET						IMPUTED	
NEW YORK, NY 10025	13-1624033	501(C)3	320,000.	6,000.	FMV	INTEREST	CARING / JEWISH LIFE
JEWISH ORTHODOX WOMEN'S MEDICAL							
ASSOCIATION (JOWMA) - 415 BEDELL							
TERRACE - WEST HEMPSTEAD, NY 11552	84-1743835	501(C)3	8,000.	0.			CARING
JEWISH THEOLOGICAL SEMINARY OF							
AMERICA - 3080 BROADWAY - NEW							

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Schedule I (Form 990)

CARING

51-0172429 Page 1

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

Page 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 non-cash assistance	(h) Purpose of grant or assistance
JPRO NETWORK							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	13-1624105	501(C)3	85,000.	0.			JEWISH LIFE
JQY, INC.							
1460 BROADWAY							
NEW YORK, NY 10036	27-5305498	501(C)3	115,000.	0.			CARING / JEWISH LIFE
JTA-MJL NEW CORP							
24 WEST 30TH STREET, 4TH FLOOR							
NEW YORK, NY 10001	13-0887610	501(C)3	579,000.	0.			CARING / JEWISH LIFE
JUMPSTART							
2801 OCEAN PARK BOULEVARD, #348							
SANTA MONICA, CA 90405	26-2173175	501(C)3	37,000.	0.			CARING / JEWISH LIFE
KAVOD							
1779 KIRBY PARKWAY, SUITE 1-362							
MEMPHIS, TN 38138	47-5495289	501(C)3	185,000.	0.			CARING
KINGS BAY YM-YWHA							
3495 NOSTRAND AVENUE	11 2000545		611 000				
BROOKLYN, NY 11229	11-3068515	5U1(C)3	611,000.	1,024,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
KINNERET DAY SCHOOL							
2600 NETHERLAND AVENUE							
BRONX, NY 10463	13-1778283	501(C)3	20,000.	0.			JEWISH LIFE
· · ·							
KOREAN COMMUNITY SERVICES OF							
METROPOLITAN NY, INC 203-05							
32ND AVENUE - BAYSIDE, NY 11361	23-7348989	501(C)3	8,000.	0.			CARING
KRAFT CENTER FOR JEWISH LIFE							
(COLUMBIA/BARNARD HILLEL) - 606							
WEST 115TH STREET - NEW YORK, NY							
10025	23-7077182	501(C)3	99,000.	0.		1	JEWISH LIFE

Schedule I (Form 990)

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

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

		incone el gamzanene					
(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 FSU INTERNATIONAL							
FOUNDATION, INC 80 CENTRAL PARK							
WEST, SUITE 2D - NEW YORK, NY							
10023	26-1870256	501(C)3	50,000.	0.			JEWISH LIFE
			,				
LONG ISLAND HEBREW ACADEMY							
122 CUTTERMILL ROAD							
GREAT NECK, NY 11021	11-3468387	501 (C) 3	30,000.	0.			JEWISH LIFE
	11 5100507	501(0)5					
LURIA ACADEMY OF BROOKLYN							
238 ST. MARKS AVENUE							
BROOKLYN, NY 11238	14-2005770	501(0)3	50,000.	0.			JEWISH LIFE
	14 2003770	501(0)5	50,000.	0.			
MAGEN DAVID YESHIVAH							
2130 MCDONALD AVENUE	11 100000	F01 (0) 2	CO 000	0			
BROOKLYN, NY 11223	11-1666839	501(C)3	60,000.	0.			JEWISH LIFE
MANHATTAN DAY SCHOOL							
310 WEST 75TH STREET							
NEW YORK, NY 10023	13-1641081	501(C)3	66,000.	0.			JEWISH LIFE
MAYOR'S FUND TO ADVANCE NEW YORK							
CITY - 253 BROADWAY, 8TH FLOOR -							
NEW YORK, NY 10007	13-3783906	501(C)3	75,000.	0.			CARING
MAZEL DAY SCHOOL							
2901-2915 BRIGHTON 6TH STREET							
BROOKLYN, NY 11235	11-2457451	501(C)3	50,000.	0.			JEWISH LIFE
MERCAZ HATORAH OF BELLE HARBOR							
505 BEACH 129TH STREET							
BELLE HARBOR, NY 11694	11-2943122	501(C)3	20,000.	0.			JEWISH LIFE
MESIVTA ATERES YAAKOV OF GREATER							
LONG ISLAND - 131 WASHINGTON							
AVENUE - LAWRENCE, NY 11559	83-0361245	501(C)3	30,000.	٥.			JEWISH LIFE

Schedule I (Form 990)

51-0172429

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Grants and Other A		1	s and Domestic Go	vernments (Sch	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
METROPOLITAN COUNCIL ON JEWISH							
POVERTY - 77 WATER STREET, 26TH							
FLOOR - NEW YORK, NY 10005	13-2738818	501(C)3	8,207,000.	0.			CARING / JEWISH LIFE
METROPOLITAN JEWISH HEALTH SYSTEM							
6323 7TH AVENUE, 3RD FLOOR							
BROOKLYN, NY 11220	11-3538697	501(C)3	333,000.	0.			CARING
NTO TOLAND & TENTON CONTINUES							
MID-ISLAND Y JEWISH COMMUNITY CENTER - 45 MANETTO HILL ROAD -							
PLAINVIEW, NY 11803	11-1841899	501(C)3	1,299,000.	0.			CARING / JEWISH LIFE
,							
MOISE SAFRA COMMUNITY CENTER, INC.							
130 EAST 82ND STREET							
NEW YORK, NY 10028	45-4001460	501(C)3	6,000.	0.			CARING
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	504,000.	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
MOVEMENT FOR JUSTICE IN EL BARRIO							
135 EAST 57TH STREET, 14TH FLOOR							
NEW YORK, NY 10022	45-0927557	501(C)3	7,000.	0.			CARING
MUSEUM OF JEWISH HERITAGE: A							
LIVING MEMORIAL TO THE HOLOCAUST -							
36 BATTERY PLACE - NEW YORK, NY 10280	13-3376265	501(C)3	5,000.	0.			JEWISH LIFE
10200	10 201 201	201(0/3	5,000.	υ.	1		

Schedule I (Form 990)

Page 1

51-0172429

13-3505428 501(C)3

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

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

NEW YORK, NY 10004

(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
MUSIC CONSERVATORY OF WESTCHESTER 216 CENTRAL AVENUE WHITE PLAINS, NY 10606	13-6007082	501(C)3	12,000.	0.			CARING
MY GOOD DEED 5151 CALIFORNIA AVENUE, 100 IRVINE, CA 92617	45-0491886	501(C)3	15,000.	0.			CARING
NATIONAL CONFERENCE ON SOVIET JEWRY - 1120 20TH STREET, NW, SUITE 300N - WASHINGTON, DC 20036	13-2700517	501(C)3	25,000.	0.			CARING / JEWISH LIFE
NATIONAL RAMAH COMMISSION 3080 BROADWAY NEW YORK, NY 10027	13-6161110	501(C)3	20,000.	0.			JEWISH LIFE
NEIGHBORHOOD SELF HELP BY OLDER PERSONS PROJECT, INC 953 SOUTHERN BOULEVARD, SUITE 203 - BRONX, NY 10459	13-3077047	501(C)3	6,000.	0.			CARING
NEIGHBORHOOD: AN URBAN CENTER FOR JEWISH LIFE - 54 8TH AVENUE, SUITE 518 - BROOKLYN, NY 11217	83-3284349	501(C)3	125,000.	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 IMMIGRATION COALITION, INC. – 131 WEST 33RD STREET, SUITE 610 – NEW YORK, NY 10001-2967	13-3573409	501(C)3	50,000.	0.			JEWISH LIFE
NEW YORK LEGAL ASSISTANCE GROUP 100 PEARL STREET, 19TH FLOOR							

2,125,000.

Schedule I (Form 990)

CARING / JEWISH LIFE

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Page 1

51-0172429

82-1795001 501(C)3

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

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

BRONX, NY 10463

(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
NORTH SHORE HEBREW ACADEMY 16 CHERRY LANE GREAT NECK, NY 11024	11-2200920	501(C)3	97,000.	0.			JEWISH LIFE
OHEL CHILDREN'S HOME AND FAMILY SERVICES - 1268 EAST 14TH STREET - BROOKLYN, NY 11230	11-6078704	501(C)3	596,000.	0.			CARING / JEWISH LIFE
OLDER ADULTS TECHNOLOGY SERVICES (OATS) – 168 7TH STREET, SUITE 3A – BROOKLYN, NY 11215	55-0882599	501(C)3	20,000.	0.			CARING
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA (ORTHODOX UNION) - 11 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004	13-5623717	501(C)3	126,000.	0.			CARING / JEWISH LIFE
OUR PLACE IN NEW YORK, INC. 40 WALL STREET, 60TH FLOOR NEW YORK, NY 10005	11-3463309	501(C)3	12,000.	0.			CARING
PER SCHOLAS, INC. 804 EAST 138TH STREET, 2ND FLOOR BRONX, NY 10454	04-3252955	501(C)3	100,000.	0.			CARING
PERFORMANCE ZONE INC. DBA THE FIELD – 75 MAIDEN LANE, SUITE 906 – NEW YORK, NY 10038	13-3357408	501(C)3	15,000.	0.			JEWISH LIFE
PHI (PARAPROFESSIONAL HEALTHCARE INSTITUTE) - 400 EAST FORDHAM ROAD, 11TH FLOOR - BRONX, NY 10458	13-3575492	501(C)3	75,000.	0.			CARING
POLISH PENSION HELP INC. 3660 OXFORD AVENUE, SUITE 10G							

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51-0172429 Page 1

Schedule I (Form 990)

CARING

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Grants and Other		-					
(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
PROJECT KESHER							
210 WEST 101ST STREET, SUITE 8E							
NEW YORK, NY 10025	36-3673594	501(C)3	35,000.	0.			CARING / JEWISH LIFE
PROSPECT PARK YESHIVA							
1604 AVENUE R							
BROOKLYN, NY 11229	11-6001333	501(C)3	45,000.	0.			JEWISH LIFE
QUEENS COLLEGE HILLEL							
6530 KISSENA BOULEVARD, ROOM 206	11-3285824	501(0)2	208 000	0.			CADING / TENTCH ITEE
FLUSHING, NY 11367	11-3205024	501(C)5	208,000.	υ.			CARING / JEWISH LIFE
QUEENS JEWISH COMMUNITY COUNCIL							
11945 UNION TURNPIKE							
FOREST HILLS, NY 11375	23-7172152	501(C)3	44,000.	0.			CARING
RAMAPO FOR CHILDREN							
49 WEST 38TH STREET, 5TH FLOOR							
NEW YORK, NY 10018	13-5600422	501(C)3	32,000.	0.			CARING / JEWISH LIFE
RAMAZ SCHOOL							
114 EAST 85TH STREET							
NEW YORK, NY 10028	13-1635279	501(C)3	155,000.	0.			JEWISH LIFE
RAMBAM MESIVTA HIGH SCHOOL FOR							
BOYS - 15 FROST LANE - LAWRENCE,							
NY 11559	11-3119721	501(C)3	30,000.	0.			JEWISH LIFE
REPAIR THE WORLD							
1460 BROADWAY	26 4524606	E01(0)2	E02 000	0			TENTON LIPE
NEW YORK, NY 10036	36-4524686	501(0)3	583,000.	0.			JEWISH LIFE
RISING TREETOPS AT OAKHURST INC.							
1140 BROADWAY, ROOM 507							
NEW YORK, NY 10001	13-5674230	501(C)3	50,000.	0.			JEWISH LIFE
ADA TOWN, MI TOOOT	1 13 3074230	501(0)5	50,000.	υ.			

Schedule I (Form 990)

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(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
ROCKEFELLER PHILANTHROPY ADVISORS,							
INC 6 WEST 48TH STREET, 10TH							
FLOOR - NEW YORK, NY 10036	13-3615533	501(C)3	6,000.	0.			CARING
S.A.R. ACADEMY							
655 WEST 254TH STREET							
RIVERDALE, NY 10471	13-2646185	501(C)3	348,000.	0.			JEWISH LIFE
SACRED SPACES INC.							
5915 BEACON STREET							
PITTSBURGH, PA 15217	81-3167473	501(C)3	50,000.	0.			CARING
SAFE FOUNDATION, INC.							
255 AVENUE W							
BROOKLYN, NY 11223	26-0102131	501 (C) 3	80,000.	0.			CARING
SAM & ESTHER MINSKOFF CULTURAL	20 0102131	501(0/5		••			CINCING
CENTER - PARK EAST DAY SCHOOL -							
164 EAST 68TH STREET - NEW YORK,	F1 0042021	F01/(d) 2		0			
NY 10065	51-0243931	501(C)3	20,000.	0.			JEWISH LIFE
SAMUEL FIELD Y DBA COMMONPOINT							
QUEENS - 5820 LITTLE NECK PARKWAY							
- LITTLE NECK, NY 11362	11-3071518	501(C)3	5,073,000.	3,574,000.	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	16,000.	0.			JEWISH LIFE
,			, ,				
SBH COMMUNITY SERVICE NETWORK,							
INC 425 KINGS HIGHWAY -							
BROOKLYN, NY 11223	23-7406410	501(C)3	813,000.	0.			CARING / JEWISH LIFE
SCAN-HARBOR							
345 EAST 102ND STREET, SUITE 301							
NEW YORK, NY 10029	13-2912963	501(C)3	6,000.	0.			CARING

Schedule I (Form 990)

11-1686380 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

CEDARHURST, NY 11516

				· · · · · · · · ·		,	
(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
SEACHANGE CAPITAL PARTNERS INC. 420 LEXINGTON AVENUE, SUITE 300 NEW YORK, NY 10017	20-5124665	501(C)3	120,000.	0.			CARING / JEWISH LIFE
SELFHELP COMMUNITY SERVICES 520 8TH AVENUE, 5TH FLOOR NEW YORK, NY 10018	13-1624178	501(C)3	2,498,000.	0.			CARING / JEWISH LIFE
SEPHARDIC COMMUNITY ALLIANCE 1061 OCEAN PARKWAY BROOKLYN, NY 11230	27-0728655	501(C)3	30,000.	0.			JEWISH LIFE
SEPHARDIC COMMUNITY CENTER 1901 OCEAN PARKWAY BROOKLYN, NY 11223	11-2567809	501(C)3	849,000.	0.			CARING / JEWISH LIFE
SHALOM HARTMAN INSTITUTE OF NORTH AMERICA – 475 RIVERSIDE DRIVE, SUITE 1450 – NEW YORK, NY 10115	13-3014387	501(C)3	90,000.	0.			JEWISH LIFE
SHALOM TASK FORCE, INC. 500 SEVENTH AVENUE, 8TH FLOOR NEW YORK, NY 10018	11-3207504	501(C)3	85,000.	0.			JEWISH LIFE
SHEFA SCHOOL INC. 40 EAST 29TH STREET NEW YORK, NY 10016	47-2048496	501(C)3	100,000.	0.			JEWISH LIFE
SHOREFRONT YM-YWHA OF BRIGHTON - MANHATTAN BEACH - 3300 CONEY ISLAND AVENUE - BROOKLYN, NY 11235	11-3070228	501(C)3	893,000.	3,192,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
SHULAMITH SCHOOL FOR GIRLS 305 CEDARHURST AVENUE							

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Schedule I (Form 990)

JEWISH LIFE

51-0172429 Page 1

11-2730462 501(C)3

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

1ST FLOOR - BROOKLYN, NY 11217

(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
SHULAMITH SCHOOL FOR GIRLS OF BROOKLYN - 60 WEST END AVENUE - BROOKLYN, NY 11235	27-4092673	501(C)3	50,000.	0.			JEWISH LIFE
SID JACOBSON JEWISH COMMUNITY CENTER - 300 FOREST DRIVE - EAST HILLS, NY 11548	11-1976051	501(C)3	2,116,000.	0.			CARING / JEWISH LIFE
SILVERSTEIN HEBREW ACADEMY 117 CUTTERMILL ROAD GREAT NECK, NY 11021	13-4033889	501(C)3	50,000.	0.			JEWISH LIFE
SOCIAL GOOD FUND P.O. BOX 5473 RICHMOND, CA 94805	46-1323531	501(C)3	40,000.	0.			JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF LONG ISLAND - 1 BARBARA LANE - JERICHO, NY 11753	11-2149235	501(C)3	141,000.	0.			JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF MANHATTAN - 805 COLUMBUS AVENUE - NEW YORK, NY 10025	41-2063123	501(C)3	31,000.	0.			JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF QUEENS 7616 PARSONS BOULEVARD FLUSHING, NY 11366	11-1803692	501(C)3	251,000.	0.			JEWISH LIFE
SOUTHSIDE UNITED HOUSING DEVELOPMENT FUND CORP - 434 SOUTH 5TH STREET - BROOKLYN, NY 11211	11-2268359	501(C)3	5,000.	0.			CARING
SPANISH SPEAKING ELDERLY COUNCIL - RAICES INC 460 ATLANTIC AVENUE,							

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Schedule I (Form 990)

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

51-0172429 Page 1

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

032241 11-05-20

(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
STEM ALLIANCE OF							
LARCHMONT-MAMARONECK, INC P.O.							
BOX 528 - LARCHMONT, NY 10538	46-0973552	501(C)3	324,000.	٥.			CARING
SURPRISE LAKE CAMP							
382 LAKE SURPISE ROAD	12 1022000	F01 (0) 2	712 000	•			
COLD SPRING, NY 10516	13-1623869	501(0)3	713,000.	0.			CARING / JEWISH LIFE
SVARA							
4700 N. RAVENSWOOD AVENUE, SUITE B							
CHICAGO, IL 60640	20-0292435	501(C)3	50,000.	0.			JEWISH LIFE
			,				
SWIPE OUT HUNGER							
800 WILSHIRE BOULEVARD, SUITE 2							
LOS ANGELES, CA 90017	45-2038035	501(C)3	36,000.	0.			CARING
<i>.</i>			, ,				
TEMPLE BETH SHOLOM OF ROSLYN							
HEIGHTS - 401 ROSLYN ROAD - ROSLYN							
HEIGHTS, NY 11577	11-1953896	501(C)3	13,000.	٥.			JEWISH LIFE
TEMPLE CHAVERIM							
1050 WASHINGTON AVENUE							
PLAINVIEW, NY 11803	11-2575011	501(C)3	8,000.	٥.			JEWISH LIFE
TEMPLE ISRAEL OF GREAT NECK							
108 OLD MILL ROAD		504 (7) 2		-			
GREAT NECK, NY 11023	11-1715797	501(C)3	12,000.	0.			JEWISH LIFE
THE ALEXANDER M. & BRENDA R.							
TANGER HILLEL AT BROOKLYN COLLEGE							
- 2901 CAMPUS ROAD - BROOKLYN, NY		504 (7) 2					/ /
11210	11-6036253	501(C)3	231,000.	0.			CARING / JEWISH LIFE
THE AMERICAN JEWISH JOINT							
DISTRIBUTION COMMITTEE, INC 220							
EAST 42ND STREET, SUITE 400 - NEW		504 (7) 2					/ /
YORK, NY 10017	13-1656634	501(C)3	2,898,000.	0.			CARING / JEWISH LIFE

Schedule I (Form 990)

Page 1

51-0172429

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

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

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

					(<i>n</i>	, ,	
(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 BLUE CARD, INC.							
171 MADISON AVENUE, ROOM 1405							
NEW YORK, NY 10016	13-1623910	501(C)3	80,000.	0.			CARING
THE BRANDEIS SCHOOL							
25 FROST LANE		504 (7) 2					
LAWRENCE, NY 11559	11-1666832	501(C)3	30,000.	0.			JEWISH LIFE
THE CANDATON ACATHOM HUDICED INC							
THE CAMPAIGN AGAINST HUNGER, INC. 2010 FULTON STREET							
	20-0934854	501/C)2	6,000.	0.			CARING
BROOKLYN, NY 11233 THE EDGAR M. BRONFMAN CENTER FOR	20-0934854	501(C/5	8,000.	0.			CARING
JEWISH STUDENT LIFE: HILLEL AT NYU							
- 7 EAST 10TH STREET - NEW YORK,							
NY 10003	13-5562308	501(C)3	250,000.	0.			JEWISH LIFE
	13 3302300	501(0/5	230,000.	· · ·			
THE FOUNDATION FOR ART AND HEALING							
77 STEARNS ROAD							
BROOKLINE, MA 02446	33-1125148	501(C)3	30,000.	0.			CARING
THE JERUSALEM FOUNDATION INC.							
420 LEXINGTON AVENUE, ROOM 1645							
NEW YORK, NY 10170	13-2563745	501(C)3	4,617,000.	٥.			JEWISH LIFE
,							
THE JEWISH CENTER							
131 WEST 86TH STREET							
NEW YORK, NY 10024	13-1635300	501(C)3	7,000.	٥.			JEWISH LIFE
THE JEWISH COMMUNITY CENTER IN							
MANHATTAN - 334 AMSTERDAM AVENUE							
AT 76TH STREET - NEW YORK, NY							
10023	13-3490745	501(C)3	2,303,000.	٥.			CARING / JEWISH LIFE
THE JEWISH COMMUNITY CENTER ON THE							
HUDSON - 371 SOUTH BROADWAY -							
TARRYTOWN, NY 10591	23-7229163	501(C)3	567,000.	0.			JEWISH LIFE

Schedule I (Form 990)

51-0172429 Page 1

94-3213100 501(C)3

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

Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

SAN FRANCISCO, CA 94129

		<u> </u>			· · · · · ·	· ·	
(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
MUE TENTON EDUCATION DECTEOR							
THE JEWISH EDUCATION PROJECT 520 8TH AVENUE, SUITE 1510							
NEW YORK, NY 10018	13-1632519	501(C)3	4,301,000.	0.			JEWISH LIFE
	10 1001015						
THE LEFFELL SCHOOL							
555 W. HARTSDALE AVENUE							
HARTSDALE, NY 10530	13-6209307	501(C)3	474,000.	0.			JEWISH LIFE
THE MARION AND AARON GURAL JCC							
INC 207 GROVE AVENUE -							
CEDARHURST, NY 11516	11-2546437	501(C)3	1,961,000.	0.			CARING / JEWISH LIFE
THE NEW YORK BOARD OF RABBIS, INC.							
171 MADISON AVENUE, SUITE 1602	13-1809283	E01/0)2	0.0.00	0			
NEW YORK, NY 10016	13-1009203	501(C)3	90,000.	0.			JEWISH LIFE
THE SAFE CENTER LI, INC.							
15 GRUMMAN ROAD WEST, SUITE 1000							
BETHPAGE, NY 11714	11-2442377	501(C)3	137,000.	0.			CARING
,							
THE SHABBAT PROJECT INC. DBA ONE							
TABLE - 79 MADISON AVENUE, 2ND							
FLOOR - NEW YORK, NY 10016	46-4715368	501(C)3	75,000.	0.			JEWISH LIFE
THE SUFFOLK Y JEWISH COMMUNITY							
CENTER - 74 HAUPPAUGE ROAD -							
COMMACK, NY 11725	11-2435521	501(C)3	976,000.	0.			CARING / JEWISH LIFE
THE WEXNER FOUNDATION							
800 WALTON PARKWAY, SUITE 110 NEW ALBANY, OH 43054	23-7320631	501(0)3	476,000.	0.			JEWISH LIFE
THE ADDAUT, ON 43034	23-7320031	501(0/5	470,000.	0.			DEWION DIFE
TIDES CENTER							
1012 TORNEY AVENUE							
		1	1	1	1	1	1

567,000.

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Schedule I (Form 990)

JEWISH LIFE

51-0172429

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

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

							I
(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
TJE: THE JEWISH ENTREPRENEUR							
44 MADISON AVENUE							
NEW YORK, NY 10022	47-3697248	501(C)3	73,000.	0.			CARING
TKIYA MUSIC INC.							
114 TROUTMAN STREET, 224							
BROOKLYN, NY 11206	82-3240823	501(C)3	34,000.	0.			JEWISH LIFE
TOURO COLLEGE							
500 SEVENTH AVENUE							
NEW YORK, NY 10018	13-2676570	501(C)3	40,000.	0.			JEWISH LIFE
	13 20/03/0	501(0)5	40,000.				
T'RUAH							
266 WEST 37TH STREET, SUITE 803							
NEW YORK, NY 10018	45-0464545	501(C)3	125,000.	0.			JEWISH LIFE
			,				
UNITED COMMUNITY CENTERS, INC.							
613 NEW LOTS AVENUE							
BROOKLYN, NY 11207	11-1950787	501(C)3	6,000.	0.			CARING
UNITED JEWISH COUNCIL OF THE EAST							
SIDE, INC 465 GRAND STREET, 4TH							
FLOOR - NEW YORK, NY 10002	13-2735378	501(C)3	217,000.	٥.			CARING / JEWISH LIFE
UNITED SIKHS IN SERVICE OF AMERICA							
AF P.O. BOX 7203							
NEW YORK, NY 10116	11-3483921	501(C)3	8,000.	0.			CARING
UNIVERSITY SETTLEMENT SOCIETY OF							
NEW YORK - 184 ELDRIDGE STREET -							
NEW YORK, NY 10002	13-5562374	501(C)3	39,000.	0.			CARING
USDAN CENTER FOR THE CREATIVE &							
PERFORMING ARTS - 185 COLONIAL							
SPRINGS ROAD - WHEATLEY HEIGHTS,							
NY 11798	13-2792668	501(C)3	356,000.	3,934,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

Schedule I (Form 990)

Page 1

51-0172429

11-2546056 501(C)3

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

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

BROOKLYN, NY 11229

		<u> </u>		· · ·		· ·	
(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
VOICES OF COMMUNITY ACTIVISTS &							
LEADERS (VOCAL-NY) - 80A FOURTH AVENUE - BROOKLYN, NY 11217	13-4094385	501(0)3	8,000.	0.			CARING
AVENCE BROOKEIN, NI 11217	13 4054505	501(0)5	0,000.				CARING
WESTCHESTER DAY SCHOOL							
856 ORIENTA AVENUE							
MAMARONECK, NY 10543	13-2646183	501(C)3	91,000.	0.			JEWISH LIFE
WESTCHESTER HEBREW HIGH SCHOOL							
856 ORIENTA AVENUE	13-2666864	E01(0)2	20.000	0.			
MAMARONECK, NY 10543	13-2000004	501(C)3	30,000.	0.			JEWISH LIFE
WESTCHESTER JEWISH COMMUNITY							
SERVICES - 845 NORTH BROADWAY,							
SUITE 2 - WHITE PLAINS, NY 10603	13-1740071	501(C)3	2,190,000.	٥.			CARING / JEWISH LIFE
WESTCHESTER JEWISH COUNCIL							
925 WESTCHESTER AVENUE, SUITE 200	12 0056600	504 (7) 2	100.000				
WHITE PLAINS, NY 10604	13-2856699	501(C)3	108,000.	0.			JEWISH LIFE
WESTCHESTER TORAH ACADEMY							
130 UNION AVENUE							
HARRISON, NY 10528	46-1423761	501(C)3	30,000.	0.			JEWISH LIFE
WESTERN STATES CENTER INC.							
P.O. BOX #40305							
PORTLAND, OR 97240	93-0952137	501(C)3	89,000.	0.			CARING / JEWISH LIFE
YESHIVA DARCHEI TORAH							
257 BEACH 17TH STREET							
FAR ROCKAWAY, NY 11691	11-2545173	501(C)3	118,000.	0.			JEWISH LIFE
· ·			,				
YESHIVA DERECH TORAH							
2810 NOSTRAND AVENUE							

50,000.

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Schedule I (Form 990)

JEWISH LIFE

51-0172429

Page 1

JEWISH PHILANTHROPIES OF NEW YORK, INC. Schedule I (Form 990)

YESHIVAH OF FLATBUSH						
919 EAST TENTH STREET						
BROOKLYN, NY 11230	11-1630915	501(C)3	302,000.	0.		JEWISH LIFE
YESHIVAT DARCHE ERES						
49 AVENUE T						
BROOKLYN, NY 11223	27-4186981	501(C)3	60,000.	0.		JEWISH LIFE

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(b) EIN (c) IRC section if applicable		(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
YESHIVA HAR TORAH							
250-10 GRAND CENTRAL PARKWAY							
BELLEROSE, NY 11426	11-3172538	501(C)3	45,000.	0.			JEWISH LIFE
YESHIVA KETANA OF LONG ISLAND							
321 DOUGHTY BOULEVARD							
INWOOD, NY 11096	11-3319522	501(C)3	35,000.	0.			JEWISH LIFE
YESHIVA OF CENTRAL QUEENS							
147-37 70TH ROAD							
FLUSHING, NY 11367	11-1672827	501(C)3	50,000.	0.			JEWISH LIFE
Flobning, NI 11307	11-10/2027	501(0/5	50,000.	0.			
YESHIVA OF SOUTH SHORE							
1170 WILLIAM STREET							
HEWLETT, NY 11557	11-2125702	501(C)3	104,000.	0.			JEWISH LIFE
YESHIVA R'TZAHD DBA STARS OF							
ISRAEL - 82-52 ABINGDON ROAD - KEW	11-2830912	501(0)2	20,000.	0.			JEWISH LIFE
GARDENS, NY 11415	11-2830912	501(C)3	20,000.	0.			DEMISH FILF
YESHIVA TALMUD TORAH OF CROWN							
HEIGHTS, INC 6363 AVENUE U -							
BROOKLYN, NY 11223	11-1633496	501(C)3	50,000.	0.			JEWISH LIFE
YESHIVA UNIVERSITY HIGH SCHOOLS							
2540 AMSTERDAM AVENUE							
NEW YORK, NY 10033	20-0247649	501(C)3	100,000.	0.			JEWISH LIFE
YESHIVAH OF FLATBUSH							
919 EAST TENTH STREET							
BROOKLYN, NY 11230	11-1630915	501(C)3	302,000.	0.			JEWISH LIFE
YESHIVAT DARCHE ERES							
49 AVENUE T							

Page 1

51-0172429

Schedule | (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.

(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
YESHIVAT SHAARE TORAH 1680 CONEY ISLAND AVENUE							
BROOKLYN, NY 11230 YM & YWHA OF WASHINGTON HEIGHTS &	11-2613334	501(C)3	50,000.	0.			JEWISH LIFE
INWOOD – 54 NAGLE AVENUE – NEW KORK, NY 10040	13-1635308	501(C)3	1,355,000.	0.			CARING / JEWISH LIFE
CONKERS PARTNERS IN EDUCATION							
YONKERS, NY 10701	06-1760636	501(C)3	8,000.	0.			CARING
YOUNG JUDAEA CAMP SPROUT LAKE 575 8TH AVENUE, 11TH FLOOR							
IEW YORK, NY 10018	13-2830437	501(C)3	387,000.	0.			JEWISH LIFE

51-0172429

Page 1

Schedule I (Form 990) 2020

O JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	955	3,185,000.	0.		
		,			
ISRAEL EXPERIENCE AWARDS - PROVIDES NEED AND MERIT					
BASED SCHOLARSHIPS FOR ISRAEL TRIPS FOR TEENS AND YOUNG ADULTS	290	280 000	0.		
TOONG ADOLIS	230	389,000.	0.		

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS:

TARGETED GRANTS GENERALLY REQUIRE TWO ANNUAL REPORTS (A MID-YEAR AND A

FINAL REPORT). 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. UJA STAFF MEMBERS REVIEW THE REPORTS TO ENSURE

APPROPRIATE USE OF THE FUNDS AND TO ASSESS IF GOALS WERE ACHIEVED. FINAL

PAYMENTS ARE RELEASED TO THE GRANTEES ACCORDINGLY. (CONTINUED IN PART IV)

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 \$17,063,000 OF TARGETED GRANTS MADE

THROUGH JFNA:

ACHIM L'CHAIM - BROTHERS FOR LIFE - \$70,000

AISH HATORAH - \$17,000

AJEEC-NISPED - \$38,000

AMANINA - \$200,000

AMCHA-NATIONAL ISRAELI CENTER FOR PSYCHOSOCIAL SUPPORT OF SURVIVORS -

\$300,000

Schedule I (Form 990)

APPLESEEDS ACADEMYN - \$40,000

Part IV Supplemental Information

ASSOCIATION FOR CHANGE IN EDUCATION-ESTABLISHED BY THE RASHI FOUNDATION

- \$130,000

AVIV FOR HOLOCAUST SURVIVORS - \$50,000

BAR-ILAN UNIVERSITY - \$75,000

BEIT ISSIE SHAPIRO - CHANGING THE LIVES FOR PEOPLE WITH DISABILITIES -

\$7,000

BEIT RUTH - \$82,000

BET ELAZRAKI CHILDRENS HOME - \$11,000

BINA: THE JEWISH MOVEMENT FOR SOCIAL CHANGE - \$200,000

BNEI AKIVA ISRAEL - \$40,000

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

CLALIT HEALTH - \$3,500,000

CO-IMPACT - \$200,000

DERECH AMI - \$44,000

DESERT STARS - \$154,000

E.L.E.M. - YOUTH IN DISTRESS IN ISRAEL - \$100,000

ECONOMIC EMPOWERMENT FOR WOMEN - \$65,000

ERETZ-IR - \$65,000

FREDDIE KRIVINE FOUNDATION - \$7,000

FRESH START - \$65,000

FRIENDS OF ATIDIM - \$83,000

HAND IN HAND: CENTER FOR JEWISH-ARAB EDUCATION IN ISRAEL - \$68,000

HEBREW UNIVERSITY OF JERUSALEM - \$924,000

HERZELIYA HEBREW GYMNASIUM - \$9,000

HILMA: TECH FOR IMPACT - \$450,000

INJAZ CENTER FOR PROFESSIONAL ARAB LOCAL GOVERNANCE - \$90,000

UNITED JEWISH APPEAL-FEDERATION OF	51 0170400	
Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC. Part IV Supplemental Information	51-0172429	Page 2
ISRAAID: THE ISRAEL FORUM FOR INTERNATIONAL HUMANITARIAN AID - \$45,000		
ISRAEL ASSOCIATION OF COMMUNITY CENTERS, LTD \$519,000		
ISRAEL HOFSHEET - \$133,000		
ISRAEL TRAUMA COALITION - \$200,000		
ITIM: THE JEWISH LIFE INFORMATION CENTER - \$180,000		
JERUSALEM OPEN HOUSE - \$6,000		
JEWISH FEDERATION OF NORTH AMERICA - \$310,000		
KAIMA - \$16,000		
KEDMA - \$150,000		
KEREN SHEMESH - \$40,000		
KOL ISRAEL HAVERIM- ALLIANCE: THE CENTER FOR JEWISH SOCIAL LEADERSHIP -		
\$45,000		
LANDMARKS (TSYUNEI DERECH) - \$110,000		
LATET - ISRAELI HUMANITARIAN AID - \$702,000		
LEKET ISRAEL - \$650,000		
LESHEM MIFALIM HINUCHIIM - \$230,000		
LEV L'TZION B'RINA - \$25,000		
MABAT: AWARENESS IN MULTICULTURAL SOCIETY - \$7,000		
MAOZ - \$350,000		
MASORTI (CONSERVATIVE) MOVEMENT - \$208,000		
MATAN INVESTING IN THE COMMUNITY - \$20,000		
MATZMICHIM - \$11,000		
MERCHAVIM - THE INSTITUTE FOR THE ADVANCEMENT OF SHARED CITIZENSHIP -		
\$37,000		
MICHAL SELA FORUM - \$6,000		
NEEMANEI TORA VEAVODA - \$84,000		
NEFESH B'NEFESH ALIYAH - \$105,000		
NOCHAH - GIVING AS A WAY OF LIFE - \$27,000		

UNITED DEWISH APPEAL-FEDERATION OF		
Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 2
Part IV Supplemental Information		
OLIM BEYAHAD - \$180,000		
OR LANEGEV VELAGALIL - \$20,000		
OROT ARACHIM TORAH UMASORET - \$47,000		
· · · · · · · · · · · · · · · · · · ·		
PAAMONIM - \$450,000		
REUT GROUP- FROM VISION TO REALITY - \$10,000		
SAMI SHAMOON COLLEGE OF ENGINEERING (R.A.) - \$200,000		
SCHECHTER RABBINICAL SEMINARY DISABILITIES - \$7,000		
SHAHAF FOUNDATION - \$150,000		
SHALVA - THE ISRAEL ASSOCIATION FOR CARE AND INCLUSION OF PERSONS WITH		
- \$70,000		
SHARED PATHS - \$45,000		
SHE'ARIM - FULFILLING ISRAELI JUDAISM - \$147,000		
SHEATUFIM - \$50,000		
SHISHI SHABBAT YISRAELI - \$50,000		
SIKKUY: THE ASSOCIATION FOR THE ADVANCEMENT OF CIVIC EQUALITY -		
\$200,000		
SIRAJ: ADVANCING HI-TECH FOR THE BEDOUIN COMMUNITY - \$7,000		
TEVA IVRI - \$6,000		
THE AGUDA - ISRAEL'S LGBT TASK FORCE - \$20,000		
THE ARAB CENTER FOR ALTERNATIVE PLANNING - \$75,000		
THE ARAB CENTER FOR ALTERNATIVE FLANNING - \$75,000		
THE ISRAEL MOVEMENT FOR PROGRESSIVE JUDAISM - \$250,000		
THE ISRAELI VOLUNTEERING COUNCIL - \$100,000		
· · · · · · · · · · · · · · · · · · ·		
THE JEWISH AGENCY FOR ISRAEL (PROGRAMS IN FORMER SOVIET UNION) -		
\$1,970,000		
THE JEWISH AGENCY FOR ISRAEL (OTHER PROGRAMS) - \$920,000		
THE JEWISH PEOPLE POLICY INSTITUTE - \$85,000		
THE NACHSHONIM ASSOCIATION - \$27,000		

THE SHALDAG FOUNDATION - \$531,000

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 2
Part IV Supplemental Information		
THE YAACOV HERZOG CENTER FOR JEWISH STUDIES - \$6,000		
rzohar latohar - \$7,000		
JNITED HATZALAH OF ISRAEL - \$15,000		
WORKING AND STUDYING YOUTH - \$40,000		
KESODOT LEZMICHA DROR - \$25,000		

SC	 1a Check the appropriate b Part VII, Section A, line First-class or charte Travel for companie Tax indemnification Discretionary spend b If any of the boxes on linereimbursement or provise 2 Did the organization requirustees, and officers, in 3 Indicate which, if any, of CEO/Executive Director establish compensation X Compensation com X Independent comp X Form 990 of othereit 4 During the year, did any organization or a related a Receive a severance participate in or receive if "Yes" to any of lines 4 	Compensation Inf	formation	I	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, K			20	20	<u> </u>
•		Compensated Emple	oyees		20	ZU	J
D		Complete if the organization answered "Yes" Attach to Form 99			Open to	Publ	ic
		Go to www.irs.gov/Form990 for instructio			Inspe	ction	
Nam	ne of the organizatio	UNITED JEWISH APPEAL-FEDERATION OF		Employer ide	entificatio	on nui	mber
		JEWISH PHILANTHROPIES OF NEW YORK, INC	•	51-01	72429		
Pa	rt I Question	s Regarding Compensation					
						Yes	No
1a	Check the appropr	ate 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	n regarding these items.				
	First-class or o	harter travel Housing	allowance or residence for perso	nal use			
	Travel for com	panions Payment	s for business use of personal res	sidence			
	Tax indemnifie	ation and gross-up payments Health or	r social club dues or initiation fees	3			
	Discretionary	pending account Personal	services (such as maid, chauffeu	r, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written	policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," co	mplete Part III to explain		. 1b		
2	Did the organizatio						
	trustees, and office	rs, including the CEO/Executive Director, regarding the item	s checked on line 1a?		. 2		
3		y, of the following the organization used to establish the co					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for meth	nods used by a related organization	on to			
		tion of the CEO/Executive Director, but explain in Part III.					
	X Form 990 of c	her organizations	by the board or compensation c	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a,	with respect to the filing				
							v
a						x	X
b		eive payment from a supplemental nonqualified retirement p				Λ	x
С	-	eive payment from an equity-based compensation arrangen			. <u>4c</u>		
	If "Yes" to any of III	es 4a-c, list the persons and provide the applicable amount	s for each item in Part III.				
	Only contine E01	(2) 501(c)(4) and 501(c)(20) argonizations must complete	to lines 5-0				
5)(3), 501(c)(4), and 501(c)(29) organizations must comple n Form 990, Part VII, Section A, line 1a, did the organization		n			
5	contingent on the r		pay or accrue any compensatio				
а	-				5a		x
		ation?					x
		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization	n pay or accrue any compensatio	n			
•	contingent on the r						
а	-				6a		x
		ation?					x
-		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization	n provide any nonfixed pavments				
-		es 5 and 6? If "Yes," describe in Part III			7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to					
-		ption described in Regulations section 53.4958-4(a)(3)? If "\		-	8		x
9		d the organization also follow the rebuttable presumption p			-		
-		53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions for Form 990.			e J (Forn	n 990)	2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule J (Form 990) 2020

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-MIS	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I) ⁻ (D)	reported as deferred on prior Form 990
(1) ERIC S. GOLDSTEIN	(i)	301,684.	0.	1,545,643.	3,433.	41,811.	1,892,571.	1,536,283.
CHIEF EXECUTIVE OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) IRVIN A. ROSENTHAL	(i)	433,499.	0.	19,823.	71,440.	48,195.	572,957.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(3) ELLEN R. ZIMMERMAN	(i)	347,410.	0.	301,292.	18,593.	21,628.	688,923.	290,262.
SECRETARY/GEN'L COUNSEL & CCO	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) DEVANA COHEN	(i)	480,879.	375,000.	1,110.	8,550.	21,587.	887,126.	0.
CHIEF INVESTMENT OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(5) MARK MEDIN	(i)	507,446.	0.	5,964.	155,342.	44,794.	713,546.	0.
EXEC. VICE PRESIDENT - FRD	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) GRAHAM CANNON	(i)	322,257.	0.	3,193.	10,314.	47,586.	383,350.	0.
CHIEF MARKETING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) DEBORAH JOSELOW	(i)	315,003.	0.	3,072.	16,590.	41,973.	376,638.	0.
CHIEF PLANNING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(8) LOUISA CHAFEE	(i)	285,789.	0.	1,441.	8,780.	2,870.	298,880.	0.
SENIOR VICE PRESIDENT	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) STUART TAUBER	(i)	268,018.	0.	10,168.	14,775.	48,939.	341,900.	1,043.
VICE PRESIDENT, REGIONS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) WILLIAM SAMERS	(i)	275,409.	0.	1,465.	8,923.	49,615.	335,412.	0.
VP, PLANNED GIVING & ENDOWNMENTS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(11) JOANN LOCASCIO	(i)	253,262.	10,000.	1,311.	8,157.	43,036.	315,766.	0.
CONTROLLER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(12) MARC ZUCKERMAN	(i)	242,002.	0.	1,262.	13,198.	45,780.	302,242.	0.
CHIEF INFORMATION OFFICER	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(13) COURTNEY WEINSTEIN	(i)	262,465.	0.	514.	8,082.	3,024.	274,085.	0.
VICE PRESIDENT, AFFINITY	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

51-0172429

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule J (Form 990) 2020

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.

PART I, LINE 4B:

ERIC S. GOLDSTEIN - SCHEDULE J, PART II, COLUMN B (III) INCLUDES \$1,536,283

REPRESENTING PAYMENTS UNDER TWO SEPARATE DEFERRED COMPENSATION AGREEMENTS

THAT COVERED THE PERIODS JULY 1, 2014 - JUNE 30, 2017 AND JULY 1, 2017 -

JUNE 30, 2020 WHOSE CONDITIONS WERE SATISFIED AS OF JANUARY 15, 2020 AND

JUNE 30, 2020, RESPECTIVELY. ANNUAL DEFERRED COMPENSATION EARNED FROM

FISCAL 2015 THROUGH FISCAL 2020 UNDER THESE AGREEMENTS WAS REPORTED IN FORM

990S FILED FOR THE FISCAL YEARS 2015 THROUGH 2020. SCHEDULE J, PART II,

COLUMN F IS THE PORTION OF THE AMOUNT SHOWN IN SCHEDULE J, PART II COLUMN B

(III) THAT WAS PAID IN THE FISCAL 2021 YEAR BUT EARNED IN PREVIOUS FISCAL

YEARS AND REPORTED IN FORM 990S, SCHEDULE J, PART II, COLUMN C FILINGS FOR

THOSE FISCAL YEARS.

FOR THE FISCAL YEAR JULY 1, 2020 THROUGH JUNE 30, 2021, MR. GOLDSTEIN

WAIVED HIS SALARY FROM UJA. BASE COMPENSATION OF \$301,684 REFLECTED IN

SCHEDULE J, PART II, COLUMN B (I) REPRESENTS COMPENSATION FOR THE PERIOD

JANUARY 1, 2020 THROUGH JUNE 30, 2020.

Schedule J (Form 990) 2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

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.

MARK MEDIN - IN ORDER TO RECEIVE \$125,000 INCLUDED IN THE AMOUNT REPORTED

IN SCHEDULE J, PART II, COLUMN C, MARK MEDIN MUST REMAIN IN THE EMPLOY OF

UJA UNTIL SEPTEMBER 30, 2022.

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PARTICIPATION:

ELLEN R. ZIMMERMAN - MS. ZIMMERMAN'S FORM W-2 COMPENSATION FOR CALENDAR

2020 WAS \$648,703. MS. ZIMMERMAN PARTICIPATES IN A SUPPLEMENTAL

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

SECTION 457(F). THE COST OF THE EXPECTED BENEFIT UNDER THE PLAN WAS

ACCRUED EACH YEAR ON A GAAP BASIS AND REFLECTED IN UJA'S AUDITED FINANCIAL

STATEMENTS AND FORM 990 FILINGS. IN AUGUST 2020, MS. ZIMMERMAN SATISFIED

THE PLAN'S AGE AND EMPLOYMENT REQUIREMENTS AND THE BENEFITS VESTED.

INCLUDED IN SCHEDULE J, PART II, COLUMN B (III) IS THE ACTUARIALLY

CALCULATED TAXABLE BENEFIT OF \$290,262. UNDER THE TERMS OF THE PLAN, MS.

ZIMMERMAN RECEIVED A DISTRIBUTION OF \$142,867 IN OCTOBER 2020, REPRESENTING

THE INCOME TAXES AND PAYROLL TAXES DUE ON THE VESTED BENEFIT. THE

REMAINING BENEFIT, INCLUDING FUTURE ACCRUALS EARNED UNDER THE PLAN, WILL BE

PAID TO MS. ZIMMERMAN UPON SEPARATION OF SERVICE FROM UJA, EXCEPT THAT THE

INCOME TAXES AND PAYROLL TAXES DUE ON SUCH FUTURE ACCRUALS WILL BE PAID TO

Schedule J (Form 990) 2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule J (Form 990) 2020

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.

HER ANNUALLY.

OTHER EMPLOYEES:

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

VESTING UNDER THE NON-QUALIFIED RETIREMENT PLAN IN ORDER TO REALIZE THE

FOLLOWING BENEFITS ACCRUED DURING THE PERIOD JULY 1, 2020 - JUNE 30, 2021

AND REFLECTED IN SCHEUDLE J, PART II, COLUMN C:

MARK MEDIN - \$16,092

GRAHAM CANNON - \$2,339

DEBORAH JOSELOW - \$3,281

LOUISA CHAFEE - \$742

WILLIAM SAMERS - \$749

JOANN LOCASCIO - \$174

SCHED (Form 9 Departmer Internal Re	990)	Su Complete if the org to Form 990. CG	explanations, and	d "Yes" on Form 99 anv additional info	0, Part IV, rmation in	line 24a. Part VI.	Provide descrip	tions,			C	20	020 020 090 00 0 0 0 0 0 0 0 0 0 0 0 0 0	
Name o	of the organization UNITED JEWISH A	PPEAL-FEDERATIO	N OF						Emp	lover	identif	icatio	n num	ber
	5	ROPIES OF NEW Y	ORK, INC.						-	-	7242			
Part I	Bond Issues													
-	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	feased	(h) On	behalf	(i) Pc	oled
											of is	suer	finan	cing
									Yes	No	Yes	No	Yes	No
A BUI	ILD NYC RESOURCE CORP.	45-4040561	12008ECW4	08/14/14	31,2	58,000.	CURRENT REFU	NDING ISSUE		X		Х		X
В														
C														ļ
														l
D														<u> </u>
Part II	Proceeds													
							В	С				D		
	mount of bonds legally defeased				50.000									
	otal proceeds of issue			,	258,000.									
	aross proceeds in reserve funds													
	apitalized interest from proceeds									_				
					<u> </u>					_				
-		<u></u>	<u></u>		563,000.									
-														
	Vorking capital expenditures from proceeds													
	capital expenditures from proceeds													
-					14,000.									
					14,000.									
13 Y	ear of substantial completion			 Yes	No	Yes	No	Yes	No	_	Yes		Ne	
14 \	Vere the bands issued as part of a refunding	ionus of tax axampt	banda (ar	Tes	NO	res		res	INO		res		No	
	Vere the bonds issued as part of a refunding			x										
	issued prior to 2018, a current refunding is vere the bonds issued as part of a refunding			44										
	sued prior to 2018, an advance refunding is		• •		x									
	las the final allocation of proceeds been ma													
	loes the organization maintain adequate bo													
	nal allocation of proceede?			x										

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

Schedule K (Form 990) 2020

Schedule K (Form 990) 2020 JE Part III Private Business Use

) JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

Page **2**

		4	I	3		>	C)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		х						
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		x						
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								
bond-financed property?		x						
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?								
4 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		%		%		%		
5 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		%		%		%		
7 Does the bond issue meet the private security or payment test?		Х						
8a Has there been a sale or disposition of any of the bond-financed property to a non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		
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 Regulations sections 1.141-12 and 1.145-2?		x						
Part IV Arbitrage								
		4		3	(;	0)
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?		х						

Schedule K (Form 990) 2020	JEWISH	PHILANTHROPIES	OF	NEW	YORK,	INC.
					,	

51-0172429

Page 3

Part IV Arbitrage (continued)								
	Α		В		ç		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?		X						
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						
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?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action								
		A	E	3	0)	C	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		Х						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedule	e K. See instru	uctions.					

SCHEDULE M Noncash Contributions				ibutions		OMB No. 1	545-004	7	
(Fo	orm 990)						20	20	
			Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.						
	tment of the Treasury Il Revenue Service	 Attach to Form 990 Go to www.irs.gov/ 		r instructions and	the latest information.		Open to Inspe		с
Nam	e of the organizatior					Employer	identificatio	on nur	nber
		JEWISH PHILANTHRON	PIES OF NE	EW YORK, INC.			51-017242	9	
Pa	rt I Types of	Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	(d) of determin ntribution ar	•	8
1	Art - Works of art								
2		Isures							
3		erests							
4		ations							
5		ehold goods							
6		nicles							
7									
8		ty							
9		y traded	X	261	10,305,000.	SELLING PRIC	Ξ		
10		y held stock							
11	Securities - Partne								
12	Securities - Miscell		X	1	28,000.	FMV			
13	Qualified conserva								
	Historic structures								
14	Qualified conserva	tion contribution - Other							
15	Real estate - Resid	lential							
16	Real estate - Comr	mercial							
17		r							
18									
19									
20		l supplies							
21									
22									
23		ns							
24		acts							
25		SRAEL BONDS)	X	5	214,000.	FACE VALUE			
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms	8283 received by the organi	zation during	g the tax year for co	ontributions				
	for which the orga	nization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
								Yes	No
30a	During the year, di	d the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at lea	ast three years from the dat	e of the initia	I contribution, and	which isn't required to be us	sed for			
	exempt purposes f	for the entire holding period	?				30a		X
b	If "Yes," describe t	the arrangement in Part II.							
31	Does the organizat	tion have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?	31	X	
32a	Does the organizat	tion hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						32a	Х	
b	If "Yes," describe i	n Part II.							
33	If the organization	didn't report an amount in c	column (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.								

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.

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 ORGANIZATION UTILIZES INDEPENDENT BROKERS TO SELL SECURITIES AND

COLLECTIBLES CONTRIBUTED TO THE ORGANIZATION.

51-0172429

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2020	
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Publ Inspection	lic
Name of the organization		Employer identification num	mber
	JEWISH PHILANTHROPIES OF NEW YORK, INC.	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 MIL	LIONS OF DOLLARS ANNUALLY FOR SERVICES TO NEW YORKERS		
IN NEED. THROUGH R	ESEARCH AND CONVENING EXPERTS, UJA DELIVERS STRATEGIC		
SOLUTIONS TO EMERG	ING ISSUES AFFECTING THE JEWISH AND BROADER		
COMMUNITY. IT FUND	S IMPORTANT COMMUNITY PROGRAMS, LAUNCHES R&D PROJECTS		
& MOBILIZES TO OFF	ER A JEWISH RESPONSE TO HUMANITARIAN CRISES LOCALLY &		
AROUND THE WORLD.	WHEN COVID STRUCK, UJA MOBILIZED ITS PARTNER AND		
FINANCIAL RESOURCE	S TO HELP VULNERABLE NEW YORKERS AND DEVELOPED A PLAN		
TO ENSURE THAT JEW	ISH 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 ASSISTA	NCE TO FOOD PANTRIES, AND ENHANCED MENTAL HEALTH		
SERVICES AND EMPLO	YMENT COUNSELING.		
UJA ALSO PROMOTES	VOLUNTEERISM, FACILITATING THE RECRUITMENT AND		
TRAINING OF VOLUNT	EERS 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 LIV	ING IN AT-RISK COMMUNITIES. IN THE AFTERMATH OF		
NATURAL DISASTERS	IN THE US AND ABROAD, AND TERRORISM AND WARS IN		
ISRAEL AND ELSEWHE	RE, UJA, THROUGH ITS NONPROFIT PARTNERS, ASSISTS		
VICTIMS, PROVIDES	TRAUMA RELIEF TO INDIVIDUALS AND COMMUNITIES, AND		
WORKS TO BUILD RES	ILIENCE. RESPONDING TO INCREASING ANTI-SEMITISM, UJA		

Schedule O (Form 990 or 99 Name of the organization	UNITED JEWISH APPEAL-FEDERATION OF		Page Employer identification number
Name of the organization	JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-0172429
HAS DEVELOPED AND FU	NDED PROGRAMS TO ENHANCE SECURITY FOR JEWIS	н	
INSTITUTIONS IN THE 1	JEW YORK AREA.		
FORM 990, PART III,	INE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:		
TEACHER BENEFITS AT	JEWISH DAY SCHOOLS AND SCHOLARSHIPS FOR ISRA	EL	
EXPERIENCE PROGRAMS	AND JEWISH SUMMER DAY AND OVERNIGHT CAMPS, A	LL	
IMPORTANT PLATFORMS	FOR POSITIVE JEWISH EXPERIENCE AND ENGAGEMEN	г.	
RECOGNIZING THAT ISR	AEL IS FUNDAMENTAL TO THE JEWISH PAST, PRESE	NT, AND	
FUTURE, UJA ALSO HEL	PS JEWS WHO CHOOSE TO IMMIGRATE TO ISRAEL. I	N	
ADDITION, UJA INVEST	3 IN STRENGTHENING ISRAELI CIVIL SOCIETY TO	PROMOTE	
AN INCLUSIVE, DEMOCRA	ATIC, AND THRIVING JEWISH STATE. IN BOTH ISR	AEL AND	
NEW YORK, UJA SUPPOR	S COMMUNITY RELATIONS ORGANIZATIONS THAT PR	OMOTE	
EQUALITY AND MUTUAL 1	RESPECT AMONG DIVERSE POPULATIONS AND STRENG	THEN	
RELATIONSHIPS BETWEED	I JEWS AND THE BROADER COMMUNITY, ADVOCATING	AROUND	
ISSUES OF COMMON CAU	3E.		
FORM 990, PART VI, SI	ROWTON & LINE 2.		
;	RELATIONSHIPS AMONG OFFICERS, DIRECTORS AND	KEY	
EMPLOYEES:	· · · · · ·		
JAY D. CHAZANOFF, DI	RECTOR AND LAWRENCE J. COHEN, DIRECTOR - BUS	INESS	
RELATIONSHIP			
JACOB W. DOFT, DIREC	FOR AND SUZANNE W. DOFT, GENERAL CAMPAIGN		
CHAIR/DIRECTOR - FAM	ILY RELATIONSHIP		
DAVID B. EDELSON AND	ADAM F. WEISSENBERG - BUSINESS RELATIONSHIP		
WAYNE K. GOLDSTEIN, 1	DIRECTOR AND JEFFREY A. KESWIN, DIRECTOR- BU	SINESS	
RELATIONSHIP			

JONATHON C. HELD, DIRECTOR AND SUSAN K. HELD, DIRECTOR - FAMILY

RELATIONSHIP

Name of the organization UNITED JEWISH APPEAL-FEDERATION OF	Employer identification number
JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429
ALISA F. LEVIN, DIRECTOR AND CHARLES M. NATHAN, DIRECTOR - FAMILY	
RELATIONSHIP	
BRIAN S. LICHTER, DIRECTOR AND VENDORS OF UJA AS CLIENTS OF HIS LAW FIRM -	
BUSINESS RELATIONSHIP	
GREGORY S. LYSS, TREASURER/DIRECTOR AND DAVID L. MOORE, CHAIR - 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	
OF INTEREST EXIST.	
FORM 990, PART VI, SECTION B, LINE 15:	
PURSUANT TO ITS BYLAWS, UJA-FEDERATION HAS A COMPENSATION COMMITTEE,	

COMPOSED OF INDEPENDENT OFFICERS OF THE ORGANIZATION. THE COMMITTEE

Schedule O (Form 990 or 990-EZ) 2020	TON 07	Page 2
Name of the organization UNITED JEWISH APPEAL-FEDERAT JEWISH PHILANTHROPIES OF NEW		Employer identification number 51-0172429
REVIEWS AND APPROVES THE COMPENSATION OF THE MOST	HIGHLY COMPENSATED	
EXECUTIVES OF UJA-FEDERATION. UJA RETAINS AN IND	EPENDENT COMPENSATION	
CONSULTANT TO PROVIDE COMPARABILITY DATA IN ORDER	TO DEMONSTRATE THE	
REASONABLENESS OF THE RECOMMENDED COMPENSATION FO	R SENIOR EXECUTIVES OF	
UJA-FEDERATION. THE DELIBERATIONS OF THE COMPENS	ATION COMMITTEE ARE	
CONTENDOD NEOLIGLY DECODDED IN NINITED OF THE CON		
CONTEMPORANEOUSLY RECORDED IN MINUTES OF THE COMM	IITTEE; THOSE MINUTES ARE	
CIRCULATED TO AND APPROVED BY THE MEMBERS OF THE	COMPENSATION COMMITTEE.	
FORM 990, PART VI, SECTION C, LINE 19:		
UJA'S CONFLICT OF INTEREST POLICY, ETHICAL GUIDEL	INES AND FINANCIAL	
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON IT		
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE A	VAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
IMPUTED RENTAL INCOME	26,395,000.	
POSTRETIREMENT BENEFIT CHANGES NOT INCLUDED IN NE		
BENEFIT COST	271,000.	
TOTAL TO FORM 990, PART XI, LINE 9	26,666,000.	

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.

OMB No. 1545-0047

2020 Open to Public Inspection

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization	UNITED JEWISH APPEAL-FEDERATION OF	Employer identification number
	JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429

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	0.	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	0.	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.	0.	YORK
3495 NOSTRAND AVENUE LLC - 83-2777679					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK	0.	2,570,000.	YORK

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
BLAU FAMILY FOUNDATION - 13-3386869							
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	
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,		
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				SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	

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

Schedule R (Form 990) 2020

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part I Continuation of Identification of Disregarded Entities

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
58-20 LITTLE NECK PKWY LLC - 83-2875340					
130 EAST 59TH STREET	-				UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK	0.	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.	0.	YORK
185 COLONIAL SPRINGS ROAD, LLC - 85-4102734					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK	0.	0.	YORK
392 DENNYTOWN ROAD, LLC - 85-3947327					
130 EAST 59TH STREET					UJA-FEDERATION OF NEW
NEW YORK, NY 10022	REAL ESTATE HOLDING LLC	NEW YORK	78,000.	2,582,000.	YORK
VCCIF I-A LLC - 83-3546610					
130 EAST 59TH STREET	INVESTMENTS IN PRIVATE				UJA-FEDERATION OF NEW
NEW YORK, NY 10022	EQUITY	DELAWARE	0.	5,136,000.	YORK

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
THE BUNIM FUND - 13-4091263							
130 EAST 59TH STREET				SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	X	
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	X	
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,				SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE DAVID AND JUDY FLEISCHER FOUNDATION -							
03-0433540, 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 DORIS AND ISAAC MOINESTER FOUNDATION -							
13-3797662, 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 DUBIN FAMILY FOUNDATION - 13-3863354							
130 EAST 59TH STREET	-			SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE ERIC & TAMAR GOLDSTEIN FOUNDATION -							
16-1647207, 130 EAST 59TH STREET, NEW YORK,	-			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)		PART VII	x	
THE FREDMAN LICHTENSTEIN FAMILY FOUNDATION -	-						
	1			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							
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 JEANNETTE R. & SIDNEY L. SOLOMON							
FOUNDATION - 13-3852165, 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	

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	contr	g) 512(b)(13) rolled zation?
, i i i i i i i i i i i i i i i i i i i		loroigir country		501(c)(3))		Yes	No
THE JOAN & JEROME R. JAKUBOVITZ FOUNDATION -							
13-3797217, 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 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	x	
THE LEVY FAMILY FOUNDATION - 13-3499576							
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	x	
THE MARC AND HARRIET SUVALL FOUNDATION -							
13-3978407, 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 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	x	
THE ROBERT & MARILYN FRIEDSON FOUNDATION -							
13-3801041, 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 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	x	
THE SIDNEY AND MIRIAM LOEWY FRIEND							
FOUNDATION - 13-3801851, 130 EAST 59TH	-			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,	-			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE WANDERER FAMILY FOUNDATION - 59-3814958							
130 EAST 59TH STREET	-			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							
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	
THE ZIFF HERITAGE FOUNDATION - 51-0599051				1			
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	

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	cont	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
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	
THE KROLL KIDS FOUNDATION - 80-0005380							
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	
							1

Schedule R (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.

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.

		-			(3)							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate ations?	amount in box 20 of Schedule	mana partr	ging ier?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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	x		25.00%
	1											
	1											
	1											
	-											

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	(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	512(cont	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
NETWORK ADVANTAGE LTD 98-1283814									
141 FRONT STREET, 3RD FLOOR									
HAMILTON, BERMUDA HM19	INVESTMENT COMPANY	BERMUDA	N/A	C CORP	1,998,000.	18,948,000.	100%	Х	
NETWORK AGENCY INSURANCE, LTD 98-1459746									
141 FRONT STREET, 3RD FLOOR	CAPTIVE INSURANCE								
HAMILTON, BERMUDA HM19	COMPANY	BERMUDA	N/A	C CORP	14,033,000.	55,514,000.	100%	X	<u> </u>
	CHARITABLE REMAINDER								
CHARITABLE REMAINDER TRUSTS (32)	TRUSTS	NY	N/A					Х	
	-								

Schedule R (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)		x	
c Gift, grant, or capital contribution from related organization(s)		x	
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)	<u>1e</u>		X
f Dividends from related organization(s)	1f	x	
g Sale of assets to related organization(s)			X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)		X	
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o Sharing of paid employees with related organization(s)			х
p Reimbursement paid to related organization(s) for expenses	1p		x
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	11	x	
s Other transfer of cash or property from related organization(s)	1s	x	
 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three 			<u> </u>

(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	3,490,000.	GRANTS MADE
(2) JEWISH COMMUNAL FUND	с	23,701,000.	GRANTS RECEIVED
(3) THE JOEL & ORA BENTON, MONROE BENTON MEMORIAL FOUNDATION	с	774,000.	GRANTS RECEIVED
(4) THE JEANETTE R. & SIDNEY L. SOLOMON FOUNDATION	с	86,000.	GRANTS RECEIVED
(5) THE SELTZER FAMILY FOUNDATION	с	74,000.	GRANTS RECEIVED
(6) NETWORK ADVANTAGE LTD.	F	800,000.	DIVIDENDS RECEIVED

Schedule R (Form 990)

JEWISH PHILANTHROPIES OF NEW YORK, INC.

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) NETWORK AGENCY INSURANCE LTD.	F	600,000.	DIVIDENDS RECEIVED
(8) JEWISH COMMUNAL FUND	Q	3,447,000.	ACTUAL EXPENSE AMOUNTS
(9) UJA-FED PROPERTIES, INC.	Q	2,500,000.	ACTUAL EXPENSE AMOUNTS
(10) THE JEWISH WOMEN'S FOUNDATION OF NEW YORK, INC.	Q	757,000.	ACTUAL EXPENSE AMOUNTS
(11) NETWORK AGENCY INSURANCE LTD.	R	1,123,000.	ACTUAL CASH TRANSFERS
(12) THE ERIC & TAMAR GOLDSTEIN FOUNDATION	R	175,000.	ACTUAL CASH TRANSFERS
(13) JEWISH COMMUNAL FUND	S	1,835,000.	ACTUAL CASH TRANSFERS
(14) NETWORK AGENCY INSURANCE LTD.	S	1,351,000.	ACTUAL CASH TRANSFERS
(15) THE MARC AND HARRIET SUVALL FOUNDATION	S	65,000.	ACTUAL CASH TRANSFERS
(16)			
(17)			
_ (18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429 Page **4**

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.

(0)		F	(d)	1-		(f)	(a)	/	•	(1)	(i)	(1/)
(a)	(b)	(c)	(d)	(e Are a partners 501(c orgs	all	(f)	(g)		ר)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	(related, unrelated	partners 501(c	s sec. ;)(3)	Share of	Share of	tior	opor- nate	amount in box 20	General of managing	
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	orgs		total	end-of-year	alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes No	·
												1
												
												1

Schedule R (Form 990) 2020

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule R (Form 990) 2020 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 5
Part VII Supplemental Information		U
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 56% AND 6.6%, RESPECTIVELY, OF		
THE TOTAL GRANTS MADE BY THESE SUPPORTING ORGANIZATIONS DURING THE FIVE		
YEAR PERIOD ENDED JUNE 30, 2021, 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.		