Form <b>990</b>
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# 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.



Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
AF	or th	e 2021 calenda	rr year, or tax year beginning JUL 1, 2021 and o	ending J	JN 30, 2022				
B (	Check if	<u>ala</u> .	organization JEWISH APPEAL-FEDERATION OF		D Employer identific	ation number			
Address JEWISH PHILANTHROPIES OF NEW YORK, INC.									
F	_chan			Room/suite	E Telephone number				
	returr _Final _returr	130 EA	ST 59TH STREET	noom/suite	212-836-1730				
•	termi ated	n	wn, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	1,589,445,000.			
	Amer	nded NEW VOI	RK, NY 10022-1302		H(a) Is this a group ret				
	Appli		d address of principal officer: ERIC S. GOLDSTEIN		for subordinates?				
	pend		59TH STREET, NEW YORK, NY 10022		<b>H(b)</b> Are all subordinates inc				
1 1	Tax-e>	empt status:	K 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) c	or 527		ist. See instructions			
		ite: 🕨 WWW.UJ			H(c) Group exemption	number 🕨			
ΚF	orm o	of organization:	Corporation Trust Association Other ►	L Year		State of legal domicile: NY			
Pa	art I	Summary							
	1	Briefly describ	e the organization's mission or most significant activities: UJA-FEI	DERATION	CARES FOR JEWS				
Governance			YORKERS, RESPONDS TO CRISES AND SHAPES THE JEWISH						
'nai	2	Check this boy	if the organization discontinued its operations or dispositions	ed of more	than 25% of its net asse	ets.			
Nel	3	Number of vot	ng members of the governing body (Part VI, line 1a)			157			
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			157			
ې د	5		of individuals employed in calendar year 2021 (Part V, line 2a)			434			
itie	6		of volunteers (estimate if necessary)		5000				
Activities &	7 a		business revenue from Part VIII, column (C), line 12			2,649,000.			
<			ousiness taxable income from Form 990-T, Part I, line 11			5,631.			
					Prior Year	Current Year			
ø	8	Contributions a	and grants (Part VIII, line 1h)		224,911,000.	234,500,000.			
Revenue	9		e revenue (Part VIII, line 2g)		1,244,000.	1,131,000.			
eve	10	Investment inc	ome (Part VIII, column (A), lines 3, 4, and 7d)	107,349,000.	62,054,000.				
8	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		479,000.	-3,699,000.			
	12	Total revenue	add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		333,983,000.	293,986,000.			
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		180,971,000.	176,393,000.			
	14	Benefits paid t	o or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		48,185,000.	53,061,000.			
nse	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)		302,000.	245,000.			
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 🕨 34 , 199 , 0	000.					
ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)		29,524,000.	29,069,000.			
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		258,982,000.	258,768,000.			
	19	Revenue less e	expenses. Subtract line 18 from line 12		75,001,000.	35,218,000.			
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (P	art X, line 16)		1,746,380,000.	1,607,931,000.			
t As	21	Total liabilities	(Part X, line 26)		239,963,000.	215,141,000.			
			und balances. Subtract line 21 from line 20		1,506,417,000.	1,392,790,000.			
Pa	art II	Signature	Block						
Und	er pen	alties of periury, I	declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is			

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

Sign Here		Signature of officer JOANN LOCASCIO, CONTROLLER	Date								
		Type or print name and title									
Paid	Prin	t/Type preparer's name	Preparer's signature Date			Check PTIN if self-employed					
Preparer	Firn	n's name			Firm's E	IN 🕨					
Use Only	/ Firm's address 🕨										
	Phone no.										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions Yes No										

	UNITED JEWISH APPEAL-FEDERATION OF		
Form	990 (2021) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page <b>2</b>
	rt III Statement of Program Service Accomplishments		2
	Check if Schedule O contains a response or note to any line in this Part III		X
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	<b>—</b>	<b>T</b>
	prior Form 990 or 990-EZ?	Yes	XNo
	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,	the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$109,212,000. including grants of \$97,137,000. ) (Revenue	\$	)
	CARING FOR PEOPLE IN NEED AND RESPONDING TO CRISES:		
	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 NEEDY IMMIGRANTS, SENIORS, HOLOCAUST SURVIVORS, SINGLE		
	PARENTS, AND PEOPLE WITH AUTISM AND DISABILITIES. THE SERVICES THEY		
	PROVIDE INCLUDE HOUSING, MEDICAL CARE, END-OF-LIFE AND PALLIATIVE CARE,		
	MENTAL HEALTH COUNSELING, EDUCATION, FOOD PROGRAMS, VOCATIONAL		
	EDUCATION AND GUIDANCE, AND CITIZENSHIP AND ACCULTURATION SKILLS.		
	DURING THE PANDEMIC, UJA HAS PROVIDED ADDITIONAL SUPPORT		
	(CONT. ON SCHEDULE O)		
4b	(Code:         ) (Expenses \$	\$	)
	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	\$	)
		•	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 198, 322, 000.		
		Form	90 (2021)

Form **990** (2021)

Form	990 (2021) JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-017242	9	P	age <b>3</b>
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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, VII, 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
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	Х	L
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	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	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	990 (2021) JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-01724	29	Р	age <b>4</b>
Pa	t IV Checklist of Required Schedules (continued)		·	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		77	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		v	
	Schedule K. If "No," go to line 25a	24a	X	x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			x
	any tax-exempt bonds?	24c		x
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	0.5%		x
-	Schedule L, Part I	25b		
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%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
U	"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	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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? <i>If</i> "Yes," <i>complete Schedule N</i> , <i>Part 1</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	
	Note: All Form 990 filers are required to complete Schedule O	38	x	1
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance		L	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 483	3		
		1		

 

 b
 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable
 1b

 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 (2021) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-017242	29	Р	age <b>5</b>			
Pa	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>2a</b> 434						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.							
3a			3a	х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	х				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	•	4a	х				
b	If "Yes," enter the name of the foreign country EBERMUDA							
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (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 transac		5b		x			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
u			6a		x			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribution							
D			6b					
7	Organizations that may receive deductible contributions under section 170(c).							
<b>'</b> ~	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	views provided to the power?	7a	x				
a h			7a 7b	x				
U		a required						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	7-	x				
	to file Form 8282?		7c	A				
a	If "Yes," indicate the number of Forms 8282 filed during the year		-		x			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	10	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f					
g k	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g 7h					
h o	<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>							
0		-	8					
9	Sponsoring organizations maintaining donor advised funds.							
э а			9a					
b			9b					
10	Section 501(c)(7) organizations. Enter:		50					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
		1.01	-					
ь 11	Section 501(c)(12) organizations. Enter:	10b	-					
	Gross income from members or shareholders	11a						
a 5	Gross income from other sources. (Do not net amounts due or paid to other sources against		-					
b		11b						
12-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120					
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					
а	Note: See the instructions for additional information the organization must report on Schedule O.		134					
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
u		13b						
-	organization is licensed to issue qualified health plans							
C 1/2	Enter the amount of reserves on hand	13c	14-	-	x			
14a			14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4-		x			
	excess parachute payment(s) during the year?		15					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	in 0	10		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X			
4-	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	-						
			17					
	If "Yes," complete Form 6069.							

Form **990** (2021)

UNITED	JEWISH	APPEAL-FEDERATION	OF
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	990 (2021) JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-0172		Р	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for	r a "No" r	espor	ise
-	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	57		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		57		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			·		X X
5	Did the organization become aware during the year of a significant diversion of the organization's asse					X
6	Did the organization have members or stockholders?			6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app			70		x
Ь	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckho	dore or	<u>7a</u>		
b	nonconsistent the second s			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			15		
a	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?				х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reacl					
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			. 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t			. <u>12b</u>	х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	-, -			v	
40	on Schedule O how this was done			12c	X X	<u> </u>
13	Did the organization have a written whistleblower policy?				X	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?			. 14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	lependent			
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization				х	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			1010		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent w	th a			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\mathbf{P}^{\mathrm{FL}}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)(	3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X     Own website     Another's website     X     Upon request     Other (explain of the complexity)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	flict o	f interest policy, a	ind financ	cial	
	statements available to the public during the tax year.					

20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JOANN LOCASCIO, CONTROLLER - 212-836-1730

130 EAST 59TH STREET, NEW YORK, NY 10022-1302

Form 990 (2021)	JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employee	s, and Independent Contractors		
Check if Sch	edule O contains a response or note to any line in this Part VII		
Section A. Officers, Di	rectors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete this table for	or all persons required to be listed. Report compensation for the calendar year er	nding with or within the organization	ı's tax year.
	ization's <b>current</b> officers, directors, trustees (whether individuals or organizatior E), and (F) if no compensation was paid.	ns), regardless of amount of compen	isation.
<ul> <li>List all of the organ</li> </ul>	ization's current key employees, if any. See the instructions for definition of "ke	y employee."	
<ul> <li>List the organization</li> </ul>	n's five <b>current</b> highest compensated employees (other than an officer, director, t	trustee, or key employee) who receiv	ved report-

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received repo able compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

UNITED JEWISH APPEAL-FEDERATION OF

(A) Name and title	(B) (C) Average hours per box, unless person is box				than o		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated	
	hours per week (list any	offic	, unles cer an					compensation from the	compensation from related organizations	amount of other compensation
	hours for	In dividual trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	ustee c	trustee		96	Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	dual tr	In stitutio nal 1		Key employee	st com	1	1099-NEC)		and related organizations
	line)	Indivi	Institu	Officer	Key ei	Highe emplc	Former			
(1) AMY A.B. BRESSMAN	0.00									
PRESIDENT/DIRECTOR		х		х				٥.	0.	0.
(2) DAVID L. MOORE	0.00									
CHAIR OF THE BOARD/DIRECTOR		Х		х				0.	0.	0.
(3) JEFFREY A. KESWIN	0.00									
TREASURER/DIRECTOR		Х		х				0.	0.	0.
(4) DOROTHY TANANBAUM	0.00									
GENERAL PLANNING CHAIR/DIRECTOR		х		х				0.	0.	0.
(5) DAVID A. LANDAU	0.00									
PLANNING CHAIR/DIRECTOR		х		х				0.	0.	0.
(6) NEIL J. SANDLER	0.00									0
PLANNING CHAIR/DIRECTOR	0.00	х		X				0.	0.	0.
(7) SARENE P. SHANUS	0.00	v		v				0.	0.	0
PLANNING CHAIR/DIRECTOR (8) SUZANNE W. DOFT	0.00	Х		X				0.	0.	0.
GENERAL CAMPAIGN CHAIR/DIRECTOR	0.00	х		x				0.	0.	0.
(9) MARC A. UTAY	0.00	21						•.	••	<u> </u>
GENERAL CAMPAIGN CHAIR/DIRECTOR		x		x				0.	0.	0.
(10) LAURIE GIRSKY	0.00							<b>·</b>		
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) SCOTT JAFFEE	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		х						0.	0.	0.
(15) JODI J. SCHWARTZ	0.00									
EXEC. COMM. AT LARGE/DIRECTOR		Х						0.	0.	0.
(16) TARA SLONE-GOLDSTEIN	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. Form <b>990</b> (2021)

JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Page 8 Form 990 (2021) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (D) (E) (F) 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 (W-2/1099-MISC/ organization from the lighest compensated mployee related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations ormer Officer line) (18) DORIT CORWIN 0.00 SPECIAL ADVISOR TO THE PRESIDENT/DIR 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. (22) STACI BARBER 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) BRETT H. BARTH 0.00 Ο. DIRECTOR 0. 0. х (26) HELAINE SUVAL BECKERMAN 0.00 DIRECTOR х 0 0. Ο. 0 0. Ο. 1b Subtotal ► 770,203. 4,964,461. Ο. c Total from continuation sheets to Part VII, Section A ► 4,964,461. Ο. 770,203. 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	<b>(C)</b> Compensation
CONSIGLI CONSTRUCTION CO., INC.		
72 SUMNER STREET, MILFORD, MA 01757	CONSTRUCTION	6,805,811.
SJS CONSTRUCTION CO INC.		
271 SKIP LANE, BAY SHORE, NY 11706	CONSTRUCTION	5,890,151.
ZASKORSKI & ASSOCIATES ARCHITECT, PC		
247 WEST 35TH STREET, NEW YORK, NY 10001	ARCHITECT	1,095,499.
ZUBATKIN OWNER REPRESENTATION, LLC, 333		
WEST 52ND STREET, 6TH FL, NEW YORK, NY	CONSTRUCTION	860,645.
PRINT MAIL COMMUNICATIONS, 4333 DAVENPORT		
ROAD, FREDERICKSBURG, VA 22408	POSTAGE AND MAILING	844,999.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 44	d above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

	ANTHROPIES O	FN	EW	YOR	К,	INC			51-01724	129
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd ⊦	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	<b>(B)</b> Average hours	app		<b>(D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of				
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) GAYLE BERG DIRECTOR	0.00	x						0.	0.	0.
(28) TRISANNE F. BERGER	0.00							·.	••	
DIRECTOR	0.00	x						0.	0.	0.
(29) DONALD BERNSTEIN	0.00							<b>·</b> ·	••	
DIRECTOR		х						0.	0.	0.
(30) RABBI JONATHAN E. BLAKE	0.00									
DIRECTOR		х						0.	0.	0.
(31) LAURIE E. BLITZER	0.00									
DIRECTOR		х						0.	0.	0.
(32) DANIEL J. BURSKY	0.00									
DIRECTOR		х						0.	0.	0.
(33) RAYMOND CHALME	0.00									
DIRECTOR		Х						0.	0.	0.
(34) JAY D. CHAZANOFF	0.00									
DIRECTOR		Х						0.	0.	0.
(35) ANTOINE CHICHE	0.00									
DIRECTOR		х						0.	0.	0.
(36) LAWRENCE J. COHEN DIRECTOR	0.00	x						0.	0.	0
(37) RABBI ELLIOT J. COSGROVE	0.00	^						· · ·	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(38) RABBI JOSHUA M. DAVIDSON	0.00							°.	<b>.</b>	
DIRECTOR		x						0.	0.	0.
(39) CAMILLE DUNST	0.00									
DIRECTOR		х						0.	0.	0.
(40) DAVID B. EDELSON	0.00									
DIRECTOR		х						0.	0.	0.
(41) RABBI STEVEN A. EXLER	0.00									
DIRECTOR		Х						0.	0.	0.
(42) JONATHAN M. ESTREICH	0.00									
DIRECTOR		Х						0.	0.	0.
(43) DAVID FARHI	0.00								_	_
DIRECTOR		х						0.	0.	0.
(44) JEFFREY FEIG	0.00	v						0	0	0
DIRECTOR (45) LORI FIFE	0.00	X	<u> </u>			-		0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(46) BENJAMIN FINKELSTEIN	0.00								0.	0.
DIRECTOR		x						0.	0.	0.
Total to Part VII, Section A, line 1c	1				<b>ـ</b> ـــــ		1			

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (E) (D) Reportable Reportable Name and title Position Estimated Average hours (check all that apply) compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee (list any Individual trustee or director organization (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Institutional trustee and related related Key employee organizations organizations below Former Officer line) KYRILL FIRSHEIN 0.00 х 0. Ο. LAUREN FIXEL 0.00

(F)

Ο.

DIRECTOR		х				Ο.	0.	0.
(49) STEVEN J. FREDMAN	0.00							
DIRECTOR		х				0.	0.	0.
(50) CHERI FRIEDMAN	0.00							
DIRECTOR		х				0.	0.	Ο.
(51) KARA FRIEDMAN	0.00							
DIRECTOR		х				Ο.	0.	0.
(52) ZOYA RAYNES FRIEDMAN	0.00							
DIRECTOR		х				Ο.	0.	Ο.
(53) EVA GALPERN	0.00							
DIRECTOR		х				Ο.	0.	0.
(54) MARC GARY	0.00							
DIRECTOR		Х				0.	0.	0.
(55) ABIGAIL G. GELLER	0.00							
DIRECTOR		Х				0.	0.	0.
(56) DANIEL S. GLASS	0.00							
DIRECTOR		Х				0.	0.	0.
(57) LEE JASON GOLDBERG	0.00							
DIRECTOR		Х				0.	0.	0.
(58) PETER J. GOLDMAN	0.00							
DIRECTOR		Х				0.	0.	0.
(59) WAYNE K. GOLDSTEIN	0.00							
DIRECTOR		Х				0.	0.	0.
(60) MZ GOODMAN	0.00							
DIRECTOR		Х				0.	0.	0.
(61) ALYSSA GREENBERG	0.00							
DIRECTOR		Х				0.	0.	0.
(62) WILLIAM GREENBLATT	0.00							
DIRECTOR		Х				0.	0.	0.
(63) LAURA B. GREENFIELD	0.00							
DIRECTOR		Х				0.	0.	0.
(64) GLADYS HADDAD	0.00							
DIRECTOR		Х				0.	0.	0.
(65) JAMIE A. HARRIS	0.00							
DIRECTOR		Х				0.	0.	0.
(66) SCOTT HARRIS	0.00							
DIRECTOR		Х				0.	0.	0.
Total to Part VII, Section A, line 1c			 	<u></u>				

Form 990

(47)

(48)

DIRECTOR

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) (67) KIM HARTMAN 0.00 DIRECTOR Х 0. 0. Ο. (68) JONATHON C. HELD 0.00 DIRECTOR х 0. 0. Ο. (69) SUSAN K. HELD 0.00 DIRECTOR х 0. 0. Ο. (70) STACY EINHORN HELFSTEIN 0.00 DIRECTOR 0 0. х Ο. (71) TRICIA KALLETT 0.00 DIRECTOR Х 0 0 Ο. (72) BARRY A. KAPLAN 0.00 DIRECTOR х Ο. 0 Ο. JAY B. KASNER 0.00 (73) Х DIRECTOR 0 0. Ο. DAYLE H. KATZ (74)0.00 DIRECTOR Х 0. 0. Ο. (75) RICHARD L. KAY 0.00 DIRECTOR Х Ο. 0. Ο. (76) PATRICIA KENNER 0.00 DIRECTOR Х Ο. 0. Ο. (77) MICHAEL R. KESSLER 0.00 DIRECTOR Х 0. 0. Ο. (78) STEVEN KHADAVI 0.00 DIRECTOR Х 0. 0. Ο. (79) E. TEMMA KINGSLEY 0.00 DIRECTOR х 0. 0. Ο. (80) ANDREW D. KLABER 0.00 х 0. 0. Ο. DIRECTOR (81) BRETT S. KLEIN 0.00 DIRECTOR Ο. 0 х Ο. (82) MICHAEL D. KLEINBERG 0.00 DIRECTOR Х 0 0 Ο. (83) VICKIE G. KOBAK 0.00 DIRECTOR Ο. Х 0 Ο. (84) LOIS KOHN-CLAAR 0.00 DIRECTOR Х 0 0. Ο. (85) JOSEPH KOICIM 0.00 DIRECTOR Х 0. 0. Ο. (86) DOUGLAS R. KORN 0.00

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Total to Part VII, Section A, line 1c

DIRECTOR

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) (87) DIANE C. LEVY 0.00 DIRECTOR Х 0. 0. Ο. (88) PAUL G. LEVY 0.00 DIRECTOR х 0. 0. Ο. (89) BRIAN S. LICHTER 0.00 DIRECTOR х 0. 0. Ο. (90) HADASSAH LIEBERMAN 0.00 DIRECTOR 0 0. х Ο. (91) DAVID S. LOBEL 0.00 DIRECTOR Х 0 0 Ο. BARRY S. LOVELL (92) 0.00 DIRECTOR х Ο. 0 Ο. (93) MARGE MAGNER 0.00 Х DIRECTOR 0 0. Ο. ARLENE ESSES MAIDMAN (94) 0.00 DIRECTOR Х 0. 0. Ο. (95) KYLE KOEPPEL MANN 0.00 DIRECTOR Х Ο. 0. Ο. SOLITA MARCELLI 0.00 (96) DIRECTOR Х Ο. 0. Ο. (97) AVNER MENDELSON 0.00 DIRECTOR x 0. 0. Ο. (98) KERRY MILLER 0.00 DIRECTOR Х 0. 0. Ο. (99) PAUL MILLMAN 0.00 DIRECTOR х 0. 0. Ο. (100) ALAN G. MNUCHIN 0.00 DIRECTOR х 0. 0. Ο. (101) RABBI JONATHAN MORGENSTERN 0.00 DIRECTOR Ο. 0 х Ο. (102) JOSHUA L. NASH 0.00 DIRECTOR Х 0 0 Ο. (103) CHARLES M. NATHAN 0.00 DIRECTOR Ο. Х 0 Ο. (104) BARRY NESS 0.00 DIRECTOR Х 0 0. Ο. (105) WARREN S. NEWCORN 0.00 DIRECTOR Х 0. 0. Ο. (106) ELYSE NEWHOUSE 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) 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) (107) STACEY NOVICK 0.00 DIRECTOR Х 0. 0. Ο. (108) SUZANNE F. PECK 0.00 DIRECTOR х 0. 0. Ο. (109) LEE H. PERLMAN 0.00 DIRECTOR х 0. 0. Ο. (110) LINDA PLATTUS 0.00 DIRECTOR 0 0. х Ο. (111) JOSEPH RAFALOWICZ 0.00 DIRECTOR Х 0 0 Ο. (112) VLAD RASHKOVICH 0.00 DIRECTOR х Ο. 0 Ο. (113) DAVID L. RESNICK 0.00 DIRECTOR х 0 0. Ο. (114) GEDALIAH RIESENBERG 0.00 DIRECTOR Х 0. 0. Ο. (115) SERYL ELANA RITTER 0.00 DIRECTOR Х Ο. Ο. Ο. 0.00 (116) RABBI SHAUL ROBINSON DIRECTOR Х Ο. 0. Ο. (117) RICHARD A. ROSEN 0.00 DIRECTOR x 0. 0. Ο. (118) GARY M. ROSENBERG 0.00 DIRECTOR Х 0. 0. Ο. (119) DAVID ROTHMAN 0.00 DIRECTOR х 0. 0. Ο. (120) AMY RUBEN 0.00 DIRECTOR х 0. 0. Ο. (121) STEPHEN RUTENBERG 0.00 DIRECTOR Ο. 0 х Ο. (122) JANE DRESNER SADAKA 0.00 DIRECTOR Х 0. 0. Ο. (123) JACOB M. SAFRA 0.00 DIRECTOR Ο. Х 0 Ο. (124) BARBARA D. SALMANSON 0.00 DIRECTOR Х 0 0. Ο. (125) SUSAN SAPPIN 0.00 DIRECTOR Х 0. 0. Ο. (126) EDWARD SASSOWER 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) 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) (127) LOUIS J. SHAMIE 0.00 DIRECTOR Х 0. 0. (128) SHIMON SHKURY 0.00 DIRECTOR х 0. 0. (129) RABBI GIDEON SHLOUSH 0.00 DIRECTOR х 0. 0. (130) DAVID SILVERS 0.00 DIRECTOR 0 0. х (131) PATRICIA SILVERS 0.00 DIRECTOR Х 0 0 (132) RABBI GERALD C. SKOLNIK 0.00 DIRECTOR х Ο. 0 (133) JILL SMITH 0.00 DIRECTOR Х 0 0. (134) JEFFREY M. SOLOMON 0.00 DIRECTOR Х 0. 0. (135) SUZANNE STADLER 0.00 DIRECTOR Х Ο. Ο. 0.00 (136) TRACY STEIN DIRECTOR Х Ο. 0. (137) RABBI CHAIM STEINMETZ 0.00 DIRECTOR x 0. 0. (138) JEFFREY M. STERN 0.00 Ο. DIRECTOR Х 0. 0. (139) RACHEL STERN 0.00 DIRECTOR х 0. 0. (140) STEPHANIE J. STIEFEL 0.00 DIRECTOR х 0. 0. Ο. (141) RADA SUMAREVA 0.00 DIRECTOR Ο. 0 х (142) RABBI RACHEL TIMONER 0.00 DIRECTOR Х 0. 0. (143) JOHN USDAN 0.00 DIRECTOR Ο. Х 0 (144) MICHAEL VICKERS 0.00 DIRECTOR Х 0 0.

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Ο.

0.

Ο.

(145) TERI VOLPERT

(146) VICKI WARNER

Total to Part VII, Section A, line 1c

DIRECTOR

DIRECTOR

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) DAVID WASSERMAN 0.00 DIRECTOR Х 0. 0. Ο. (148) PETER WEBB 0.00 DIRECTOR х 0. 0. Ο. (149) BETH WEINGARTEN 0.00 DIRECTOR х 0. 0. Ο. (150) ADAM F. WEISSENBERG 0.00 DIRECTOR 0 0. х Ο. (151) JUDITH WEST 0.00 DIRECTOR Х 0 0 Ο. (152) BRUCE WEXLER 0.00 DIRECTOR х 0 0 Ο. (153) NANCY ZARO 0.00 DIRECTOR х 0 0 Ο. (154) VIVIAN ZELTER 0.00 DIRECTOR Х 0. 0. Ο. (155) MAURI CHOTIN-ZEMACHSON 0.00 DIRECTOR Х Ο. 0. Ο. 0.00 (156) RABBI IRWIN ZEPLOWITZ DIRECTOR Х 0. 0. Ο. (157) RACHEL ZUCKERBROT 0.00 DIRECTOR x 0. 0. Ο. (158) ERIC S. GOLDSTEIN 35.00 CHIEF EXECUTIVE OFFICER Х 290,934. 0. 48,474. (159) IRVIN A. ROSENTHAL 35.00 CHIEF FINANCIAL OFFICER х 462,326. 0. 151,170. (160) ELLEN R. ZIMMERMAN 35.00 SECRETARY/GEN'L COUNSEL & CCO х 0 370,684 38,473. (161) DEVANA COHEN 35.00 CHIEF INVESTMENT OFFICER 0. x 851,697. 27,540. (162) MARK MEDIN 35.00 EXEC. VICE PRESIDENT - FRD х 531,745 0 196,172. (163) GRAHAM CANNON 35.00 CHIEF MARKETING OFFICER x 0 342,789 51,813. (164) DEBORAH JOSELOW 35.00 CHIEF PLANNING OFFICER Х 330,358 0. 58,469. (165) LOUISA CHAFEE 35.00 SENIOR VICE PRESIDENT Х 297,693. 0. 9,506. (166) ELLIOT HASDAN 35.00

Х

351,286.

0.

50,094.

Total to Part VII, Section A, line 1c

DIRECTOR, INVESTMENTS

Form 990 JEWISH PHILA									51-01724	29
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (		· /	
(A) Name and title	<b>(B)</b> Average hours	(c		Pos	<b>C)</b> sitior that	n app	ly)	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pen sated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
167) STUART TAUBER VICE PRESIDENT, REGIONS	35.00					x		289,335.	0.	63,832
168) WILLIAM SAMERS	35.00							205,555.	••	05,052
P, PLANNED GIVING & ENDOWNMENTS						x		286,946.	0.	56,339
169) BRITTANY LAROCHE DIRECTOR, INVESTMENTS	35.00					x		285,732.	0.	9,756
170) COURTNEY WEINSTEIN	35.00									,
VICE PRESIDENT, AFFINITY						x		272,936.	0.	8,565
		-								
		-								
				-		$\vdash$				
otal to Part VII, Section A, line 1c								4,964,461.		770,203

			2 <u>0</u> 21) JEWI	ISH I	PHILANT		L-FEDERATION ES OF NEW YOR			51-017242	9 Pag
art											Г
			Check if Schedule O	<u>cont</u> a	ains a res	oonse	or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
ş	1 ;	a	Federated campaigns		1a						
and Other Similar Amounts			Membership dues			-					
Am	•	С	Fundraising events		<u>1</u> 0		34,683,000.				
ar			Related organizations				35,769,000.				
i i i i			Government grants (conti								
er.	1		All other contributions, gifts,				164 040 000				
0 D			similar amounts not included			-	164,048,000.				
pq		-	Noncash contributions included in				7,683,000.	234 500 000			
a		h	Total. Add lines 1a-1f			<u></u>	Business Code	234,500,000.			
	•	_	TRUST FOR DISAB ADU	זד <i>ה</i> פ			900099	656,000.	656,000.		
	2 8		PUBLIC POLICY SERVI				900099	1,000.	1,000.		
ne							300033	1,000.	1,000.		
Revenue		c d									
Re		u e									
		-	All other program service	rovo	nue		900099	474,000.	474,000.		
			Total. Add lines 2a-2f					1,131,000.	, -		
	3		Investment income (inclue					, , ,			
	-		other similar amounts)	•				3,672,000.	1,023,000.	2,649,000.	
	4		Income from investment of					· ·			
	5										
			Royalties			(ii) Personal					
	6 8	а	Gross rents	6a	127	,000.					
			Less: rental expenses	6b		0.					
	(	С	Rental income or (loss)	6c	127	,000.					
	(	d	Net rental income or (loss	s) <u></u>		<u></u>	►	127,000.			127,0
	7 ;	а	Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	134734	4000.					
	I		Less: cost or other basis								
			and sales expenses		128896						
			Gain or (loss)		58,382				50.000.000		
			Net gain or (loss)				▶	58,382,000.	58,382,000.		
	8 ;		Gross income from fundraisi	-	-						
<b>)</b>			including \$ 34,								
			contributions reported on				2,249,000.				
			Part IV, line 18 Less: direct expenses								
			Net income or (loss) from				· · · · · · · · · · · · · · · · · · ·	-4,248,000.			-4,248,0
			Gross income from gamir				····· ►	, ,			· · · · · · · · · · · · · · · · · · ·
			Part IV, line 19	-							
	I		Less: direct expenses								
			Net income or (loss) from								
1			Gross sales of inventory,	-	-						
			and allowances			. <b>10</b> a					
	I		Less: cost of goods sold								
	(	с	Net income or (loss) from	sales	s of inven <sup>.</sup>	ory					
							Business Code				
<sub>0</sub> 1	1 ;	a	PENSION PLAN ADMIN	FEE			561000	43,000.	43,000.		
evenu	I	b									
Reve		С									
		d	All other revenue				900099	379,000.	379,000.		
			Total. Add lines 11a-11d					422,000.			

Form 990 (2021) JEWISH PHILANTHROPI JEWISH PHILANTHROPIES OF NEW YORK, INC.

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	( <b>D</b> ) Fundraising
,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	174 680 000	174 680 000		
	and domestic governments. See Part IV, line 21	174,680,000.	174,680,000.		
2	Grants and other assistance to domestic	1 712 000	1 712 000		
	individuals. See Part IV, line 22	1,713,000.	1,713,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1 -	Benefits paid to or for members				
5	Compensation of current officers, directors,	4,663,000.	1,368,000.	2,050,000.	1,245,000
	trustees, and key employees	4,003,000.	1,500,000.	2,030,000.	1,245,000
;	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
,	persons described in section 4958(c)(3)(B)	35,670,000.	7,691,000.	10,413,000.	17,566,000
, ,	Other salaries and wages	33,070,000.	,,051,000.	10,110,000.	1, 500,000
3	Pension plan accruals and contributions (include	2,164,000.	446,000.	645,000.	1 073 000
	section 401(k) and 403(b) employer contributions)	7,911,000.	1,849,000.		1,073,000
)	Other employee benefits		· · ·	2,274,000.	3,788,000
)	Payroll taxes	2,653,000.	581,000.	/00,000.	1,284,000
	Fees for services (nonemployees):				
	T	412 000	117 000	262,000	24.000
b	Legal	413,000.	117,000.	262,000.	34,000
С	Accounting	444,000.	107.000	444,000.	
d	Lobbying	187,000.	187,000.		0.45 0.00
е	Professional fundraising services. See Part IV, line 17	245,000.		4 005 000	245,000
f	Investment management fees	4,027,000.		4,027,000.	
g		0.046.000	1 005 000	C 4 0 0 0 0	211 000
	column (A), amount, list line 11g expenses on Sch 0.)	2,846,000.	1,887,000.	648,000.	311,000
2	Advertising and promotion	1,838,000.	367,000.	244,000.	1,227,000
3	Office expenses	2,319,000.	480,000.	321,000.	1,518,000
ŀ	Information technology	1,587,000.	135,000.	817,000.	635,000
5	Royalties	2 240 000	6.61 000	0.54, 0.00	1 015 000
5	Occupancy	3,340,000.	661,000.	864,000.	1,815,000
	Travel	889,000.	627,000.	99,000.	163,000
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	28,000.	13,000.	4,000.	11,000
)	Interest	2,631,000.	1,505,000.	526,000.	600,000
	Payments to affiliates				
	Depreciation, depletion, and amortization	4,628,000.	2,187,000.	941,000.	1,500,000
		478,000.		478,000.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TUITION AND STIPENDS	1,512,000.	1,489,000.	16,000.	7,000
b	INS ON BEHALF OF AGENCI	600,000.	600,000.	,	,
c	CREDIT CARD FEES	539,000.	, ,	2,000.	537,000
d	TEMPORARY PERSONNEL	326,000.	13,000.	102,000.	211,000
e		437,000.	-274,000.	282,000.	429,000
e	Total functional expenses. Add lines 1 through 24e	258,768,000.	198,322,000.	26,247,000.	34,199,000
	Joint costs. Complete this line only if the organization	,,	,,		,, 300
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Check here for the following SOP 98-2 (ASC 958-720)				

	990 (2					51-	0172429 Page
<sup>2</sup> ar	tΧ	Balance Sheet	- 4 1 <sup>0</sup>				Г
		Check if Schedule O contains a response or not	e to any l	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			29,602,000.	1	34,564,0
	2	Savings and temporary cash investments			103,382,000.	2	96,181,00
	3	Pledges and grants receivable, net			101,346,000.	3	98,985,00
	4	Accounts receivable, net			16,294,000.	4	14,285,00
	5	Loans and other receivables from any current or			, ,	-	, ,
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				_	
	-	under section 4958(f)(1)), and persons described				6	
<u>ہ</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				3,095,000.	9	1,996,00
		Land, buildings, and equipment: cost or other			· · ·	_	
		basis. Complete Part VI of Schedule D	10a	83,636,000.			
	b	Less: accumulated depreciation		34,374,000.	51,551,000.	10c	49,262,0
	11	Investments - publicly traded securities	· · · ·	, ,	646,838,000.	11	462,412,00
	12	Investments - other securities. See Part IV, line 1			600,581,000.	12	678,323,00
	13	Investments - program-related. See Part IV, line -			34,515,000.	13	26,758,00
	14	Intangible assets			, ,	14	, ,
	15	Other assets. See Part IV, line 11			159,176,000.	15	145,165,00
	16	Total assets. Add lines 1 through 15 (must equa			1,746,380,000.	16	1,607,931,00
	17	Accounts payable and accrued expenses			28,200,000.	17	26,674,0
	18	Grants payable			26,927,000.	18	25,440,00
	19	Deferred revenue			· ·	19	
	20				14,585,000.	20	11,651,00
	21	Escrow or custodial account liability. Complete F			65,461,000.	21	52,269,00
<u>_</u>	22	Loans and other payables to any current or form			· · ·		
Liabilities		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	-			23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	, 17-24). (	Complete Part X			
		of Schedule D			104,790,000.	25	99,107,00
	26	Total liabilities. Add lines 17 through 25			239,963,000.	26	215,141,0
		Organizations that follow FASB ASC 958, che	ck here	X			
ŝ		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			606,674,000.	27	581,534,0
Ba	28	Net assets with donor restrictions			899,743,000.	28	811,256,00
g		Organizations that do not follow FASB ASC 9					
Ľ		and complete lines 29 through 33.					
۵ ۵	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ų	32	Total net assets or fund balances			1,506,417,000.	32	1,392,790,0
۹I					<u> </u>		

Form 990 (2021)       JEWISH PHILANTHROPIES OF NEW YORK, INC.       51-0172429         Part XI       Reconciliation of Net Assets	Pa <u>ç</u> 	ge <b>12</b>
Part XI Reconciliation of Net Assets		x .
		X
Check if Schedule O contains a response or note to any line in this Part XI		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 293 ,	986,	000.
2 Total expenses (must equal Part IX, column (A), line 25) 258,	768,	000.
3 Revenue less expenses. Subtract line 2 from line 1 335,	218,	000.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 506,	417,	000.
5 Net unrealized gains (losses) on investments5 -176 ,	002,	000.
6 Donated services and use of facilities		
7 Investment expenses 7		
8 Prior period adjustments 8		
9 Other changes in net assets or fund balances (explain on Schedule O) 9 27,	157,	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   1,392,	790,	000.
Part XII Financial Statements and Reporting		
Check if Schedule O contains a response or note to any line in this Part XII		
	Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a    Were the organization's financial statements compiled or reviewed by an independent accountant?    2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		
separate basis, consolidated basis, or both:		
Separate basis Consolidated basis Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant? 2b	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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	000	

Form **990** (2021)

(Form Departme Internal F	ent of the Treasury Revenue Service	C	Public Cha omplete if the organ 49 > Go to www.irs.go		OMB No. 1545-0047				
Name	of the organiza		) JEWISH APPEAL-					Employer	r identification number
Devt	L Deces			S OF NEW YORK, INC.					51-0172429
Part	I Reaso	1 for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The org 1 [ 2 [ 3 [ 4 [ 5 [	A church, c A school de A hospital e A medical r city, and st	convention of ch escribed in <b>sect</b> or a cooperative esearch organiz ate:	urches, or association ion 170(b)(1)(A)(ii). hospital service orgutation operated in co	(For lines 1 through 12, c on of churches described (Attach Schedule E (Forn anization described in <b>s</b> njunction with a hospital	in section n 990).) ection 170 described	on 170(b)(1 0(b)(1)(A)(ii lin sectio	ii). n 170(b)(1)(A		
6 [ 7 2 8 [ 9 ]	A federal, s An organiz section 17 A commun An agricult or universit	tate, or local go ation that norma <b>D(b)(1)(A)(vi).</b> (C ty trust describe ural research org	Illy receives a substa complete Part II.) ed in <b>section 170(b)</b> ganization described	mental unit described in Intial part of its support fr (1)(A)(vi). (Complete Par in section 170(b)(1)(A)( culture (see instructions).	rom a gove t II.) <b>ix)</b> operate	ernmental ed in conju	unit or from th inction with a	land-grant	college
10	activities re income and See <b>sectio</b>	lated to its exen I unrelated busir n <b>509(a)(2).</b> (Co	npt functions, subject ness taxable income mplete Part III.)	than 33 1/3% of its supp of to certain exceptions; (less section 511 tax) fro	and (2) no om busines	more than sses acqui	33 1/3% of it: red by the org	s support f	rom gross investment
11 12 b c d	An organizat more public lines 12a tr Type I. A the supp organizat Type II. A control o organizat Type III 1 its suppo	ation organized a cly supported or rough 12d that supporting orga orted organizatio ion. <b>You must o</b> A supporting org r management o ion(s). <b>You mus</b> <b>unctionally inte</b> rted organizatio <b>con-functionally</b>	and operated exclus ganizations describe describes the type of anization operated, s on(s) the power to re complete Part IV, Se panization supervised of the supporting org the complete Part IV, egrated. A supporting n(s) (see instructions y integrated. A supporting	d or controlled in connect anization vested in the sa	perform the or section and comp by its supp majority control tion with its ame perso in connect <b>Part IV, Se</b> ated in con	he function 509(a)(2). plete lines ported org of the direct s supporte ns that co tion with, a ections A, nnection v	ns of, or to ca See <b>section</b> 12e, 12f, and anization(s), ty stors or trustee ed organizatio ntrol or manag and functional <b>D, and E.</b> vith its suppor	509(a)(3). ( 12g. ypically by es of the su n(s), by hav ge the supp ly integrate ted organiz	Check the box on giving upporting ving ported ed with, zation(s)
е	Check th	is box if the orga	anization received a	mplete Part IV, Sections written determination fro	m the IRS	that it is a		II, Type III	
				nally integrated supporti					
		er of supported of	•						
F	Provide the follo (i) Name of su		n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(v) Amount of	monetany	(vi) Amount of other
	organizat	-		(described on lines 1-10	in your governi	ing document?	support (see ir		support (see instructions)
				above (see instructions))	Yes				
Total									

#### UNITED JEWISH APPEAL-FEDERATION OF <u>Schedule A</u> (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK, INC. 51 - 0172429Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) 🕨 (d) 2020 (a) 2017 (b) 2018 (c) 2019 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 217,753,000. 184,455,000. 192,741,000. 224,911,000. 234,500,000. 1054360000. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 217 753 000. 184 455 000. 192 741 000. 224 911 000. 234 500 000. 1054360000. 4 Total. Add lines 1 through 3 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) 11,825,840. 1042534160. 6 Public support. Subtract line 5 from line 4 Section B. Total Support <u>(c) 2</u>019 (f) Total Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (d) 2020 (e) 2021 217,753,000, 184,455,000. 192,741,000, 224,911,000. 234,500,000, 1054360000. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 20,105,000 7,021,000 7,229,000 18,431,000. 1,023,000 53,809,000. and income from similar sources 9 Net income from unrelated business activities, whether or not the 4,608,000, -5,418,000, 2,034,000, 2,082,000, 2,649,000, 5,955,000. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 277,000 369,000. 389,000 373,000. 422,000 1,830,000. 1115954000. **11 Total support.** Add lines 7 through 10 19,403,000. **12** Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ► Section C. Computation of Public Support Percentage 93.42 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2020 Schedule A, Part II, line 14 92.31 15 % 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2021

UNITED JEW	ISH APPE	AL-FEDER	ATION	OF
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JEWISH PHILANTHROPIES OF NEW YORK, INC.

 
 Schedule A (Form 990) 2021
 JEWISH PHILANTHROPIES OF NEW YORK, INC.

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

#### qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	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						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		•	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	tion,
	check this box and <b>stop here</b>						
Se	ction C. Computation of Public						
15	Public support percentage for 2021 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	<b>33 1/3% support tests - 2021.</b> If the					3 1/3%, and line	
	more than 33 1/3%, check this box an	-					
k	<b>33 1/3% support tests - 2020.</b> If the						and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						

JEWISH PHILANTHROPIES OF NEW YORK, INC.

1

Yes

No

# Part IV | Supporting Organizations

Schedule A (Form 990) 2021

(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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429 Schedule A (Form 990) 2021 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

## Section E. Type III Functionally Integrated Supporting Organizations

1 Check t	the box next to the	method that the	organization us	ed to satisfv	the Integral Part	Test during the year	(see instructions).
-----------	---------------------	-----------------	-----------------	---------------	-------------------	----------------------	---------------------

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a governmental entity	/ (see instruction <u>s).</u>
-----	--	-------------------------	-------------------------------------	-------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

3

2a

2b

3a

Yes No

UNITED JEWISH APP	EAL-FEDERATION OF	
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Sche	edule A (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK	, INC.		51-0172429 Page
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	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		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
ect	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		

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

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 JEWISH PHILANTHROPIE	ES OF NEW YORK, INC.			51-0172429	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)		
Sect	ion 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	s of supported organizations	5	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 th	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	S	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
_	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a		Tage U
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line	es 1 and 2: Part IV. Section	n 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; Pa	rt V, Section B, line 1e; Pa	art V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	itional information.	
(See instructions.)		
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:		
SCHEDULE A, PART II, LINE IU, EXPLANATION FOR OTHER INCOME:		
NT CORT I ANDOLIG THOONE		
MISCELLANEOUS INCOME		
	,	

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047			
(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527						2021		
					67			
Department of the Treasury Internal Revenue Service								
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campaig	n Activit	ties), then		
.,.,		plete Parts I-A and B. Do not com	•					
( ) (		01(c)(3)) organizations: Complete P	arts I-A and C below. [	Do not complete Part I-B	3.			
<ul> <li>Section 527 organization</li> </ul>		,						
		Form 990, Part IV, line 4, or For						
		nave filed Form 5768 (election und	( //					
.,.,		nave NOT filed Form 5768 (electior Form 990, Part IV, line 5 (Proxy		· ·		•		
Tax) (See separate inst		1 0111 330, Part IV, inte 3 (Proxy			U-L2, F	art V, Inte SSC (Froxy		
		ions: Complete Part III.						
Name of organization	UNITED JEW	ISH APPEAL-FEDERATION OF		En	nployer	identification number		
		LANTHROPIES OF NEW YORK, I				51-0172429		
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	r is a section 527 o	organiz	zation.		
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in					
		ures			• \$			
3 Volunteer hours for	political campai	gn activities						
Part I-B Compl	oto if the ore	anization is exempt under	$c_{\rm continu} = 501(n)/2$	1				
-		•		•	•			
		incurred by the organization under	section 4955		• \$			
		incurred by organization managers n 4955 tax, did it file Form 4720 fo				Yes No		
4a Was a correction m						Yes No		
<b>b</b> If "Yes," describe in								
		anization is exempt under	r section 501(c), e	except section 501	(c)(3).			
1 Enter the amount d	irectly expended	by the filing organization for secti	on 527 exempt function	on activities	►\$			
		ization's funds contributed to othe						
exempt function ac	tivities		-	►	• \$			
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,					
					• \$			
		<b>1120-POL</b> for this year?				Yes No		
		ployer identification number (EIN)						
	-	tion listed, enter the amount paid f				-		
		omptly and directly delivered to a s additional space is needed, provid			rate segr	egated fund or a		
· · ·	( )	, , , , , , , , , , , , , , , , , , , ,	1			. Amount of political		
<b>(a)</b> Name	5	(b) Address	(c) EIN	(d) Amount paid from filing organization's		e) Amount of political tributions received and		
				funds. If none, enter -0	)   p	romptly and directly		
						elivered to a separate olitical organization.		
						If none, enter -0		
			1	1				

1	UNITED JEW	ISH AP	PEAL-FEDERATION O	F		
			OPIES OF NEW YORK			172429 Page <b>2</b>
Part II-A Complete if the org	anization i	s exen	npt under section	501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).						
A Check 🕨 🗌 if the filing organization	tion belongs t	o an affi	liated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and shar	e of excess lo	bbying e	expenditures).			
B Check 🕨 📄 if the filing organiza	tion checked	box A ar	nd "limited control" pro	visions apply.		
	ts on Lobbyir ditures" mear	•	nditures nts paid or incurred.)		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public d	pinion (	grassroots lobbying)		1,000.	
<b>b</b> Total lobbying expenditures to influ	-				186,000.	
c Total lobbying expenditures (add lii					187,000.	
d Other exempt purpose expenditure					258,581,000.	
e Total exempt purpose expenditures					258,768,000.	
f_Lobbying nontaxable amount. Ente					1,000,000.	
If the amount on line 1e, column (a) o			bying nontaxable amo			
Not over \$500,000		20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line	e1f)			250,000.	
h Subtract line 1g from line 1a. If zero	o or less, ente	r-0			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter	· -0			0.	
j If there is an amount other than zer	ro on either lir	e 1h or l	line 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations th	nat made a se	ection 5	eraging Period Under 01(h) election do not h ate instructions for lin	nave to complete all o	f the five columns be	low.
	Lobbyir	ig Expei	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 201	8	<b>(b)</b> 2019	<b>(c)</b> 2020	( <b>d)</b> 2021	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,00	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	17	6,000.	197,000.	169,000.	187,000.	729,000.
<b>d</b> Grassroots nontaxable amount	25	0,000.	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) 2021

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

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)	, or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR (k	o) Part I	II-A, line	3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and per	olitical			
	expenditure next year?		. 4		
	Taxable amount of lobbying and political expenditures. See instructions				
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 a	nd 2 (See	

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

Page 3

SC			al Financial Statement			OMB No. 1545	-0047
(Forn	n 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.					
	ment of the Treasury	Attach to Form 990. Open to Public					
	Revenue Service		90 for instructions and the latest inform	nation.	Emm		
Nam	e of the organization	JEWISH PHILANTHROPIES OF NE			Emp	loyer identification n 51-0172429	umber
Par	t I Organiza	tions Maintaining Donor Advise		or Ac	count		
		n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(	<b>b)</b> Func	Is and other accounts	3
1	Total number at en	ld of year					20
2		contributions to (during year)				19	3,000.
3	Aggregate value of	f grants from (during year)				1,03	5,000.
4	Aggregate value at	end of year				21,68	9,000.
5	-	n inform all donors and donor advisors in v	-				
		n's property, subject to the organization's				Yes	X No
6		n inform all grantees, donors, and donor a	<b>v v</b>				
		oses and not for the benefit of the donor o	, <b>,</b> , , ,		0		<b>v</b>
Par	impermissible priva	ate benefit? ation Easements. Complete if the org				Yes	X No
				Part IV,	line 7.		
1		ervation easements held by the organizatio	· · · · · · · · · · · · · · · · · · ·	fabiota	ricolly i	montant land area	
		of land for public use (for example, recrea f natural habitat			,	mportant land area	
		of open space		acerti			
2		through 2d if the organization held a qualif	fied conservation contribution in the form	of a cor	servati	on easement on the l	ast
_	day of the tax year					Held at the End of the T	
а	Total number of co	nservation easements			2a		
b					2b		
с	Number of conserv	vation easements on a certified historic stru			2c		
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure			
	listed in the Nation	al Register			2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organiz	zation d	luring the tax	
	year 🕨						
4		where property subject to conservation eas					
5		tion have a written policy regarding the per					<b></b>
6		prcement of the conservation easements it r hours devoted to monitoring, inspecting,					No
6		nours devoted to monitoring, inspecting,	nandling of violations, and emorcing con	servation	reaser	nents during the year	
7	Amount of expense	 es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion eas	omente	during the year	
•	► \$					daning the year	
8	· · ·	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(	i)		
		(4)(B)(ii)?				Yes	No
9		e how the organization reports conservation					
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial statem	ents tha	t descr	ibes the	
_	organization's acco	ounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·				
Par		tions Maintaining Collections of		ther Si	milar	Assets.	
		the organization answered "Yes" on Form					
<b>1</b> a	•	elected, as permitted under FASB ASC 95	· ·				
		asures, or other similar assets held for put	, ,		ce of p	ublic	
L.		Part XIII the text of the footnote to its finar				uaulua af	
b	-	elected, as permitted under FASB ASC 95					
		ures, or other similar assets held for public	exhibition, education, or research in furt	nerance	or pub	lic service,	
	•	ng amounts relating to these items: ded on Form 990, Part VIII, line 1			▶ <		
					► \$		
2	.,	received or held works of art, historical tre			· ·		
_		ints required to be reported under FASB A					
а	-	on Form 990, Part VIII, line 1	-		▶ \$	i	
	Assets included in				<b>&gt;</b> \$		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions			5	Schedule D (Form 99	0) 2021

Sche	dule D (Form 990) 2021 JEWISH PHII	LANTHROPIES OF N	NEW YORK, INC.			51-017	2429	Page <b>2</b>
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Similar	Assets	contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the f	ollowing that make	significant u	se of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	n how they further th	e organization's ex	empt purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simil	ar assets		_	
_	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	on Form 990,	, Part IV, I	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi						-	
	on Form 990, Part X?					L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				<u> </u>	
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f	Ending balance					v		
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	🗖	Yes	No X
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i							Δ
		(a) Current year	(b) Prior year	(c) Two years back		ears back	(e) Four	years back
10	Beginning of year balance	1,171,282,000.	922,018,000.	963,386,000	.,	26,000.	. ,	258,000.
		27,810,000.	41,659,000.		-	97,000.		504,000.
	Contributions	-109,087,000.	270,061,000.	, ,	-	12,000.		355,000.
	Grants or scholarships	-36,628,000.	-58,835,000.			34,000.	,	381,000.
	Other expenditures for facilities		,,		,	-,	,	
C		-1,317,000.	-1,199,000.	-10,218,000	-9 43	37,000.	-10	020,000.
f	Administrative expenses	-2,425,000.	-2,422,000.		-	58,000.	,	890,000.
	End of year balance	1,049,635,000.				36,000.		826,000.
2	Provide the estimated percentage of the curr				,	,	, ,	
	Board designated or quasi-endowment	37.0000	%					
	Permanent endowment  28.0000	%						
	Term endowment > 35.0000							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse	•	tion that are held ar	d administered for	the organiza	tion		
	by:	C C			Ū		Γ	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	X, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulate	d	(d) Book	value
		basis (investn	nent) basis	(other) c	depreciation			
1a	Land			,118,000.				118,000.
	Buildings		74	,675,000.	29,599,0	000.	45,	076,000.
	Leasehold improvements							
d	Equipment		7	,843,000.	4,775,0	00.	З,	068,000.
	Other							
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	aual Form 990. Part .	X. column (B). line 1	0c.)			49,	262,000.

Schedule D (Form 990) 2021

JEWISH PHILANTHROPIES OF NEW YORK, INC.

#### Schedule D (Form 990) 2021 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	316,597,000.	END-OF-YEAR MARKET VALUE
(B) PRIVATE EQUITY/REAL-ESTATE	229,705,000.	END-OF-YEAR MARKET VALUE
(C) INTEREST IN RELATED ORGANIZATIONS	46,645,000.	COST
(D) NON-PUBLIC EQUITIES	32,334,000.	END-OF-YEAR MARKET VALUE
(E) STATE OF ISRAEL BONDS	8,784,000.	COST
(F) PRIVATE CREDIT INVESTMENT	37,139,000.	END-OF-YEAR MARKET VALUE
(G) PRIVATE COMPANIES	7,119,000.	END-OF-YEAR MARKET VALUE
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	678,323,000.	

#### 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.

1 0	, ,	
(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)		
otal. (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	52,269,000.
(2) OTHER PROPERTY	58,245,000.
(3) ASSETS HELD UNDER CHARITABLE TRUST AGREEMENTS	23,738,000.
(4) CASH SURRENDER VALUE - LIFE INSURANCE	5,214,000.
(5) RIGHT-OF-USE ASSET - OPERATING LEASES	3,679,000.
(6) INTERCOMPANY RECEIVABLE (PAYABLE)	750,000.
(7) OTHER	1,270,000.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	145,165,000.
Dert V Other Liebilities	

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	31,631,000.
(3)	TAXABLE BOND LIABILITIES	60,251,000.
(4)	LEASE LIABILITIES	4,109,000.
(5)	ACCRUED POSTRETIREMENT BENEFITS	3,116,000.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X, col. (B) line 25.)	99,107,000.

I otal. (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-FEDERATION OF				
Sche	chedule D (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK, INC.		51-01	.72429 Page <b>4</b>	
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	138,062,000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-176,002,000.		
b	Donated services and use of facilities	2b	150,000.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		26,452,000.		
	Add lines <b>2a</b> through <b>2d</b>			2e	-149,400,000.
3	Subtract line 2e from line 1			3	287,462,000.
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	6,524,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	6,524,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	293,986,000.
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	n Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	252,394,000.
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	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	150,000.
3	Subtract line 2e from line 1			3	252,244,000.
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	6,524,000.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	6,524,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	258,768,000.
Par	t 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) 2021       JEWISH PHILANTHROPIES OF NEW YORK, INC.         Part XIII       Supplemental Information (continued)	51-0172429	Page 5
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 26,452,000.		
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 🗖	IB No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.	2021
Department of the Treasury			Attach to Form 990.	information.		to Public
Internal Revenue Service		www.irs.gov/Fd	rm990 for instructions and the latest	information.	Inspe	
Name of the organization UNITED JEWISH APPEAL-	FEDERATION OF				Employer identifi	cation number
JEWISH PHILANTHROPIES		INC.			51-0172429	
			side the United States. Compl	ete if the organ		es" on
Form 990, Part			p-	oto il tilo olgui		
		n maintain record	ds to substantiate the amount of its gra	ints and other	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance? X	Yes 🗌 No
-	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
United States.	The fellowing Dout	L line O table as				
3 Activities per Region. ( (a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is r (d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	`émployees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe	e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				INSURANCE :	SERVICES FOR	
NORTH AMERICA		1	PROGRAM SERVICES	NETWORK AG	ENCIES	12,354,000.
				MONITORING	OF GRANTS -	
				REFER TO SO	•	
			PART V, SU			
MIDDLE EAST	1	8	PROGRAM SERVICES	INFORMATIO	N	1,599,000.
				LOANG AND		
					OTHER SUPPORT MENT IN SOCIAL	
MIDDLE EAST			PROGRAM-RELATED INVESTMENTS	IMPACT FUN		363,000.
CARIBBEAN			INVESTMENTS			321,476,000.
3 a Subtotal	1	9				335,792,000.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	1	9				335,792,000.

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

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule F (Form 990) 2021

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	nization by the IRS, o	or for which the grantee of	ecognized as charities by the t or counsel has provided a sect					·

Schedule F (Form 990) 2021

Part II

51-0172429

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

## Schedule F (Form 990) 2021

51-0172429

Grants and Other Assistance Part III can be duplicated if a			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
pe 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	<b>(g)</b> Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

	UNITED JEWISH APPEAL-FEDERATION OF		
Sched	Ile F (Form 990) 2021 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	<b>v</b>	
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	└── No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	X Yes	No
5	Did the examination have an example interact in a foreign partnership during the tay year?		
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	X Yes	No
	Foreign Partnerships (see Instructions for Form 8865)		
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) 2021 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 AND JDC 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	g Func	Iraisi	ing or Gaming A	ctivities	OMB No. 1545-0047		
(Form 990)		Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 99	0 or Fo	rm 99	0-EZ.		Open to Public		
Internal Revenue Service		o to www.irs.gov/Form990 for inst	ruction	s and	the latest informati		Inspection		
Name of the organization		ISH APPEAL-FEDERATION OF				. ,	identification number		
<u> </u>		LANTHROPIES OF NEW YORK, I				51-017			
	complete this par	<ul> <li>Complete if the organization answ t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not		
•		sed funds through any of the followi	na activ	vities. (	Check all that apply.				
a X Mail solicita	•	° '	•		overnment grants				
	email solicitations			-	nment grants				
c X Phone solici	itations		al fundra	-	-				
d 🛛 In-person so	olicitations								
2 a Did the organization	on have a written o	or oral agreement with any individua	ıl (incluc	ling of	ficers, directors, trus	·			
		eart VII) or entity in connection with p			•	X			
	-	viduals or entities (fundraisers) purs	uant to	agreei	ments under which t	he fundraiser is to	o be		
compensated at le	east \$5,000 by the	organization.							
			(iii)	Did		(v) Amount pai			
(i) Name and addres or entity (fund		(ii) Activity		ustody	(iv) Gross receipts from activity	to (or retained by) fundraiser	<sup>y)</sup> to (or retained by)		
or entity (lund	laiser)		or cor contrib	ntrol of utions?	ITOITI ACTIVITY	listed in col. (i	) organization		
JRB CONSULTING SER	VICES,LLC -	SOLICITATION OF DONORS	Yes	No					
215 W 88TH ST, NY,	NY 10024	(SEE PART IV)		X	2,770,000.	165,00	2,605,000.		
PAUL KANE - 3 STON	E DRIVE,	SOLICITATION OF DONORS							
WESTPORT, CT 0688	0	(SEE PART IV)		x	755,000.	80,00	0. 675,000.		
Total				►	3,525,000.	245,00	3,280,000.		
	ich the organizatio	on is registered or licensed to solicit	contrib	utions	•	it is exempt fron	n registration		
or licensing.	-	-							
NY,NJ,PA,FL,CT									

Schedule G (Form 990) 2021

### JEWISH PHILANTHROPIES OF NEW YORK, INC. 51 - 0172429Page **2** Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LAWYERS ANNUAL			(add col. (a) through
		WALL STREET DINNER	EVENT	69	col. (c))
0		(event type)	(event type)	(total number)	
Revenue	Gross receipts	5,539,000.	3,479,000.	27,029,000.	36,047,000.
2	Less: Contributions	5,424,000.	3,436,000.	25,791,000.	34,651,000.
3	Gross income (line 1 minus line 2)	115,000.	43,000.	1,238,000.	1,396,000.
4	Cash prizes				
5	Noncash prizes				
6 bense	Rent/facility costs			374,000.	374,000.
Direct Expenses <b>9</b>	Food and beverages	358,000.	73,000.	2,606,000.	3,037,000.
ا 6	Entertainment		0.	434,000.	434,000.
9	Other direct expenses	559,000.	39,000.	991,000.	1,589,000.
10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	5,434,000.
11	Net income summary. Subtract line 10 from I	ine 3. column (d)		►	-4,038,000.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
lirect E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No

132082 10-21-21

	UNITED JEWISH APPEAL-FEDERATION OF		
Sch	nedule G (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Y	'es 🗌 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	🗌 Y	'es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
I	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>Y</b>	'es 🗌 No
1	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amoun	it	
	of gaming revenue retained by the third party <b>&gt;</b> \$		
	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:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?		'es 🛄 No
1	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he	
Pa	organization's own exempt activities during the tax year <b>s</b> <b>art IV Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	ad Dart III, lina	0 0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	iu Part III, Illies	39,90,100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		
PAF	RT I, LINE 2B, COLUMN (V):		
AMO	OUNTS PAID TO THE PROFESSIONAL FUNDRAISERS PAUL KANE AND JRB CONSULTING		
SEF	RVICES LLC LISTED ON PART I, LINE 2 (B) ARE BASED UPON FIXED FEE		
CON	TRACTUAL ARRANGEMENTS.		

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

SCHEDULE I							(	OMB No. 1545-00	)47	
(Form 990)			vernments, ar ete if the organizatio						2021	1
Department of the Treasury		Compi	ete il the organizatio	Attach to For		rt iv, inte 2 i or 22.			Open to Publ	-
Internal Revenue Service			► Go to www.i	rs.gov/Form990 fo	r the latest inforn	nation.			Inspection	i i
Name of the organizat	ion UNITED JEWISH	APPEAL-FEDERA	TION OF					Employer iden		mber
		THROPIES OF NE	W YORK, INC.					5	1-0172429	
Part I General I	nformation on Grants a	Ind Assistance								
-	zation maintain records		-			-			ı —	_
criteria used to a	award the grants or assis	stance?						X	Yes	No
	IV the organization's pro		<u>u</u> <u>u</u>					N/ line Of few		
	nd Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Pan	TV, line 21, for a	iny	
.,	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation (book,	(g) Description of noncash assistance		ose of grant	
			(		assistance	FMV, appraisal, other)				
92ND STREET YM-Y	WH Z									
1395 LEXINGTON AV										
NEW YORK, NY 101:		13-1624229	501(C)3	411,000.	0.			CARING / JE	WISH LIFE	
,				, ,						
ABRAHAM JOSHUA HI	ESCHEL SCHOOL									
30 WEST END AVEN	UE									
NEW YORK, NY 100	23	13-3091539	501(C)3	315,000.	0.			JEWISH LIFE		
AFYA FOUNDATION (	OF AMERICA									
140 SAW MILL RIV										
YONKERS, NY 1070		26-1300361	501(C)3	833,000.	0.			CARING / JE	WISH LIFE	
,				,						
AGUDATH ISRAEL O	F AMERICA									
42 BROADWAY										
NEW YORK, NY 100	04	13-5604164	501(C)3	10,000.	0.			JEWISH LIFE		
ALLIANCE FOR ISR	NET THE									
P.O. BOX 341841	ADD INC.									
BETHESDA, MD 2083	27	83-4365204	501(C)3	20,000.	0.			CARING		
,				,						
AMERICAN ISRAEL	EDUCATION									
FOUNDATION INC.	- 251 H STREET,									
N.W WASHINGTO	N, DC 20001	52-1623781	501(C)3	19,000.	0.			JEWISH LIFE		
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table				►		249.
3 Enter total numb	per of other organization	s listed in the line 1	I table					►		
LHA For Paperwork	Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule	l (Form 990)	2021

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

19TH FLOOR - NEW YORK, NY 10001

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMMUD THE JOC TORAH ACADEMY INC. 201 WEST 74TH STREET, SUITE 8D NEW YORK, NY 10023	86-1489756	501(C)3	55,000.	0.			JEWISH LIFE
AMUDIM COMMUNITY RESOURCES INC. 11 BROADWAY, SUITE 1076 NEW YORK, NY 10004	47-0984801	501(C)3	90,000.	0.			CARING
ASSOCIATED BETH RIVKAH SCHOOLS 405 LEFFERTS AVENUE BROOKLYN, NY 11225	11-2163504	501(C)3	135,000.	0.			CARING / JEWISH LIFE
AVODAH: THE JEWISH SERVICE CORPS 125 MAIDEN LANE, ROOM 8B NEW YORK, NY 10038	13-3914342	501(C)3	75,000.	0.			JEWISH LIFE
BACKYARD SPORTS CARES INC. 75 SOUTH BROADWAY, SUITE 453 WHITE PLAINS, NY 10601	27-1501217	501(C)3	10,000.	0.			CARING
BARKAI FOUNDATION, INC. 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		807,000.	0.			CARING / JEWISH LIFE
BELOVED BUILDERS INC. 35 PARK STREET FLORENCE, MA 01062	47-3898186	501(C)3	68,000.	0.			JEWISH LIFE
BEND THE ARC: A JEWISH PARTNERSHIP FOR JUSTICE - 330 SEVENTH AVENUE,							

249,000.

Ο.

Schedule I (Form 990)

JEWISH LIFE

52-1332694 501(C)3

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

51-0172429 Page 1

13-1739934 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.

FLOOR - NEW YORK, NY 10174

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH HAKNESSETH OHR HAMIZRACH 347 OCEAN PARKWAY BROOKLYN, NY 11218	11-3199799	501(C)3	20,000.	0.			CARING
BETH ISRAEL MEDICAL CENTER 1ST AVENUE AT 16TH STREET NEW YORK, NY 10003	13-5564934	501(C)3	21,000.	0.			CARING
BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE NEW YORK, NY 10017	13-4092050	501(C)3	295,000.	0.			JEWISH LIFE
B'NAI BRITH YOUTH ORGANIZATION (BBYO) – 800 EIGHTH STREET NW – WASHINGTON, DC 20001	31-1794932	501(C)3	408,000.	0.			CARING / JEWISH LIFE
BNOS BAIS YAAKOV OF FAR ROCKAWAY 613 BEACH 9TH STREET FAR ROCKAWAY, NY 11691	11-3220788	501(C)3	25,000.	0.			JEWISH LIFE
BOBBIE'S PLACE, INC. 1472 EAST 17TH BROOKLYN, NY 11230	85-3777068	501(C)3	10,000.	0.			JEWISH LIFE
BORO PARK YM & YWHA 4912 14TH AVENUE BROOKLYN, NY 11219	11-1630917	501(C)3	390,000.	0.			CARING / JEWISH LIFE
BRONX COMMUNITY FOUNDATION INC. 557 GRAND CONCOURSE, SUITE 3, #125 BRONX, NY 10451	81-4237999	501(C)3	25,000.	0.			CARING
BRONX HOUSE EMANUEL CAMPS INC. D/B/A BERKSHIRE HILLS EISENBERG CAMPS - 405 LEXINGTON AVENUE, 7TH							

147,000.

Ο.

51-0172429 Page 1

Schedule I (Form 990)

CARING / JEWISH LIFE

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)

(b) Name and address of organization or government         (b) EN         (c) (BC section if applicable         (d) Amount of cash grant         (e) Amount of cash grant         (e) Amount of cash grant         (e) Amount of cash grant         (f) Multiplicable         (f) Purpose of grant or assistance           BRONK HOTSE TNC, 990 PEXLEMP SAMENAY SOUTH BRONK NFT 10461         13-1739935         501(C) 3         221,000.         0.         FARING / JEWISH LIFE           BRONK NFT 10461         13-1739935         501(C) 3         221,000.         0.         FARING / JEWISH LIFE           BRONK NFT 10467         13-2744533         501(C) 3         125,000.         0.         FARING / JEWISH LIFE           BRONK NFT 10467         13-2744533         501(C) 3         7,000.         0.         FARING / JEWISH LIFE           BRONK NFT 10467         13-1740507         601(C) 3         7,000.         0.         FARING           BRONK NFT 10467         13-1740507         601(C) 3         462,000.         0.         FARING           BRONK NFT 20000         13-3254484         501(C) 3         15,000.         0.         FARING           BRONK NFT 20000         13-3254484         501(C) 3         8,000.         0.         FARING           BRONK NFT 20000         13-3254484         501(C) 3         8,000. <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>1</th><th>1</th></td<>							1	1
990 PLIAM PARKNY SOUTH     13-1739935     501(c)3     221,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10461     13-1739935     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10467     13-2744533     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10467     13-2744533     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10467     13-2744533     501(c)3     7,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10467     82-1991261     501(c)3     7,000.     0.     PARING       BRONX RUY 10577     82-1991261     501(c)3     7,000.     0.     PARING       BRONX RUY 10471     13-1740507     501(c)3     462,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10471     13-1740507     501(c)3     462,000.     0.     PARING / JEWISH LIFE       BRONX RUY 0471     13-1740507     501(c)3     15,000.     0.     PARING / JEWISH LIFE       BRONX RUY 0471     13-1740507     501(c)3     15,000.     0.     PARING       BRONX RUY 0471     13-152448     501(c)3     15,000.     0.     PARING       BROOKLYN CONSERVATORY OF MUSIC     53     51.5 NEW URRECHT APEUBE     501(c)3     0.     325,000. APPRAISAL		<b>(b)</b> EIN			noncash	valuation (book, FMV,		
990 PLIAM PARKNY SOUTH     13-1739935     501(c)3     221,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10461     13-1739935     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10467     13-2744533     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX, NY 10467     13-2744533     501(c)3     125,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10467     13-2744533     501(c)3     7,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10467     82-1991261     501(c)3     7,000.     0.     PARING       BRONX RUY 10577     82-1991261     501(c)3     7,000.     0.     PARING       BRONX RUY 10471     13-1740507     501(c)3     462,000.     0.     PARING / JEWISH LIFE       BRONX RUY 10471     13-1740507     501(c)3     462,000.     0.     PARING / JEWISH LIFE       BRONX RUY 0471     13-1740507     501(c)3     15,000.     0.     PARING / JEWISH LIFE       BRONX RUY 0471     13-1740507     501(c)3     15,000.     0.     PARING       BRONX RUY 0471     13-152448     501(c)3     15,000.     0.     PARING       BROOKLYN CONSERVATORY OF MUSIC     53     51.5 NEW URRECHT APEUBE     501(c)3     0.     325,000. APPRAISAL								
BRONX, NY 10461         13-1739935         S01(c)3         221,000.         0.         DARING / JEWISH LIPE           BRONX JEWISH COMMUNITY COUNCIL 2930 WALLACK AVENUE BRONX, NY 10467         13-2744533         501(c)3         125,000.         0.         DARING / JEWISH LIPE           BRONX JEWISH COMMUNITY COUNCIL 2930 WALLACK AVENUE BRONX, NY 10467         13-2744533         501(c)3         125,000.         0.         DARING / JEWISH LIPE           BRONX NY 10467         BRONX STUTE 102         B2-1991261         501(c)3         7,000.         0.         DARING         DARING           BRONX NY 10577         B2-1991261         501(c)3         7,000.         0.         DARING         DARING           BRONX NY 10577         B2-1991261         501(c)3         462,000.         0.         DARING / JEWISH LIPE           BRONX NY 10471         13-1740507         501(c)3         462,000.         0.         DARING / JEWISH LIPE           BRONX NY 10471         13-254484         501(c)3         15,000.         0.         DARING           BRONX NY 10453         13-3254484         501(c)3         8,000.         0.         DARING           BRONX NY 10453         13-600413         501(c)3         0.         325,000.         PARING           BRONX NY 11217         11-1	BRONX HOUSE INC.							
BRONX JEWISH COMMUNITY COUNCIL 230 MALLACE AVENUE BRONX, NY 10467         13-2744533         501(c)3         125,000.         0.         CARING / JEWISH LIFE           BRONX LACEOSEE 1 MANIHATANVILLE ROAD, SUITE 102 PERCHAE, NY 10577         B01(c)3         7,000.         0.         CARING         CARING           BRONX -RIVERDALE YM-YWHA 5625 ARLINGTOM AVENUE BRONX -RIVERDALE YM-YWHA 5625 ARLINGTOM AVENUE BRONX MY 10471         13-1740507         501(c)3         462,000.         0.         CARING / JEWISH LIFE           BRONX NY 10471         13-1740507         501(c)3         462,000.         0.         CARING / JEWISH LIFE           BRONX NY 10471         13-1740507         501(c)3         462,000.         0.         CARING / JEWISH LIFE           BRONX NY 10471         13-1740507         501(c)3         15,000.         0.         CARING / JEWISH LIFE           BRONX NY 10473         13-3254484         501(c)3         15,000.         0.         CARING           BROOKLYN CONSERVATORY OF MUSIC 55 TEM LIFE         11-1532426         501(c)3         8,000.         0.         CARING           BROOKLYN, NY 11217         11-1532426         501(c)3         0.         325,000.         PFRAISAL         IMPUTED RENT         JEWISH LIFE           CAPBACARE, INC. P.O. BOX 1408         01-0973544         501(c)3         15,000.<	990 PELHAM PARKWAY SOUTH							
2930 WALLACE AVENUE         13-2744533         501(C)3         125,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10467         13-2744533         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10467         22-1991261         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, RIVERDALE YM YWRA 5625 ARLINGYDN AVENUE         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         462,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         462,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         15,000.         0.         CARING           BROKK, NY 10453         13-3254484         501(C)3         15,000.         0.         CARING           BROKLYN CONSERVATORY OF MUSIC         55         510(C)3         8,000.         0.         CARING           BROKLYN, NY 11217         11-1532426         501(C)3         8,000.         0.         CARING           BROKLYN, NY 11219         13-6000413         501(C)3         0.         325,000.         PPRAISAL         IMPUTED RENT <td>BRONX, NY 10461</td> <td>13-1739935</td> <td>501(C)3</td> <td>221,000.</td> <td>0.</td> <td></td> <td></td> <td>CARING / JEWISH LIFE</td>	BRONX, NY 10461	13-1739935	501(C)3	221,000.	0.			CARING / JEWISH LIFE
2930 WALLACE AVENUE         13-2744533         501(C)3         125,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10467         13-2744533         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10467         22-1991261         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, RIVERDALE YM YWRA 5625 ARLINGYDN AVENUE         501(C)3         7,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         462,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         462,000.         0.         CARING / JEWISH LIPE           BROKK, NY 10471         13-1740507         501(C)3         15,000.         0.         CARING           BROKK, NY 10453         13-3254484         501(C)3         15,000.         0.         CARING           BROKLYN CONSERVATORY OF MUSIC         55         510(C)3         8,000.         0.         CARING           BROKLYN, NY 11217         11-1532426         501(C)3         8,000.         0.         CARING           BROKLYN, NY 11219         13-6000413         501(C)3         0.         325,000.         PPRAISAL         IMPUTED RENT <td>DDONY TENTON CONUMITMY CONNECT</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	DDONY TENTON CONUMITMY CONNECT							
BRORX, NY 10467         13-2744533         501(c)3         125,000.         0.         CARING / JEWISH LIFE           BRONX LACROSSE         1 MANIHATYANYILLE ROAD, SUITE 102         82-1991261         501(c)3         7,000.         0.         CARING         CARING           PURCHASE, NY 10577         82-1991261         501(c)3         7,000.         0.         CARING         CARING           BRONX-RIVERDALE YM-YWRA         5253 ARLINGTON AVENUE         13-1740507         501(c)3         462,000.         0.         CARING / JEWISH LIFE           BRONX-NY 10471         13-1740507         501(c)3         462,000.         0.         CARING / JEWISH LIFE           BRONXWORKS, INC.         13-3254484         501(c)3         15,000.         0.         CARING         CARING           BROKIX, NY 10453         13-3254484         501(c)3         8,000.         0.         CARING         CARING           BROKIX, NY 10453         13-325484         501(c)3         8,000.         0.         CARING         CARING           BROKIX, NY 10453         13-525484         501(c)3         8,000.         0.         CARING         CARING           BROKIX, NY 11217         11-1532426         501(c)3         0.         325,000.         APPRAISAL         IMPUTED RENT								
BRONX LACROSSE         Individual         Second Second         Second Second Second         Second		12 0544522	501 ( 0) 2	105 000				
1 MANHATTANVILLE ROAD, SUITE 102 PURCHASE, NY 1057782-1991261501(c)37,000.0.CARINGBRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 1047113-1740507501(c)3462,000.0.CARING / JEWISH LIFEBRONX, NY 1047113-1740507501(c)3462,000.0.CARING / JEWISH LIFEBRONXWORKS, INC. 60 E, FREMONT AVENUE BRONX, NY 1045313-3254484501(c)315,000.0.CARINGBRONXWORKS, INC. 60 E, FREMONT AVENUE BRONX, NY 1045313-3254484501(c)315,000.0.CARINGBROOKLYN CONSERVATORY OF MUSIC 58 7TH AVENUE BROOKLYN, NY 1121711-1532426501(c)38,000.0.CARINGCAMP DORA GOLDING 5515 NEW URRCHT AVENUE BROOKLYN, NY 1121913-6000413501(c)30.325,000. APPRAISALIMPUTED RENTJEWISH LIFECAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 1027601-0973544501(c)315,000.0.CARINGCARINGNOTIMENT FUNDS, INC., -45 BROADWAY, SUITE 3050 - NEW YORK,01-0973544501(c)315,000.0.CARING	BRONX, NY 10467	13-2744533	501(C)3	125,000.	0.			CARING / JEWISH LIFE
1 MANHATTANVILLE ROAD, SUITE 102 PURCHASE, NY 1057782-1991261501(c)37,000.0.CARINGBRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 1047113-1740507501(c)3462,000.0.CARING / JEWISH LIFEBRONX, NY 1047113-1740507501(c)3462,000.0.CARING / JEWISH LIFEBRONXWORKS, INC. 60 E, FREMONT AVENUE BRONX, NY 1045313-3254484501(c)315,000.0.CARINGBRONXWORKS, INC. 60 E, FREMONT AVENUE BRONX, NY 1045313-3254484501(c)315,000.0.CARINGBROOKLYN CONSERVATORY OF MUSIC 58 7TH AVENUE BROOKLYN, NY 1121711-1532426501(c)38,000.0.CARINGCAMP DORA GOLDING 5515 NEW URRCHT AVENUE BROOKLYN, NY 1121913-6000413501(c)30.325,000. APPRAISALIMPUTED RENTJEWISH LIFECAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 1027601-0973544501(c)315,000.0.CARINGCARINGNOTIMENT FUNDS, INC., -45 BROADWAY, SUITE 3050 - NEW YORK,01-0973544501(c)315,000.0.CARING	BRONX LACROSSE							
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         462,000.         0.         CARING         CARING / JEWISH LIPE           BRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471         13-1740507         501(C)3         462,000.         0.         CARING / JEWISH LIPE           BRONXWORKS, INC. 60 E, TREMONT AVENUE BRONX, NY 10453         13-3254484         501(C)3         15,000.         0.         CARING           BROOKLYN CONSERVATORY OF MUSIC 58 7TH AVENUE BROOKLYN, NY 11217         11-1532426         501(C)3         8,000.         0.         CARING           CAMP DORA GOLDING 5515 NEW UTRECHT AVENUE BROOKLYN, NY 11219         13-6000413         501(C)3         0.         325,000.         PPRAISAL         IMPUTED RENT         JEWISH LIFE           CAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 10276         01-0973544         501(C)3         15,000.         0.         CARING         CARING           NEW YORK, NY 10276         01-0973544         501(C)3         15,000.         0.         CARING         CARING           NEW YORK, NY 10276         01-0973544         501(C)3         15,000.         0.         CARING         CARING         CARING								
BRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471     13-1740507     501(C)3     462,000.     0.     CARING / JEWISH LIPE       BRONX, NY 10471     13-1740507     501(C)3     462,000.     0.     CARING / JEWISH LIPE       BRONX, NY 10471     13-3254484     501(C)3     15,000.     0.     CARING       BRONX, NY 10453     13-3254484     501(C)3     15,000.     0.     CARING       BROOKLYN CONSERVATORY OF MUSIC 58 77H AVENUE BROOKLYN, NY 11217     11-1532426     501(C)3     8,000.     0.       CAMP DORA GOLDING 5515 NEW UTRECHT AVENUE BROOKLYN, NY 11219     13-6000413     501(C)3     0.     325,000. APPRAISAL     IMPUTED RENT       CARRACARE, INC. P.O. BOX 1408 NEW YORK, NY 10276     01-0973544     501(C)3     15,000.     0.     CARING       NEW YORK, NY 10276     01-0973544     501(C)3     15,000.     0.     CARING       NEW YORK, NY 10276     01-0973544     501(C)3     15,000.     0.       CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45     601-0973544     501(C)3     15,000.		82-1991261	501(C)3	7,000.	0.			CARING
5625 ARLINGTON AVENUE       13-1740507 501(c)3       462,000.       0.       CARING / JEWISH LIFE         BRONX, NY 10471       13-1740507 501(c)3       462,000.       0.       CARING / JEWISH LIFE         BRONXWORKS, INC.       13-325484 501(c)3       15,000.       0.       CARING         BRONX, NY 10453       13-325484 501(c)3       15,000.       0.       CARING         BROOKLYN CONSERVATORY OF MUSIC       13-325486 501(c)3       8,000.       0.       CARING         S8 7TH AVENUE       BROOKLYN, NY 11217       11-1532426 501(c)3       8,000.       0.       CARING         S515 NEW UTRECHT AVENUE       BROOKLYN, NY 11219       13-6000413 501(c)3       0.       325,000. APPRAISAL       IMPUTED RENT       FEWISH LIFE         CAPRACARE, INC.       P.O. BOX 1408       01-0973544 501(c)3       15,000.       0.       CARING       CARING         NEW YORK, NY 10276       01-0973544 501(c)3       15,000.       0.       CARING       CARING         NONUMENT FUNDS, INC 45       BROADWAY, SUITE 3050 - NEW YORK,       01-0973544 501(c)3       15,000.       0.       CARING								
BRONX, NY 1047113-1740507501(C)3462,000.0.CARING / JEWISH LIFEBRONX, NY 1047113-1740507501(C)315,000.0.CARINGCARING60 E. TREMONT AVENUE BRONX, NY 1045313-3254484501(C)315,000.0.CARINGCARINGEROOKLYN CONSERVATORY OF MUSIC 58 7TH AVENUE BROOKLYN, NY 1121711-1532426501(C)38,000.0.CARINGCAMP DORA GOLDING 5515 NEW UTRECHT AVENUE BROOKLYN, NY 1121913-6000413501(C)30.325,000. APPRAISALIMPUTED RENTJEWISH LIFECAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 1027601-0973544501(C)315,000.0.CARINGCARINGCAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,01-0973544501(C)315,000.0.CARING	BRONX-RIVERDALE YM-YWHA							
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BROOKLYN CONSERVATORY OF MUSIC     11-1532426     501(C)3     8,000.     0.     CARING       BROOKLYN, NY 11217     11-1532426     501(C)3     8,000.     0.     CARING       CAMP DORA GOLDING     5515     NEW UTRECHT AVENUE     13-6000413     501(C)3     0.     325,000. APPRAISAL     IMPUTED RENT     JEWISH LIFE       CAPRACARE, INC.     P.O. BOX 1408     01-0973544     501(C)3     15,000.     0.     CARING       NEW YORK, NY 10276     01-0973544     501(C)3     15,000.     0.     CARING       CAROLINE AND JOSEPH S. GRUSS LIFE     MONUMENT FUNDS, INC 45     BROADWAY, SUITE 3050 - NEW YORK,     Imputed new York, NU		13-3254484	501(C)3	15,000.	0.			CARING
58 7TH AVENUE BROOKLYN, NY 1121711-1532426501(C)38,000.0.CARINGCAMP DORA GOLDING 5515 NEW UTRECHT AVENUE BROOKLYN, NY 1121913-6000413501(C)30.325,000. APPRAISALIMPUTED RENTJEWISH LIFECAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 1027601-0973544501(C)315,000.0.CARINGCARINGCAROLINE AND JOSEPH S. GRUSS LIFE BROADWAY, SUITE 3050 - NEW YORK,01-0973544501(C)315,000.0.CARING	/							
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5515 NEW UTRECHT AVENUE       13-6000413       501(C)3       0.       325,000. APPRAISAL       IMPUTED RENT       JEWISH LIFE         CAPRACARE, INC.       .<	· · ·			,				
BROOKLYN, NY 1121913-6000413501(C)30.325,000. APPRAISALIMPUTED RENTJEWISH LIFECAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 1027601-0973544501(C)315,000.0.CARINGCARINGCAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,Imputed remember of the second	CAMP DORA GOLDING							
CAPRACARE, INC. P.O. BOX 1408 NEW YORK, NY 10276 CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,	5515 NEW UTRECHT AVENUE							
P.O. BOX 1408 NEW YORK, NY 10276 CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,	BROOKLYN, NY 11219	13-6000413	501(C)3	0.	325,000.	APPRAISAL	IMPUTED RENT	JEWISH LIFE
P.O. BOX 1408 NEW YORK, NY 10276 CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,								
NEW YORK, NY 10276 01-0973544 501(C)3 15,000. 0. CARING CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,	CAPRACARE, INC.							
CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,	P.O. BOX 1408							
MONUMENT FUNDS, INC 45 BROADWAY, SUITE 3050 - NEW YORK,	NEW YORK, NY 10276	01-0973544	501(C)3	15,000.	0.			CARING
BROADWAY, SUITE 3050 - NEW YORK,	CAROLINE AND JOSEPH S. GRUSS LIFE							
	MONUMENT FUNDS, INC 45							
NY 10006 13-3573461 501(C)3 3,457,000. 0. JEWISH LIFE	BROADWAY, SUITE 3050 - NEW YORK,							
	NY 10006	13-3573461	501(C)3	3,457,000.	0.			JEWISH LIFE

Schedule I (Form 990)

51-0172429 Page 1

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

(a) Name and address of	<b>(b)</b> EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ENTRAL CONFERENCE OF AMERICAN							
ABBIS - 355 LEXINGTON AVENUE -							
EW YORK, NY 10017	13-1769747	501(C)3	31,000.	0.			CARING
CENTRAL NASSAU GUIDANCE &							
COUNSELING SERVICES, INC 950							
SOUTH OYSTER BAY ROAD -							
HICKSVILLE, NY 11801	11-2438388	501(C)3	100,000.	0.			CARING
	11 2100000	501(0)5	100,000.				
CHABAD OF REGO PARK							
97-17 64TH ROAD							
REGO PARK, NY 11374	11-3454297	501(C)3	14,000.	0.			CARING
	11 0101207	501(0)5	11,000.				
СНАМАН							
420 LEXINGTON AVENUE, SUITE 300							
NEW YORK, NY 10170	23-7365688	501(C)3	80,000.	0.			CARING
CLAL - THE NATIONAL JEWISH CENTER	23 7303000	501(0)5	00,000.	0.			CARING
FOR LEARNING AND LEADERSHIP - 440							
PARK AVENUE SOUTH, 4TH FLOOR - NEW YORK, NY 10016	23-7390358	501(C)2	25,000.	0.			JEWISH LIFE
COLLEGE OF STATEN ISLAND HILLEL	23-7390338	501(C)5	25,000.	0.			DEMISH TILE
2800 VICTORY BOULEVARD, BUILDING							
1A, ROOM 212A - STATEN ISLAND, NY	06 0010010	501 ( 3) 2		0			
10314	26-0212010	501(C)3	89,000.	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
COMMUNITY SECURITY SERVICE							
697 THIRD AVENUE, SUITE 510							
NEW YORK, NY 10017	26-0803826	501(C)3	500,000.	0.			CARING
CONCERTS IN MOTION, INC.							
P.O. BOX 231097							
NEW YORK, NY 10023	27-1367692	501(C)3	38,000.	Ο.			CARING

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)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONGREGATION BEIT SIMCHAT TORAH 130 WEST 30TH STREET							
NEW YORK, NY 10001	23-7406899	501(C)3	61,000.	0.			CARING / JEWISH LIFE
CONGREGATION CHABAD IN REACH ALIYA							
527 EAST NEW YORK AVENUE BROOKLYN, NY 11225	05-0609266	501(C)3	10,000.	0.			CARING
CONGREGATION EMANU-EL OF WESTCHESTER - 2125 WESTCHESTER							
AVENUE - RYE, NY 10580	13-6125497	501(C)3	20,000.	0.			JEWISH LIFE
CONGREGATION KOL AMI 252 SOUNDVIEW AVENUE							
WHITE PLAINS, NY 10606	13-1739991	501(C)3	110,000.	0.			CARING
CONGREGATION RODEPH SHOLOM 7 WEST 83RD STREET							
NEW YORK, NY 10024	13-1628164	501(C)3	311,000.	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	335,000.	0.			JEWISH LIFE
COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH - 1523 AVENUE M, 3RD							
FLOOR - BROOKLYN, NY 11230	11-2864728	501(C)3	70,000.	0.			CARING
CROWN HEIGHTS JEWISH COMMUNITY COUNCIL - 392 KINGSTON AVENUE -							
BROOKLYN, NY 11225	23-7390996	501(C)3	47,000.	0.			CARING
CZ WELLNESS GROUP INC. (CAMP ZEKE) 4080 BROADWAY, SUITE 147							
NEW YORK, NY 10032	46-1869615	501(C)3	17,000.	307,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

Schedule I (Form 990)

51-0172429

88-1472358 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.

STREET - BROOKLYN, NY 11213

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DOROT							
171 WEST 85TH STREET							
NEW YORK, NY 10024	13-3264005	501(C)3	460,000.	0.			CARING / JEWISH LIFE
DDDN WILLAGE GAND							
EDEN VILLAGE CAMP							
392 DENNYTOWN ROAD	26 4272021	F01 ( 0 ) 2	0.000	140.000			
PUTNAM VALLEY, NY 10579	26-4373931	501(C)3	8,000.	140,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
EDITH AND CARL MARKS JEWISH							
COMMUNITY HOUSE OF BENSONHURST -							
7802 BAY PARKWAY - BROOKLYN, NY	11 1022404	F01 ( 0 ) 2	0 202 000				
11214	11-1633484	501(0)3	2,303,000.	0.			CARING / JEWISH LIFE
EDUCATIONAL ALLIANCE, INC.							
197 EAST BROADWAY							
NEW YORK, NY 10002	13-5562210	501(C)3	1,762,000.	4,130,000.	Δ Ο Ο Ο Δ Τ Ο ΔΤ.	IMPUTED RENT	CARING / JEWISH LIFE
	15 5502210	501(0)5	1,702,000.	4,130,000.	AIT KAIDAD	IMIGIED RENI	
ESHEL, INC.							
125 MAIDEN LANE							
NEW YORK, NY 10038	46-0539206	501(C)3	25,000.	0.			JEWISH LIFE
			,	- •			
FACING HISTORY AND OURSELVES							
89 SOUTH STREET, SUITE 401							
BOSTON, MA 02111	04-2761636	501(C)3	59,000.	٥.			CARING
,			,				
FAMILY SERVICE LEAGUE							
790 PARK AVENUE							
HUNTINGTON, NY 11743	11-1631827	501(C)3	130,000.	0.			JEWISH LIFE
FEDERATION OF JEWISH COMMUNITIES							
OF THE C.I.S INC 445 PARK							
AVENUE, 9TH FLOOR - NEW YORK, NY							
10022	13-3970940	501(C)3	230,000.	0.			CARING
FEDERATION OF JEWISH COMMUNITIES							
OF UKRAINE, INC 1428 PRESIDENT							
	1	1	1	1	1		1

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Schedule I (Form 990)

CARING

# 51-0172429

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

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEEDING WESTCHESTER, INC.							
200 CLEARBOOK ROAD							
ELMSFORD, NY 10523	13-3507988	501(C)3	9,000.	0.			JEWISH LIFE
FJC							
520 EIGHTH AVENUE, 20TH FLOOR							
NEW YORK, NY 10018	13-3848582	501(C)3	253,000.	0.			CARING / JEWISH LIFE
FLATBUSH COMMUNITY FUND							
2361 NOSTRAND AVENUE							
BROOKLYN, NY 11210	82-3212305	501(C)3	263,000.	0.			CARING
· · · ·							
FLATBUSH DEVELOPMENT CORPORATION							
1616 NEWKIRK AVENUE							
BROOKLYN, NY 11226	51-0188251	501(C)3	6,000.	0.			CARING
FOOTSTEPS, INC.							
114 JOHN STREET, SUITE 930							
NEW YORK, NY 10272	20-0666923	501(C)3	90,000.	0.			CARING
· · · · · · · · · · · · · · · · · · ·			,				
FORWARD ASSOCIATION, INC.							
125 MAIDEN LANE, 8TH FLOOR							
NEW YORK, NY 10038	13-0623590	501(C)3	32,000.	0.			JEWISH LIFE
FOINDARTON FOR TENTON CAMP THE							
FOUNDATION FOR JEWISH CAMP, INC. 253 WEST 35TH STREET, 4TH FLOOR							
NEW YORK, NY 10001	22-3551013	501(C)3	540,000.	0.			JEWISH LIFE
MEN TOAR, NI 10001	22-3331013	501(0/5	540,000.	0.			DEMION DIFE
FOUNTAIN OF KINDNESS, INC.							
P.O. BOX 220164							
GREAT NECK, NY 11021	82-5000519	501(C)3	6,000.	0.			JEWISH LIFE
FRIENDS OF BEZALEL ACADEMY OF ARTS							
AND DESIGNS, INC 370 LEXINGTON							
AVENUE, SUITE 1612 - NEW YORK, NY							
10017	13-2952614	501(C)3	20,000.	Ο.			JEWISH LIFE

13-1623922 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 10004

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDS OF HILLEL AT STONY BROOK, INC 100 NICOLLS ROAD, UNION SUITE L11 - STONY BROOK, NY 11794	38-4046819	501(C)3	15,000.	0.			JEWISH LIFE
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVENUE, SUITE 101 SUFFERN, NY 10901	46-5714234	501(C)3	150,000.	0.			CARING
GATHER, INC. 1817 M STREET NW WASHINGTON, DC 20036	81-2318776	501(C)3	10,000.	0.			JEWISH LIFE
GIVING BACK FUND, INC. 2208 CANYONBACK ROAD LOS ANGELES, CA 90049	04-3367888	501(C)3	200,000.	0.			CARING
GRAND STREET SETTLEMENT, INC. 72 COLUMBIA STREET NEW YORK, NY 10002	13-5562230	501(C)3	15,000.	0.			CARING
GURWIN JEWISH NURSING & REHABILITATION CENTER - 68 HAUPPAUGE ROAD - COMMACK, NY 11725	11-2785201	501(C)3	200,000.	0.			CARING
HANNAH SENESH COMMUNITY DAY SCHOOL 342 SMITH STREET BROOKLYN, NY 11231	20-3330699	501(C)3	143,000.	0.			CARING / JEWISH LIFE
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)3	270,000.	0.			JEWISH LIFE
HAZON, INC. 25 BROADWAY , 17TH FLOOR							

209,000.

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Schedule I (Form 990)

CARING / JEWISH LIFE

51-0172429

20-4777751 501(C)3

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)

NEW YORK, NY 10010

					, ,,	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEBREW ACADEMY OF LONG BEACH							
132 SPRUCE STREET							
CEDARHURST, NY 11516	11-1892079	501(C)3	219,000.	0.			JEWISH LIFE
,			, ,				
HEBREW ACADEMY OF NASSAU COUNTY							
(H.A.N.C.) - 240 HEMPSTEAD AVENUE							
- WEST HEMPSTEAD, NY 11552	11-1733449	501(C)3	54,000.	0.			JEWISH LIFE
HEBREW ACADEMY OF THE FIVE TOWNS							
AND ROCKAWAY (HAFTR) - 389 CENTRAL							
AVENUE - LAWRENCE, NY 11559	11-2551180	501(C)3	10,000.	0.			JEWISH LIFE
HERRICH HEIGHTONNI GOGLEWY OF							
HEBREW EDUCATIONAL SOCIETY OF							
BROOKLYN - 9502 SEAVIEW AVENUE -	11 1640700	E01(G)2	0.05 0.00	748 000			
BROOKLYN, NY 11236	11-1642720	501(0)3	905,000.	/48,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HEBREW FREE BURIAL ASSOCIATION							
125 MAIDEN LANE, UNIT 5B							
NEW YORK, NY 10038	13-5596755	501(C)3	70,000.	0.			CARING
			,				
HEBREW FREE LOAN SOCIETY							
675 3RD AVENUE, SUITE 1905							
NEW YORK, NY 10017	13-5562239	501(C)3	216,000.	0.			CARING
·							
HENRY KAUFMANN CAMPGROUNDS, INC.							
667 BLAUVELT ROAD							
PEARL RIVER, NY 10965	13-5633239	501(C)3	1,506,000.	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	760,000.	0.			CARING / JEWISH LIFE
HILLEL AT BARUCH COLLEGE							
55 LEXINGTON AVENUE, ROOM B2-210							

263,000.

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Schedule I (Form 990)

CARING / JEWISH LIFE

51-0172429

13-3853221 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 10065

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLEL AT BINGHAMTON UNIVERSITY WEST 208-B, UNIVERSITY UNION							
BINGHAMTON, NY 13902	01-0569965	501(C)3	110,000.	0.			JEWISH LIFE
HILLEL FOUNDATION FOR JEWISH LIFE: SNYDER HILLEL CENTER STONY BROOK UN - 100 NICOLLS ROAD, SUITE L11 -							
STONY BROOK, NY 11794	11-6112474	501(C)3	160,000.	0.			JEWISH LIFE
HILLEL: THE FOUNDATION FOR JEWISH CAMPUS LIFE - 800 EIGHTH STREET NW - WASHINGTON, DC 20001	52-1844823	501(C)3	460,000.	0.			CARING / JEWISH LIFE
HILLELS OF WESTCHESTER 925 WESTCHESTER AVENUE WEST HARRISON, NY 10604	20-1355458	501(C)3	80,000.	0.			JEWISH LIFE
HOFSTRA UNIVERSITY HILLEL 200 HOFSTRA UNIVERSITY, STUDENT CE							
HEMPSTEAD, NY 11549	11-1630906	501(C)3	50,000.	0.			JEWISH LIFE
HONEYMOON ISRAEL FOUNDATION, INC. 1417 MAYSON STREET NE							
ATLANTA, GA 30324	47-1291052	501(C)3	178,000.	0.			JEWISH LIFE
HOPE COMMUNITY SERVICES, INC. 50 WASHINGTON AVENUE NEW ROCHELLE, NY 10801	13-3477015	501(C)3	74,000.	0.			CARING / JEWISH LIFE
HUMAN SERVICES COUNCIL OF NEW YORK CITY - 130 EAST 59TH STREET - NEW YORK, NY 10022	13-3620059	501(0)3	33,000.	0.			JEWISH LIFE
HUNTER COLLEGE HILLEL 695 PARK AVENUE, BUILDING 1317A	T2-2020023	2017(2)3	55,000.	0.			PRIOR DIFE

119,000.

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Schedule I (Form 990)

CARING / JEWISH LIFE

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

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Schedule I	(FOUII) 9901

51-0172429

Part II Continuation of Grants and Other A	THROPIES OF NE	,	and Domostia Co	vernmente (Scho	dulo I (Earm 000) Da	rt II.)	51-0172429 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMAGINATION PRODUCTIONS INC. 1110 W OAKLAND PARK BOULEVARD, SUI SUNRISE, FL 33351	r 26-1264680	501(C)3	25,000.	0.			CARING
IMISHPACHA INC. 3495 NOSTRAND AVENUE BROOKLYN, NY 11229	82-2463353	501(C)3	7,000.	0.			JEWISH LIFE
INTEGRITY CARE SERVICES, INC. 1450 40TH STREET BROOKLYN, NY 11218	46-1327798	501(C)3	20,000.	0.			JEWISH LIFE
ISRAEL EMERGENCY ALLIANCE DBA STAND WITH US - P.O. BOX 341069 - LOS ANGELES, CA 90034	01-0566033	501(C)3	25,000.	0.			JEWISH LIFE
ISRAEL ON CAMPUS COALITION P.O. BOX 34640 WASHINGTON, DC 20043	30-0664947	501(C)3	50,000.	0.			CARING
JEWBELONG INC. MEMORIAL STATION P.O. BOX 3013 MONTCLAIR, NJ 07043	81-3739789	501(C)3	50,000.	0.			JEWISH LIFE
JEWISH ASSOCIATION SERVING THE AGING (JASA) - 247 WEST 37TH STREET, 9TH FLOOR - NEW YORK, NY 10018	13-2620896	501(C)3	3,074,000.	0.			CARING / JEWISH LIFE
JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES - 135 WEST 50TH STREET, 6TH FLOOR - NEW YORK, NY 10020	13-5564937	501(C)3	6,462,000.	0.			CARING / JEWISH LIFE
JEWISH CHILD CARE ASSOCIATION OF NEW YORK - 120 WALL STREET, 20TH FLOOR - NEW YORK, NY 10005	13-1624060	501(C)3	671,000.	0.			CARING / JEWISH LIFE

13-1624240 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 10004

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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	525,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY CENTER OF STATEN							
ISLAND - 1466 MANOR ROAD - STATEN	13-5562256	E01/0\2	014 000	0			
ISLAND, NY 10314 JEWISH COMMUNITY CENTERS	13-5502250	501(C)5	914,000.	0.			CARING / JEWISH LIFE
ASSOCIATION OF NORTH AMERICA - 520							
8TH AVENUE, 4TH FLOOR - NEW YORK,							
NY 10018	13-5599486	501(C)3	256,000.	0.			JEWISH LIFE
	10 0000100	501(0)5		••			
JEWISH COMMUNITY COUNCIL OF							
GREATER CONEY ISLAND - 3001 WEST							
37TH STREET - BROOKLYN, NY 11224	11-2665181	501(C)3	492,000.	0.			CARING
JEWISH COMMUNITY COUNCIL OF THE							
ROCKAWAY PENINSULA - 1525 CENTRAL							
AVENUE - FAR ROCKAWAY, NY 11691	11-2425813	501(C)3	409,000.	0.			CARING / JEWISH LIFE
JEWISH COMMUNITY RELATIONS COUNCIL							
OF NEW YORK - 225 WEST 34TH							
STREET, SUITE 1607 - NEW YORK, NY							
10122	13-2869041	501(C)3	5,337,000.	0.			CARING / JEWISH LIFE
JEWISH COUNCIL FOR PUBLIC AFFAIRS							
25 BROADWAY, SUITE 1700				_			
NEW YORK, NY 10004	13-1624104	501(C)3	290,000.	0.			CARING / JEWISH LIFE
JEWISH DEAF RESOURCE CENTER							
P.O. BOX 318							
HARTSDALE, NY 10530	13-3914924	501(C)3	20,000.	0.			JEWISH LIFE
JEWISH FEDERATIONS OF NORTH	10 0014024		20,000.	0.			
AMERICA - FOR BIRTHRIGHT ISRAEL -							
25 BROADWAY, SUITE 1700 - NEW							
	10 1001010		4	•			

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JEWISH LIFE

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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)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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 JAFI - 25 BROADWAY,	12 1 60 40 40	F01 ( q ) 2	15 000 000	0			
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)3	17,000,000.	0.			CARING / JEWISH LIFE
TEWICH EEDEDAMIONC OF NODMU							
JEWISH FEDERATIONS OF NORTH							
AMERICA - FOR JDC - 25 BROADWAY,	13-1624240	501/C)2	6 781 000	0.			CARING / JEWISH LIFE
SUITE 1700 - NEW YORK, NY 10004	13-1624240	501(C)5	6,781,000.	0.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH							
AMERICA - 25 BROADWAY, SUITE 1700							
- NEW YORK, NY 10004	13-1624240	501(C)3	4,998,000.	0.			CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH	15 1024240	501(0)5	4,550,000.				
AMERICA - FOR OVERSEAS TARGETED -							
25 BROADWAY, SUITE 1700 - NEW							CARING / JEWISH LIFE SEE
YORK, NY 10004	13-1624240	501(C)3	19,966,000.	0.			PART IV SUPPL INFO
JEWISH FEDERATION OF ROCKLAND							
COUNTY - 450 WEST NYACK ROAD,							
SUITE 1 - WEST NYACK, NY 10994	13-3268920	501(C)3	396,000.	0.			CARING
			,				
JEWISH FUNDERS NETWORK							
150 WEST 30TH STREET, SUITE 900							
NEW YORK, NY 10001	23-2742482	501(C)3	50,000.	0.			CARING / JEWISH LIFE
JEWISH HOME LIFECARE							
120 WEST 106TH STREET						IMPUTED	
NEW YORK, NY 10025	13-1624033	501(C)3	305,000.	2,000.	FMV	INTEREST	CARING
JEWISH ORTHODOX WOMEN'S MEDICAL							
ASSOCIATION (JOWMA) - P.O. BOX 308							
- CEDARHURST, NY 11516	84-1743835	501(C)3	23,000.	0.			CARING
JEWISH THEOLOGICAL SEMINARY OF							
AMERICA - 3080 BROADWAY - NEW							
YORK, NY 10027	13-0887640	501(C)3	114,000.	0.			CARING / JEWISH LIFE

Schedule I (Form 990)

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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 noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWS OF COLOR INITIATIVE							
1569 SOLANO AVENUE, SUITE 474							
BERKELEY, CA 94707	86-2742246	501(C)3	552,000.	0.			JEWISH LIFE
JOIN FOR JUSTICE							
P.O. BOX 51248							
BOSTON, MA 02205	04-3617885	501(C)3	20,000.	0.			JEWISH LIFE
JPRO NETWORK							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	13-1624105	501(C)3	9,000.	0.			JEWISH LIFE
JQY, INC.							
1460 BROADWAY							
NEW YORK, NY 10036	27-5305498	501(C)3	232,000.	0.			CARING / JEWISH LIFE
,			,				
JTA-MJL NEW CORP							
24 WEST 30TH STREET, 4TH FLOOR							
NEW YORK, NY 10001	13-0887610	501(C)3	607,000.	0.			CARING / JEWISH LIFE
JUMPSTART							
2801 OCEAN PARK BOULEVARD, #348							
SANTA MONICA, CA 90405	26-2173175	501(C)3	100,000.	0.			CARING / JEWISH LIFE
KAVOD							
820 S. MONACO PKWY, SUITE 234							
DENVER, CO $80224$	47-5495289	501(C)3	246,000.	0.			CARING
	1. 0150205			••			
KEHILAT ROMEMU							
43 CENTRAL PARK NORTH, SUITE 1A							
NEW YORK, NY 10026	11-3774106	501(C)3	17,000.	0.			CARING / JEWISH LIFE
KEHILLATH SHALOM SYNAGOGUE							
58 GOOSE HILL ROAD							
COLD SPRING HARBOR, NY 11724	11-2202419	501(C)3	33,000.	0.			JEWISH LIFE

13-1641081 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 10023

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KEREN ZICHRON ARYEH LEIB DBA SAMCHAINU – 1432 E 17TH STREET – BROOKLYN, NY 11230	20-1560947	501(C)3	10,000.	0.			JEWISH LIFE
KESHET, INC. 284 AMORY STREET BOSTON, MA 02130	48-1278664	501(C)3	120,000.	0.			JEWISH LIFE
KINGS BAY YM-YWHA 3495 NOSTRAND AVENUE BROOKLYN, NY 11229	11-3068515	501(C)3	573,000.	1,024,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
KRAFT CENTER FOR JEWISH LIFE (COLUMBIA/BARNARD HILLEL) - 606 WEST 115TH STREET - NEW YORK, NY 10025	23-7077182	501(C)3	95,000.	0.			JEWISH LIFE
LIMMUD FSU INTERNATIONAL FOUNDATION, INC 80 CENTRAL PARK WEST, SUITE 2D - NEW YORK, NY 10023	26-1870256	501(C)3	10,000.	0.			CARING
LURIA ACADEMY OF BROOKLYN 238 ST. MARKS AVENUE BROOKLYN, NY 11238	14-2005770	501(C)3	25,000.	0.			JEWISH LIFE
MACHNE ISRAEL INC. 770 EASTERN PARKWAY BROOKLYN, NY 11213	11-6042675	501(C)3	25,000.	0.			CARING
MAIMONIDES MEDICAL CENTER 4802 10TH AVENUE BROOKLYN, NY 11219	11-1635081	501(C)3	150,000.	0.			CARING
MANHATTAN DAY SCHOOL 310 WEST 75TH STREET							

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JEWISH LIFE

51-0172429

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

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	urt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYOR'S FUND TO ADVANCE NEW YORK							
CITY - 253 BROADWAY, 8TH FLOOR -							
NEW YORK, NY 10007	13-3783906	501(C)3	170,000.	0.			CARING
			,				
MECHON HADAR							
190 AMSTERDAM AVENUE							
NEW YORK, NY 10023	26-4412164	501(C)3	225,000.	0.			JEWISH LIFE
METROPOLITAN COUNCIL ON JEWISH							
POVERTY - 77 WATER STREET, 26TH							
FLOOR - NEW YORK, NY 10005	13-2738818	501(C)3	4,825,000.	0.			CARING / JEWISH LIFE
METROPOLITAN JEWISH HEALTH SYSTEM 6323 7TH AVENUE, 3RD FLOOR							
BROOKLYN, NY 11220	11-3538697	501(0)3	348,000.	0.			CARING
BROOKEIN, NI 11220	11 5550057	501(0/5	540,000.	••			
MID-ISLAND Y JEWISH COMMUNITY							
CENTER - 45 MANETTO HILL ROAD -							
PLAINVIEW, NY 11803	11-1841899	501(C)3	985,000.	0.			CARING / JEWISH LIFE
MOISHE HOUSE							
441 SAXONY ROAD							
ENCINITAS, CA 92024	26-2599786	501(C)3	421,000.	0.			CARING / JEWISH LIFE
MONTEFIORE MEDICAL CENTER							
111 EAST 210TH STREET							
BRONX, NY 10467	13-1740114	501(C)3	150,000.	0.			CARING
MOSHOLU-MONTEFIORE COMMUNITY							
CENTER - 3450 DEKALB AVENUE -							
BRONX, NY 10467	13-3622107	501(C)3	331,000.	266 000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
	10 0022107			200,000.			
MOUNT SINAI MEDICAL CENTER							
ONE GUSTAVE L. LEVY PLACE							
NEW YORK, NY 10029	13-6271888	501(C)3	217,000.	0.			CARING / JEWISH LIFE

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

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVING TRADITIONS							
8380 OLD YORK ROAD, SUITE 4300							
ELKINS PARK, PA 19027	34-2015014	501(C)3	105,000.	0.			JEWISH LIFE
MUSIC CONSERVATORY OF WESTCHESTER							
216 CENTRAL AVENUE							
WHITE PLAINS, NY 10606	13-6007082	501(C)3	15,000.	0.			JEWISH LIFE
MY EXTENDED FAMILY							
3315 AVENUE N							
BROOKLYN, NY 11234	47-3534326	501(C)3	20,000.	0.			JEWISH LIFE
MY GOOD DEED							
5151 CALIFORNIA AVENUE, 100							
IRVINE, CA 92617	45-0491886	501(C)3	15,000.	0.			JEWISH LIFE
MY KEREN HASHLUCHIM INC.							
591 MONTGOMERY STREET							
BROOKLYN, NY 11225	81-0583641	501(C)3	460,000.	0.			CARING
NATIONAL BLACK EMPOWERMENT COUNCIL							
931 MONROE DR. NE, SUITE A102							
ATLANTA, GA 30308	85-2013903	501(C)3	250,000.	0.			JEWISH LIFE
NATIONAL CONFERENCE ON SOVIET							
JEWRY - 1120 20TH STREET, NW,							
SUITE 300N - WASHINGTON, DC 20036	13-2700517	501(C)3	20,000.	0.			JEWISH LIFE
	10 2700017		20,000.				
NEIGHBORHOOD: AN URBAN CENTER FOR							
JEWISH LIFE - 54 8TH AVENUE, SUITE							
518 - BROOKLYN, NY 11217	83-3284349	501(C)3	150,000.	0.			JEWISH LIFE
NESHAMOS, INC.							
537 EMPIRE BOULEVARD, BUILDING A							
BROOKLYN, NY 11225	84-3011523	501(C)3	20,000.	0.			JEWISH LIFE

23-1365179 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.

PHILADELPHIA, PA 19104

						, ,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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 JEWISH AGENDA, INC. P.O. BOX 380, RADIO CITY STATION NEW YORK, NY 10019	84-4275421	501(C)3	90,000.	0.			CARING
NEW YORK LEGAL ASSISTANCE GROUP 100 PEARL STREET, 19TH FLOOR NEW YORK, NY 10004	13-3505428	501(C)3	2,144,000.	0.			CARING / JEWISH LIFE
NORTH SHORE HEBREW ACADEMY 16 CHERRY LANE GREAT NECK, NY 11024	11-2200920	501(C)3	90,000.	0.			JEWISH LIFE
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)3	115,000.	0.			CARING
OHEL CHILDREN'S HOME AND FAMILY SERVICES - 1268 EAST 14TH STREET - BROOKLYN, NY 11230	11-6078704	501(C)3	283,000.	0.			CARING
ORGANIZATION FOR THE RESOLUTION OF AGUNOT - 551 WEST 181ST STREET, #, 123 - NEW YORK, NY 10033	81-0582070	501(C)3	64,000.	0.			CARING / JEWISH LIFE
OUR PLACE IN NEW YORK, INC. 40 WALL STREET, 60TH FLOOR NEW YORK, NY 10005	11-3463309	501(C)3	23,000.	0.			CARING
PENN HILLEL 215 SOUTH 39TH STREET							

10,000.

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Schedule I (Form 990)

CARING / JEWISH LIFE

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

Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENN SOUTH SOCIAL SERVICES, INC. 290 NINTH AVENUE NEW YORK, NY 10001	13-3413349	501(C)3	54,000.	0.			CARING
PER SCHOLAS, INC. 804 EAST 138TH STREET, 2ND FLOOR BRONX, NY 10454	04-3252955		80,000.	0.			CARING
PERFORMANCE ZONE INC. DBA THE FIELD – 75 MAIDEN LANE, SUITE 906 - NEW YORK, NY 10038	13-3357408	501(C)3	21,000.	0.			JEWISH LIFE
POLISH PENSION HELP INC. 3660 OXFORD AVENUE, SUITE 10G BRONX, NY 10463	82-1795001	501(C)3	15,000.	0.			CARING
PROJECT KESHER 210 WEST 101ST STREET, SUITE 8E NEW YORK, NY 10025	36-3673594	501(C)3	35,000.	0.			CARING
PROJECT PEOPLE FOUNDATION 460 PARK AVENUE, FLOOR 21 NEW YORK, NY 10022	13-3826597	501(C)3	41,000.	0.			JEWISH LIFE
PROPEL NETWORK, INC. 1901 OCEAN PARKWAY BROOKLYN, NY 11223	47-3168850	501(C)3	45,000.	0.			JEWISH LIFE
QUEENS COLLEGE HILLEL 6530 KISSENA BOULEVARD, ROOM 206 FLUSHING, NY 11367	11-3285824	501(C)3	299,000.	0.			CARING / JEWISH LIFE
QUEENS JEWISH COMMUNITY COUNCIL 11945 UNION TURNPIKE FOREST HILLS, NY 11375	23-7172152	501(C)3	40,000.	0.			CARING

81-4561235 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.

FOREST HILLS, NY 11375

	Assistance to Doi		and Domestic de				
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RABBINICAL ASSEMBLY OF AMERICA 3080 BROADWAY							
NEW YORK, NY 10027	13-1663324	501(C)3	22,000.	٥.			CARING
RAMAPO FOR CHILDREN							
49 WEST 38TH STREET, 5TH FLOOR	13-5600422	E01/0)2	30.000	0			CARING
NEW YORK, NY 10018	13-5600422	501(C)3	32,000.	0.			CARING
RAMAZ SCHOOL							
114 EAST 85TH STREET							
NEW YORK, NY 10028	13-1635279	501(C)3	163,000.	0.			JEWISH LIFE
RECONSTRUCTIONIST RABBINICAL							
ASSOCIATION - 1399 CHURCH ROAD -	12 2526411	F01/(0) 2	10.000				
WYNCOTE, PA 19095	13-3536411	501(C)3	12,000.	0.			JEWISH LIFE
REPAIR THE WORLD							
1460 BROADWAY							
NEW YORK, NY 10036	36-4524686	501(C)3	621,000.	0.			CARING / JEWISH LIFE
RIMON CLUB INC.							
20 EL CAMINO ROAD	46-1334084	501/012	CE 000				
REDWOOD CITY, CA 94062	46-1334084	501(C)3	65,000.	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
S.A.R. ACADEMY							
655 WEST 254TH STREET							
RIVERDALE, NY 10471	13-2646185	501(C)3	319,000.	0.			JEWISH LIFE
SABABA SURF CAMP							
106-06 QUEENS BOULEVARD							
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CARING / JEWISH LIFE

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13-2947657 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.

FL, 15 - NEW YORK, NY 10001

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACRED SPACES INC.							
5915 BEACON STREET PITTSBURGH, PA 15217	81-3167473	501(0)3	50,000.	0.			JEWISH LIFE
	01 5107475	501(0)5	50,000.				
SAFE FOUNDATION, INC.							
255 AVENUE W							
BROOKLYN, NY 11223	26-0102131	501(C)3	80,000.	0.			CARING
SAMUEL FIELD Y DBA COMMONPOINT							
QUEENS - 5820 LITTLE NECK PARKWAY							
- LITTLE NECK, NY 11362	11-3071518	501(C)3	4,773,000.	3,631,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
COMMINITY CEDVICE NEWWODY							
SBH COMMUNITY SERVICE NETWORK, INC 425 KINGS HIGHWAY -							
BROOKLYN, NY 11223	23-7406410	501(C)3	577,000.	0.			CARING / JEWISH LIFE
	10 / 100 110	501(0)5	5,7,000.				
SECURE COMMUNITY NETWORK, INC.							
25 BROADWAY, SUITE 1700							
NEW YORK, NY 10004	20-1437733	501(C)3	280,000.	0.			CARING
SELFHELP COMMUNITY SERVICES							
520 8TH AVENUE, 5TH FLOOR							
NEW YORK, NY 10018	13-1624178	501(C)3	3,093,000.	0.			CARING / JEWISH LIFE
CEDUADDIG COMPUNITIV CENTED							
SEPHARDIC COMMUNITY CENTER 1901 OCEAN PARKWAY							
BROOKLYN, NY 11223	11-2567809	501(0)3	635,000.	0.			CARING / JEWISH LIFE
	11 2307003	501(0)5	035,000.				CARING / DEWIDIT DIFE
SEPHARDIC HERITAGE MUSEUM INC.							
25 WEST 39TH STREET, 16TH FLOOR							
NEW YORK, NY 10018	20-3249437	501(C)3	180,000.	0.			CARING
SERVICES & ADVOCACY FOR GLBT							
ELDERS INC 305 SEVENTH AVENUE,							

53,000.

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Schedule I (Form 990)

CARING

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALOM HARTMAN INSTITUTE OF NORTH MERICA – 475 RIVERSIDE DRIVE, UITE 1450 – NEW YORK, NY 10115	13-3014387	501(C)3	549,000.	0.			JEWISH LIFE
HALOM TASK FORCE, INC. 00 SEVENTH AVENUE, 8TH FLOOR	11 2207504	501/012		0.			CARING
EW YORK, NY 10018 HOREFRONT YM-YWHA OF BRIGHTON - ANHATTAN BEACH - 3300 CONEY	11-3207504	501(0/5	135,000.				CANTING
SLAND AVENUE - BROOKLYN, NY 11235	11-3070228	501(C)3	890,000.	3,192,000.	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
ID JACOBSON JEWISH COMMUNITY ENTER - 300 FOREST DRIVE - EAST							
ILLS, NY 11548	11-1976051	501(C)3	1,433,000.	0.			CARING / JEWISH LIFE
DCIAL GOOD FUND 2651 SAN PABLO AVE #5473 ICHMOND, CA 94805	46-1323531	501(0)2	60,000.	0.			JEWISH LIFE
OLOMON SCHECHTER SCHOOL OF LONG	40-1323331	501(0/5	00,000.	0.			DEWIGN HIFE
SLAND - 6 CROSS STREET - ILLISTON PARK, NY 11596	11-2149235	501(C)3	118,000.	0.			JEWISH LIFE
OLOMON SCHECHTER SCHOOL OF ANHATTAN - 805 COLUMBUS AVENUE - EW YORK, NY 10025	41-2063123	501(C)3	8,000.	0.			JEWISH LIFE
OLOMON SCHECHTER SCHOOL OF QUEENS 616 PARSONS BOULEVARD	11 1000000	E01(G)2	227 000				
LUSHING, NY 11366 TEM ALLIANCE OF	11-1803692	DUT(C)3	237,000.	0.			JEWISH LIFE
ARCHMONT-MAMARONECK, INC 606 RIENTA AVENUE - MAMARONECK, NY							

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46-0973552 501(C)3

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)

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SURPRISE LAKE CAMP							
382 LAKE SURPRISE ROAD							
COLD SPRING, NY 10516	13-1623869	501(C)3	144,000.	0.			JEWISH LIFE
TEMPLE ISRAEL OF GREAT NECK							
108 OLD MILL ROAD							
GREAT NECK, NY 11023	11-1715797	501(C)3	6,000.	0.			JEWISH LIFE
TEMPLE SINAI OF ROSLYN							
425 ROSLYN ROAD						IMPUTED	
ROSLYN HEIGHTS, NY 11577	16-1620617	501(C)3	100,000.	1,000.	FMV	INTEREST	CARING / JEWISH LIFE
THE ALEXANDER M. & BRENDA R.							
TANGER HILLEL AT BROOKLYN COLLEGE							
- 2901 CAMPUS ROAD - BROOKLYN, NY							
11210	11-6036253	501(C)3	248,000.	0.			CARING / JEWISH LIFE
THE ALEXANDER MUSS HIGH SCHOOL IN							
ISRAEL - 78 RANDALL AVENUE -							
ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)3	60,000.	0.			JEWISH LIFE
THE AMERICAN JEWISH JOINT							
DISTRIBUTION COMMITTEE, INC 220							
EAST 42ND STREET, SUITE 400 - NEW							
YORK, NY 10017	13-1656634	501(C)3	2,505,000.	0.			CARING / JEWISH LIFE
THE AMERICAN JEWISH JOINT							
DISTRIBUTION COMMITTEE, INC FOR							
OVERSEAS TARGETED - 220 EAST 42ND	40.4656604	504 ( 7) 2	655 000				CARING / JEWISH LIFE SEE
STREET, SUITE 400 - NEW YORK, NY	13-1656634	501(C)3	657,000.	0.			PART IV SUPPL INFO
THE BLUE CARD, INC.							
171 MADISON AVENUE, ROOM 1405	12 1 6 2 2 1 0	501(0)2					
NEW YORK, NY 10016	13-1623910	501(C)3	80,000.	0.			CARING
THE EDGAR M. BRONFMAN CENTER FOR							
JEWISH STUDENT LIFE: HILLEL AT NYU							
- 7 EAST 10TH STREET - NEW YORK,	12 55 62200	F01(0)2	1.00.000	_			
NY 10003	13-5562308	DUT(C)3	162,000.	0.			JEWISH LIFE

Schedule I (Form 990)

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13-1809283 501(C)3

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)

NEW YORK, NY 10016

				(	(	,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FOREST HILLS JEWISH CENTER 10606 QUEENS BOULEVARD							
FOREST HILLS, NY 11375	11-1631821	501(0)3	15,000.	0.			CARING
	11-1051021	501(0)5	15,000.	0.			
THE JERUSALEM FOUNDATION INC.							
420 LEXINGTON AVENUE, ROOM 1645							
NEW YORK, NY 10170	13-2563745	501(C)3	4,110,000.	0.			JEWISH LIFE
THE JEWISH COMMUNITY CENTER IN							
MANHATTAN - 334 AMSTERDAM AVENUE							
AT 76TH STREET - NEW YORK, NY							
10023	13-3490745	501(C)3	1,881,000.	٥.			CARING / JEWISH LIFE
THE JEWISH COMMUNITY CENTER ON THE							
HUDSON - 371 SOUTH BROADWAY -							
TARRYTOWN, NY 10591	23-7229163	501(C)3	948,000.	٥.			CARING / JEWISH LIFE
THE JEWISH EDUCATION PROJECT							
520 8TH AVENUE, SUITE 1510							
NEW YORK, NY 10018	13-1632519	501(C)3	4,068,000.	0.			JEWISH LIFE
THE JEWISH ENTREPRENEUR							
44 MADISON AVENUE	47-3697248	501(0)2	73 000	0.			CARING
NEW YORK, NY 10022	47-3097248	501(C)5	73,000.	0.			CARING
THE LEFFELL SCHOOL							
555 W. HARTSDALE AVENUE							
HARTSDALE, NY 10530	13-6209307	501(C)3	579,000.	0.			JEWISH LIFE
,							
THE MARION AND AARON GURAL JCC							
INC 207 GROVE AVENUE -							
CEDARHURST, NY 11516	11-2546437	501(C)3	1,527,000.	٥.			CARING / JEWISH LIFE
THE NEW YORK BOARD OF RABBIS, INC.							
171 MADISON AVENUE, SUITE 1602							
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Schedule I (Form 990)

JEWISH LIFE

51-0172429

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

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE PROSPECT HEIGHTS SHUL									
1027 PACIFIC STREET									
BROOKLYN, NY 11238	80-0750046	501(0)3	8,000.	0.			JEWISH LIFE		
BROOKLIN, NI 11250	00-0750040	501(075	0,000.	0.			DEWISH DIFE		
THE SHABBAT PROJECT INC. DBA ONE									
TABLE - 228 PARK AVENUE SOUTH,									
SUITE 77191 - NEW YORK, NY 10003	46-4715368	501(C)3	100,000.	0.			JEWISH LIFE		
,,									
THE SUFFOLK Y JEWISH COMMUNITY									
CENTER - 74 HAUPPAUGE ROAD -									
COMMACK, NY 11725	11-2435521	501(C)3	1,307,000.	0.			CARING / JEWISH LIFE		
,									
TIKVA CORP									
8 HENDERSON DRIVE									
WEST CALDWELL, NJ 07006	22-3779212	501(C)3	100,000.	0.			CARING		
TOURO COLLEGE									
50 WEST 47TH STREET									
NEW YORK, NY 10036	13-2676570	501(C)3	75,000.	0.			JEWISH LIFE		
TRAVELING PRESS FUND, INC.									
740 4TH STREET NORTH, SUITE 239									
SAINT PETERSBURG, FL 33701	84-2726336	501(C)3	100,000.	0.			CARING		
T'RUAH									
266 WEST 37TH STREET, SUITE 803		504 ( 7) 2		_					
NEW YORK, NY 10018	45-0464545	501(C)3	165,000.	0.			CARING / JEWISH LIFE		
UKRAINIAN CATHOLIC ARCHDIOCESE OF									
PHILADELPHIA - 810 N FRANKLIN	22 1000000	E01(0)2	100 000	^					
STREET - PHILADELPHIA, PA 19123	23-1986964		100,000.	0.			CARING		
UNION FOR REFORM JUDAISM									
633 3RD AVENUE, 7TH FLOOR NEW YORK, NY 10017	13-1663143	501(0)3	10,000.	0.			JEWISH LIFE		
MEW TORK, MI TUUL/	1 13-1003143	DOT(C)3	1 10,000.	υ.			hemiou Tite		

13-1740071 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.

SUITE 2 - WHITE PLAINS, NY 10603

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNION OF ORTHODOX JEWISH							
CONGREGATIONS OF AMERICA (ORTHODOX							
UNION) - 40 RECTOR STREET, 4TH							
FLOOR - NEW YORK, NY 10006	13-5623717	501(C)3	450,000.	0.			CARING / JEWISH LIFE
UNITED JEWISH COUNCIL OF THE EAST							
SIDE, INC 465 GRAND STREET, 4TH	40.0000000	504 ( 7) 2					
FLOOR - NEW YORK, NY 10002	13-2735378	501(C)3	180,000.	0.			CARING / JEWISH LIFE
UNITED NATIONS FOUNDATION INC.							
1750 PENNSYLVANIA AVENUE, NW SUITE							
WASHINGTON, DC 20006	58-2368165	501(C)3	500,000.	0.			CARING
USDAN CENTER FOR THE CREATIVE &	30 2300103	501(0/5		••			
PERFORMING ARTS - 185 COLONIAL							
SPRINGS ROAD - WHEATLEY HEIGHTS,							
NY 11798	13-2792668	501(C)3	129,000.	3,934,000.	APPRATSAL	IMPUTED RENT	CARING / JEWISH LIFE
	10 1/21000		,				
VAAD REFUAH, INC.							
620 FOSTER AVENUE							
BROOKLYN, NY 11230	20-1020908	501(C)3	10,000.	0.			JEWISH LIFE
<i>`</i>							
WEST SIDE CENTER FOR COMMUNITY							
LIFE, INC 263 WEST 86TH STREET							
- NEW YORK, NY 10024	71 - 0908184	501(C)3	100,000.	0.			CARING
WESTCHESTER DAY SCHOOL							
856 ORIENTA AVENUE							
MAMARONECK, NY 10543	13-2646183	501(C)3	159,000.	0.			CARING / JEWISH LIFE
WESTCHESTER JEWISH CENTER							
ROCKLAND AND PALMER AVENUES							
MAMARONECK, NY 10543	13-1782492	501(C)3	10,000.	0.			JEWISH LIFE
WECHCHECHED TENTCH COMMINIERY							
WESTCHESTER JEWISH COMMUNITY SERVICES - 845 NORTH BROADWAY,							
SERVICES - 045 NORTH BROADWAL,							

2,098,000.

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Schedule I (Form 990)

CARING / JEWISH LIFE

51-0172429

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

FAR ROCKAWAY, NY 11691

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTCHESTER JEWISH COUNCIL 925 WESTCHESTER AVENUE, SUITE 200 WHITE PLAINS, NY 10604	13-2856699	501(C)3	238,000.	0.			JEWISH LIFE
WESTCHESTER YOUTH ALLIANCE, INC. 210 ORCHARD RIDGE ROAD CHAPPAQUA, NY 10514	85-0914725	501(C)3	10,000.	0.			JEWISH LIFE
WOMEN FOR AFGHAN WOMEN INC. 158-24 73RD AVENUE FRESH MEADOWS, NY 11366	02-0539734	501(C)3	30,000.	0.			CARING
WOMEN'S LEAGUE COMMUNITY RESIDENCES DBA MAKOR DISABILITY SERVICES - 1556 38TH STREET - BROOKLYN, NY 11218	11-2889774	501(C)3	25,000.	0.			JEWISH LIFE
WOODLANDS COMMUNITY TEMPLE 50 WORTHINGTON ROAD WHITE PLAINS, NY 10607	23-7351462	501(C)3	18,000.	0.			JEWISH LIFE
WORKATIT INC. 1710 AVENUE I BROOKLYN, NY 11230	83-1124450	501(C)3	22,000.	0.			JEWISH LIFE
WORLD CENTRAL KITCHEN INCORPORATED 200 MASSACHUSETTS AVENUE WASHINGTON, DC 20001	27-3521132	501(C)3	1,028,000.	0.			CARING
WORLD UNION FOR PROGRESSIVE JUDAISM LTD 1 WEST 4TH STREET - NEW YORK, NY 10012	13-1930176	501(C)3	33,000.	0.			CARING
YESHIVA DARCHEI TORAH 257 BEACH 17TH STREET							

75,000.

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Schedule I (Form 990)

JEWISH LIFE

11-2545173 501(C)3

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

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

		in loke, inc.					51 01/2425
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YESHIVA OF SOUTH SHORE							
1170 WILLIAM STREET							
HEWLETT, NY 11557	11-2125702	501(C)3	57,000.	0.			JEWISH LIFE
YESHIVA TIFERETH MOSHE, INC. 3306 ABINGDON ROAD							
KEW GARDENS, NY 11415	11-2149108	501(C)3	25,000.	0.			JEWISH LIFE
YESHIVAH OF FLATBUSH 919 EAST TENTH STREET							
BROOKLYN, NY 11230	11-1630915	501(C)3	260,000.	0.			JEWISH LIFE
VM & YWHA OF WASHINGTON HEIGHTS & INWOOD – 54 NAGLE AVENUE – NEW							
YORK, NY 10040	13-1635308	501(C)3	1,021,000.	٥.			CARING / JEWISH LIFE
YOUNG JUDAEA CAMP SPROUT LAKE 575 8TH AVENUE, 11TH FLOOR NEW YORK, NY 10018	13-2830437	501(C)3	357,000.	0.			JEWISH LIFE

Schedule I (Form 990)

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Schedule I (Form 990) 2021

### JEWISH PHILANTHROPIES OF NEW YORK, INC.

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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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	412	1,319,000.	0.		
SRAEL EXPERIENCE AWARDS - PROVIDES NEED AND MERIT					
ASED SCHOLARSHIPS FOR ISRAEL TRIPS FOR TEENS AND					
OUNG ADULTS	312	394,000.	0.		

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), AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE,

INC. (JDC), WHICH ARE 501(C)(3) DOMESTIC U.S. CHARITIES. JFNA AND JDC

ARE THE UMBRELLA ORGANIZATION FOR DOMESTIC JEWISH FEDERATIONS, AND JFNA

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 JDC. JFNA AND JDC FILE SEPARATE FORMS 990

AND REPORT THE DETAIL OF OVERSEAS GRANTS ON SCHEDULE F. ORGANIZATIONS

RECEIVING FUNDS FROM JFNA AND JDC UTILIZE SUCH FUNDS FOR ACTIVITIES AND

PROGRAMS THAT SUPPORT UJA'S CHARITABLE PURPOSES.

THE FOLLOWING IS A LISTING OF \$19,966,000 OF TARGETED GRANTS MADE

THROUGH JFNA:

2B FRIENDLY-\$25,000

A NEW WAY-\$50,000

AJEEC-NISPED-\$152,000

ALAMAL HATIKVAH ASSOCIATION-\$40,000

AMCHA-NATIONAL ISRAELI CENTER FOR PSYCHOSOCIAL SUPPORT OF

SURVIVORS-\$300,000

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page <b>2</b>
Part IV Supplemental Information		
APPLESEEDS ACADEMY-\$102,000		
ATZUM-JUSTICE WORKS-\$37,000		
AVIV FOR HOLOCAUST SURVIVORS-\$50,000		
BAR-ILAN UNIVERSITY-\$163,000		
BEIT RUTH-\$50,000		
BENETIVEI UDI-\$165,000		
BNEI AKIVA ISRAEL-\$44,000		
CENTER ORGANIZATIONS OF HOLOCAUST SURVIVORS IN ISRAEL-\$53,000		
CLALIT HEALTH-\$3,500,000		
CO-IMPACT-\$200,000		
DERECH AMI-\$40,000		
DESERT STARS-\$150,000		
ESHEL CHABAD-\$8,000		
GESHER MULTICULTURAL FILM FUND-\$20,000		
HAND IN HAND: CENTER FOR JEWISH-ARAB EDUCATION IN ISRAEL-\$77,000		
HAVAZELET CULTURAL & EDUCATIONAL INSTITUTES OF HASHOMER		
HATZAIR-\$300,000		
HEBREW UNIVERSITY OF JERUSALEM-\$606,000		
IGY-\$75,000		
ISH LEREEHO OLAM HESED IBANE-\$6,000		
ISH LEKEENO OLAM NESED IBANE-30,000		
ISRAAID: THE ISRAEL FORUM FOR INTERNATIONAL HUMANITARIAN AID-\$262,000		
ISRAEL ASSOCIATION OF COMMUNITY CENTERS, LTD\$304,000		
ISRAEL HOFSHEET-\$131,000		
ISRAEL INTERNET ASSOCIATION (ISOC-IL)-\$17,000		
ISRAEL TRAUMA COALITION-\$250,000		
ISRAEL VENTURE NETWORK-\$6,000		
ITIM:THE JEWISH LIFE INFORMATION CENTER-\$100,000		
JERUSALEM COLLEGE OF TECHNOLOGY-\$30 000		

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule   (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page <b>2</b>
Part IV Supplemental Information		
JERUSALEM VARIETY CENTER-\$425,000		
JEWISH FEDERATION OF NORTH AMERICA-\$84,000		
KOL ISRAEL HAVERIM-ALLIANCE: THE CENTER FOR JEWISH SOCIAL		
LEADERSHIP-\$40,000		
KOLECH-RELIGIOUS WOMEN'S FORUM-\$60,000		
KREMBO WINGS-\$15,000		
LATET-ISRAELI HUMANITARIAN AID-\$47,000		
I DOUDN MIDNIIN UINIICUIIM-0220 000		
LESHEM MIFALIM HINUCHIIM-\$230,000		
LOTUS:WOMEN'S HIGH TECH HUB-\$65,000		
MACHON TARANY AYELET HASACHAR-\$7,000		
MAMANET MOTHER'S CACHIBOL LEAGUE-\$8,000		
MASHABIM:COMMUNITY STRESS PREVENTION CENTER-\$354,000		
MASORTI (CONSERVATIVE) MOVEMENT-\$42,000		
MATAN INVESTING IN THE COMMUNITY-\$30,000		
MECHON HADAR ISRAEL-\$105,000		
NALAGA'AT-\$14,000		
NATAN WORLDWIDE DISASTER RELIEF-\$100,000		
NEEMANEI TORA VEAVODA-\$60,000		
NIGUN HALEV-\$25,000		
NITZANIM:JEWISH ISRAELI IDENTITY-\$19,000		
OGEN:FREE LOAN FUND-\$25,000		
OHR TORAH STONE-\$23,000		
OLIM BEYAHAD-\$180,000		
ONE MILLION LOBBY-\$30,000		
PRESENTENSE ISRAEL-\$14,000		
RASHUT HARABIM-\$50,000		
SAMI SHAMOON COLLEGE OF ENGINEERING (R.A.)-\$422,000		

SCHECHTER INSTITUTE OF JEWISH STUDIES-\$45,000

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule I (Form 990) JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page <b>2</b>
Part IV Supplemental Information		
SHALOM HARTMAN INSTITUTE-\$90,000		
CUADED DAWUC_CCO 000		
SHARED PATHS-\$60,000		
SHE'ARIM-FULFILLING ISRAELI JUDAISM-\$130,000		
SHIRA BANKI'S WAY LTD\$87,000		
SHISHI SHABBAT YISRAELI-\$120,000		
SIKKUY:THE ASSOCIATION FOR THE ADVANCEMENT OF CIVIC EQUALITY-\$200,000		
SIRAJ:ADVANCING HI-TECH FOR THE BEDOUIN COMMUNITY-\$50,000		
SONDUK EL YANABIA-\$75,000		
SOS CHILDREN'S VILLAGES ISRAEL-\$9,000		
TECH2PEACE (R.A)-\$45,000		
THE ABRAHAM FUND INITIATIVES-\$6,000		
THE AGUDA-ISRAEL'S LGBT TASK FORCE-\$18,000		
THE AGODA-ISAREL S LOBI INSK FORCE-\$10,000		
THE ARAB CENTER FOR ALTERNATIVE PLANNING-\$75,000		
THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. (RESPONSE TO		
CRISIS - UKRAINE)-\$3,015,000		
THE HEBREW REALI SCHOOL IN HAIFA-\$9,000		
THE ISRAEL MOVEMENT FOR PROGRESSIVE JUDAISM-\$200,000		
THE ISRAELI VOLUNTEERING COUNCIL-\$75,000		
THE JERUSALEM BOTANICAL GARDENS-\$15,000		
THE JEWISH AGENCY FOR ISRAEL (PROGRAMS IN FORMER SOVIET		
INITON \ 41 027 000		
UNION)-\$1,027,000		
THE JEWISH AGENCY FOR ISRAEL (RESPONSE TO CRISIS - UKRAINE)-\$1,188,000		
, , , , , , , , , , , , , , , , ,		
THE JEWISH AGENCY FOR ISRAEL (OTHER PROGRAMS)-\$1,936,000		
THE JEWISH PEOPLE POLICY INSTITUTE-\$128,000		
THE NACHSHONIM ASSOCIATION-\$20,000		
THE SALTIEL COMMUNITY CENTER-\$75,000		
THE SHALDAG FOUNDATION-\$565 000		
THE SHALDAG FOUNDATION-\$565,000		
THE YAACOV HERZOG CENTER FOR JEWISH STUDIES-\$15,000		

# Part IV Supplemental Information TOZERET HAARETZ YOUNG COMMUNITIES-\$6,000

TZEDEK CENTERS-\$75,000

TZOHAR-\$52,000

Schedule I (Form 990)

UNISTREAM-\$75,000

UNITED HATZALAH OF ISRAEL-\$645,000

WORKING AND STUDYING YOUTH-\$40,000

YEDIDIM FOR YOUTH AND SOCIETY-\$8,000

THE FOLLOWING IS A LISTING OF \$657,000 OF TARGETED GRANTS MADE THROUGH

JDC:

CENTRAL BRITISH FUND FOR WORLD JEWISH RELIEF-\$500,000

EUROPEAN UNION OF JEWISH STUDENTS-\$75,000

JUICE-\$82,000

SCHE	CHEDULE J								
(Form	990)	-	s, Trustees, Key Employees, and Highest		00	<b>n</b> 4			
•		Compe	nsated Employees		20	<b>Z</b> I	l		
Desertes	1 - (		swered "Yes" on Form 990, Part IV, line 23. ch to Form 990.		Open to Publi				
	nt of the Treasury evenue Service		for instructions and the latest information.		Inspection				
Name o	f the organizatior	UNITED JEWISH APPEAL-FEDERAT	TION OF	Employer id	entificatio	on nur	nber		
		JEWISH PHILANTHROPIES OF NEW	VYORK, INC.	51-01	72429				
Part I	Question	Regarding Compensation							
						Yes	No		
<b>1a</b> Ch	eck the appropri	ate box(es) if the organization provided any of	the following to or for a person listed on Form	990,					
Pa	rt VII, Section A,	ine 1a. Complete Part III to provide any releva	ant information regarding these items.						
	First-class or c	narter travel	Housing allowance or residence for perso	nal use					
	Travel for com	banions	Payments for business use of personal res	sidence					
	] Tax indemnific	ation and gross-up payments	Health or social club dues or initiation fees	6					
	Discretionary s	pending account	Personal services (such as maid, chauffeu	ır, chef)					
<b>b</b> If a	any of the boxes	on line 1a are checked, did the organization fo	bllow a written policy regarding payment or						
reir	mbursement or p	rovision of all of the expenses described abov	ve? If "No," complete Part III to explain		1b				
2 Dic	d the organizatior	require substantiation prior to reimbursing or	r allowing expenses incurred by all directors,						
tru	stees, and office	s, including the CEO/Executive Director, rega	rding the items checked on line 1a?		2				
3 Ind	licate which, if ar	y, of the following the organization used to es	stablish the compensation of the organization's						
CE	O/Executive Dire	ctor. Check all that apply. Do not check any b	poxes for methods used by a related organization	on to					
est	tablish compensa	tion of the CEO/Executive Director, but expla	in in Part III.						
X	Compensation	committee	X Written employment contract						
X	Independent c	ompensation consultant	X Compensation survey or study						
X	Form 990 of o	her organizations	X Approval by the board or compensation c	ommittee					
<b>4</b> Du	ring the year, did	any person listed on Form 990, Part VII, Sect	ion A, line 1a, with respect to the filing						
org	ganization or a re	ated organization:							
<b>a</b> Re	ceive a severanc	e payment or change-of-control payment?			<b>4a</b>		X		
<b>b</b> Pa	rticipate in or rec	eive payment from a supplemental nonqualifie	ed retirement plan?		<b>4b</b>	X	<u> </u>		
<b>c</b> Pa	rticipate in or rec	eive payment from an equity-based compensa	ation arrangement?		<b>4c</b>		X		
lf "	Yes" to any of lir	es 4a-c, list the persons and provide the appli	icable amounts for each item in Part III.						
		(3), 501(c)(4), and 501(c)(29) organizations							
	-		ne organization pay or accrue any compensatio	n					
	ntingent on the re								
							X		
					. <u>5b</u>		X		
		r 5b, describe in Part III.							
			ne organization pay or accrue any compensatio	n					
	ntingent on the n						v		
							X X		
					. <u>6b</u>				
		r 6b, describe in Part III.							
			ne organization provide any nonfixed payments		_		v		
					. 7		X		
			ed pursuant to a contract that was subject to th				v		
		otion described in Regulations section 53.495			8		X		
		d the organization also follow the rebuttable p							
LHA FO	or Paperwork Re	duction Act Notice, see the Instructions fo	r Furin 990.	Schedu	ıle J (Forn	1 990)	2021		

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule J (Form 990) 2021

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.

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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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990	
(1) ERIC S. GOLDSTEIN	(i)	285,356.	0.	5,578.	9,844.	44,059.	344,837.	0.	
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) IRVIN A. ROSENTHAL	(i)	448,668.	0.	13,658.	104,252.	49,805.	616,383.	0.	
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	Ο.	0.	0.	
(3) ELLEN R. ZIMMERMAN	(i)	357,270.	0.	13,414.	19,145.	22,449.	412,278.	2,288.	
SECRETARY/GEN'L COUNSEL & CCO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DEVANA COHEN	(i)	492,067.	357,930.	1,700.	8,700.	22,399.	882,796.	0.	
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MARK MEDIN	(i)	525,755.	0.	5,990.	153,751.	46,098.	731,594.	0.	
EXEC. VICE PRESIDENT - FRD	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) GRAHAM CANNON	(i)	339,488.	0.	3,301.	11,195.	43,680.	397,664.	0.	
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) DEBORAH JOSELOW	(i)	327,180.	0.	3,178.	18,016.	43,476.	391,850.	0.	
CHIEF PLANNING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) LOUISA CHAFEE	(i)	296,202.	0.	1,491.	9,506.	2,900.	310,099.	0.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) ELLIOT HASDAN	(i)	232,747.	118,395.	144.	8,700.	42,837.	402,823.	0.	
DIRECTOR, INVESTMENTS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) STUART TAUBER	(i)	276,837.	0.	12,498.	15,870.	51,588.	356,793.	1,409.	
VICE PRESIDENT, REGIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) WILLIAM SAMERS	(i)	285,438.	0.	1,508.	9,421.	50,573.	346,940.	0.	
VP, PLANNED GIVING & ENDOWNMENTS	(ii)	0.	٥.	0.	٥.	0.	0.	٥.	
(12) BRITTANY LAROCHE	(i)	215,055.	70,533.	144.	9,272.	1,730.	296,734.	٥.	
DIRECTOR, INVESTMENTS	(ii)	0.	٥.	0.	٥.	0.	0.	٥.	
(13) COURTNEY WEINSTEIN	(i)	272,345.	٥.	591.	8,565.	3,459.	284,960.	٥.	
VICE PRESIDENT, AFFINITY	(ii)	0.	٥.	٥.	٥.	0.	0.	٥.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Page 2

JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

Pag<u>e 3</u>

### Part III Supplemental Information

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

PART I, LINE 4B:

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PARTICIPATION:

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, 2021 - JUNE 30, 2022

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

IRVIN ROSENTHAL - \$32,376

MARK MEDIN - \$14,251

ELLEN ZIMMERMAN - \$4,240

DEBORAH JOSELOW - \$2,110

GRAHAM CANNON - \$1,622

STUART TAUBER - \$325

WILLIAM SAMERS - \$299

PART II, COLUMN B (I)-(III):

ERIC S. GOLDSTEIN - FOR THE FISCAL YEAR JULY 1, 2020 THROUGH JUNE 30, 2021,

MR. GOLDSTEIN WAIVED HIS SALARY FROM UJA. BASE COMPENSATION OF \$285,356

REFLECTED IN SCHEDULE J, PART II, COLUMN B(I) REPRESENTS COMPENSATION FOR

THE PERIOD JULY 1, 2021 THROUGH DECEMBER 31, 2021.

Schedule J (Form 990) 2021

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Schedule J (Form 990) 2021

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 II, COLUMN C:

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.

Schedule J (Form 990) 2021

SCHEDULE K (Form 990) Department of the Treasu Internal Revenue Service	orm 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, artment of the Treasury         explanations, and any additional information in Part VI.											DMB No. <b>2(</b> Dpen t nspec	0 <b>21</b> to Pub	
Name of the organ	ization UNITED JEWISH	I APPEAL-FEDERATION	N OF						Employer identification number					ıber
C C	JEWISH PHILANTHROPIES OF NEW YORK, INC.									51-01	7242	9		
Part I Bond Is	ssues													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	le price	(f) Descripti	on of purpose	<b>(g)</b> De	efeased	<b>(h)</b> On	behalf	(i) Po	oled
											of is	suer	finan	cing
									Yes	No	Yes	No	Yes	No
														ĺ
A BUILD NYC F	RESOURCE CORP.	45-4040561	12008ECW4	08/14/14	31,2	58,000.	CURRENT REFU	NDING ISSUE		X		Х		X
														l
В												<b> </b> '		<b> </b>
														ĺ
C												<u> </u>		
_														ĺ
D	•													<u> </u>
Part II Procee	ds						_	-						
4 Americant of h	e e el e u e tius el			A			В	C				D		
1 Amount of b														
	onds legally defeased				258,000.					_				
	ds of issue eds in reserve funds			,						_				
	nterest from proceeds													
		·····			563,000.									
					,									
	ital expenditures from procee													
	nditures from proceeds													
11 Other spent														
12 Other unspe	nt proceeds				14,000.									
13 Year of subs	tantial completion													
				Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bo	nds issued as part of a refund	ling issue of tax-exempt	bonds (or,											
if issued pric	r to 2018, a current refunding	g issue)?		Х										
	nds issued as part of a refunc	•	• •											
	to 2018, an advance refundin				X							$\perp$		
	allocation of proceeds been			Х								$\rightarrow$		
-	anization maintain adequate	books and records to su	pport the											
final allocation	on of proceeds?			Х										

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

Schedule K (Form 990) 2021

## Schedule K (Form 990) 2021 Part III Private Business Use

JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

Page 2

	A		В		Ç		D	
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?		х						
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		х						
<b>b</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?		х						
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?		Х						
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?		х						
Part IV Arbitrage								
		Ą	E	3		2	0	<u>)</u>
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?		Х						1
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х						
b Exception to rebate?		Х						
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) 2021 JI	EWI
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ISH PHILANTHROPIES OF NEW YORK, INC. 51-0172429

Page 3

Part IV Arbitrage (continued)								
	A		В		C C		C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х						
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?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		х						
Part V Procedures To Undertake Corrective Action								
		Α	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.					

	HEDULE M orm 990)			ash Contr			OMB No. 1545-0047
Dopor	tment of the Treasury	<ul> <li>Complete if the org</li> <li>Attach to Form 990</li> </ul>		answered "Yes" o	n Form 990, Part IV, lines 2	29 or 30.	Open to Public
	al Revenue Service			r instructions and	the latest information.		Inspection
Nam	e of the organizatio					Employer	r identification numbe
		JEWISH PHILANTHRO	PIES OF NE	EW YORK, INC.			51-0172429
Pa	rt I Types o	f Property				•	
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash co	(d) d of determining ontribution amounts
1	Art - Works of art						
2		asures					
3		erests					
4	Books and public	ations					
5	Clothing and hous	sehold goods					
6	Cars and other ve	hicles					
7	Boats and planes						
8	Intellectual proper	rty					
9		ly traded	X	278	7,365,000.	SELLING PRIC	E
10	Securities - Close	ly held stock					
11	Securities - Partne	ership, LLC, or					
12		llaneous					
13		ation contribution -					
	Historic structures						
14		ation contribution - Other					
15	Real estate - Resi						
16		mercial					
17		r					
18							
19 00							
20		al supplies					
21 22		、				+	
22 23		3 					
	Archeological arti	ens					
24 25	-	SRAEL BONDS )	X	6	206 000	FACE VALUE	
25 26		TAMP COLLECT	x	1	,	SELLING PRIC	E
20 27	Other $\blacktriangleright$ (	)		-	,		
28	Other (	)					
29		8283 received by the organi	zation during	the tax year for co	ontributions	1	
		anization completed Form 82	-				1
			, , , , –		······ <u> </u>		Yes No
30a	• • •	lid the organization receive b east three years from the dat					

exempt purposes for the entire holding period?

contributions?

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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32a

Schedule M (Form 990) 2021

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**b** If "Yes," describe the arrangement in Part II.

**b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2021 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) Department of the Treasury	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. Attach to Form 990 or Form 990-EZ.	-EZ	OMB No. 1545-0047
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization	UNITED JEWISH APPEAL-FEDERATION OF		identification number
	JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-01	72429
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. WHEN CO	VID STRUCK, UJA MOBILIZED ITS NETWORK AND RESOURCES		
TO HELP VULNERABLE	NEW YORKERS AND DEVELOPED A PLAN TO ENSURE JEWISH		
INSTITUTIONS COULD	CONTINUE TO SERVE THE COMMUNITY WHEN THE PANDEMIC		
ENDS. MORE RECENTL	(, UJA HAS MOBILIZED ITS NETWORK OF PARTNERS AND		
GRANTEES TO RESPON	D TO HUMANITARIAN CRISES, FROM THE WAR IN UKRAINE TO		
NATURAL DIASTERS B	OTH DOMESTICALLY AND OVERSEAS.		
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	XMENT COUNSELING.		
UJA ALSO PROMOTES	VOLUNTEERISM, FACILITATING THE RECRUITMENT AND		
TRAINING OF VOLUNT	SERS 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		

Name of the organization UNITED JEWISH APPEAL-FEDERATION OF	Employer identification number
JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429
HAS DEVELOPED AND FUNDED PROGRAMS TO ENHANCE SECURITY FOR JEWISH	
INSTITUTIONS IN THE NEW YORK AREA.	
INDITIOTIOND IN THE NEW TOXY AREA.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
TEACHER BENEFITS AT JEWISH DAY SCHOOLS AND SCHOLARSHIPS FOR ISRAEL	
EXPERIENCE PROGRAMS AND JEWISH SUMMER DAY AND OVERNIGHT CAMPS, ALL	
IMPORTANT PLATFORMS FOR POSITIVE JEWISH EXPERIENCE AND ENGAGEMENT.	
RECOGNIZING THAT ISRAEL IS FUNDAMENTAL TO THE JEWISH PAST, PRESENT, AND	
FUTURE, UJA ALSO HELPS JEWS WHO CHOOSE TO IMMIGRATE TO ISRAEL. IN	
ADDITION, UJA INVESTS IN STRENGTHENING ISRAELI CIVIL SOCIETY TO PROMOTE	
AN INCLUSIVE, DEMOCRATIC, AND THRIVING JEWISH STATE. IN BOTH ISRAEL AND	
NEW YORK, UJA SUPPORTS COMMUNITY RELATIONS ORGANIZATIONS THAT PROMOTE	
EQUALITY AND MUTUAL RESPECT AMONG DIVERSE POPULATIONS AND STRENGTHEN	
RELATIONSHIPS BETWEEN JEWS AND THE BROADER COMMUNITY, ADVOCATING AROUND	
ISSUES OF COMMON CAUSE.	
FORM 990, PART VI, SECTION A, LINE 2:	
FAMILY AND BUSINESS RELATIONSHIPS AMONG OFFICERS, DIRECTORS AND KEY	
EMPLOYEES:	

RELATIONSHIP

DAVID B. EDELSON, DIRECTOR AND ADAM F. WEISSENBERG, DIRECTOR-BUSINESS

RELATIONSHIP

BENJAMIN FINKELSTEIN, DIRECTOR AND ZOYA RAYNES FRIEDMAN, DIRECTOR-BUSINESS

## RELATIONSHIP

WAYNE GOLDSTEIN, DIRECTOR AND TARA SLONE-GOLDSTEIN, EXECUTIVE COMMITTEE AT

LARGE AND DIRECTOR-FAMILY RELATIONSHIP

WAYNE GOLDSTEIN, DIRECTOR AND JEFFREY KESWIN, TREASURER AND

Hame of the organization	ITED JEWISH APPEAL-FEDERATION OF	Employer identification number
JE	WISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429
DIRECTOR-BUSINESS RELAT	IONSHIP	
JONATHON C. HELD, DIREC	TOR AND SUSAN K. HELD, DIRECTOR-FAMILY RELATIONSHIP	
JONATHON C. HELD, DIREC	TOR AND GARY M. ROSENBERG, DIRECTOR-BUSINESS	
RELATIONSHIP		
MICHAEL R. KESSLER, DIR	ECTOR AND SHIMON SHKURY, DIRECTOR-BUSINESS	
RELATIONSHIP		
BRIAN S. LICHTER, DIREC	TOR AND DONALD BERNSTEIN, DIRECTOR-BUSINESS	
RELATIONSHIP		
BRIAN S. LICHTER, DIREC	TOR AND CERTAIN RELATED VENDORS AS CLIENTS OF HIS	
LAW FIRM-BUSINESS RELAT	IONSHIP	
DAVID SILVERS, DIRECTOR	AND PATRICIA SILVERS, DIRECTOR-FAMILY RELATIONSHIP	
RACHEL STERN, DIRECTOR	AND MICHAEL R. BARON, DIRECTOR-BUSINESS RELATIONSHIP	
FORM 990, PART VI, SECT	ION 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 APPROVA	L BY THE EXECUTIVE COMMITTEE. THE DRAFT DOCUMENT IS	
THEN DISTRIBUTED TO, RE	VIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.	
AFTER OBTAINING EXECUTI	VE COMMITTEE APPROVAL, FORM 990 IS DISTRIBUTED	
ELECTRONICALLY TO ALL B	OARD MEMBERS PRIOR TO ITS FILING.	
FORM 990, PART VI, SECT	ION B, LINE 12C:	
UJA'S ETHICS AND CONFLI	CTS COMMITTEE MONITORS AND ENFORCES COMPLIANCE WITH	
THE ORGANIZATION'S CONF	LICT OF INTEREST POLICY. IN ADDITION, UJA'S ETHICAL	
GUIDELINES OUTLINE PROC	EDURES FOR ENFORCEMENT IN INSTANCES WHERE CONFLICTS	
OF INTEREST EXIST.		

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2021	Page 2
Name of the organization UNITED JEWISH APPEAL-FEDERATION OF	Employer identification number
JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429
PURSUANT TO ITS BYLAWS, UJA-FEDERATION HAS A COMPENSATION COMMITTEE,	
COMPOSED OF INDEPENDENT OFFICERS OF THE ORGANIZATION. THE COMMITTEE	
REVIEWS AND APPROVES THE COMPENSATION OF THE MOST HIGHLY COMPENSATED	
EXECUTIVES OF UJA-FEDERATION. UJA RETAINS AN INDEPENDENT COMPENSATION	
CONSULTANT TO PROVIDE COMPARABILITY DATA IN ORDER TO DEMONSTRATE THE	
REASONABLENESS OF THE RECOMMENDED COMPENSATION FOR SENIOR EXECUTIVES OF	
UJA-FEDERATION. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE	
CONTEMPORANEOUSLY RECORDED IN MINUTES OF THE COMMITTEE; 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 GUIDELINES AND FINANCIAL	
STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND BY REQUEST.	
THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
IMPUTED RENTAL INCOME 26,452,000.	
POSTRETIREMENT BENEFIT CHANGES NOT INCLUDED IN NET PERIODIC	
BENEFIT COST 705,000.	
TOTAL TO FORM 990, PART XI, LINE 9 27,157,000.	

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

2021 pen to Public

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organizati		Employer ide	entification number
	JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172	2429

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
		loroigit country,			
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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	<b>g)</b> 512(b)(13) trolled 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	х	

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

Schedule R (Form 990) 2021

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	90,000.	2,445,000.	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.	7,119,000.	YORK
QH QUEENS BOULEVARD LLC - 86-3702046					
77-17 QUEENS BLVD					UJA-FEDERATION OF NEW
ELMHURST, NY 11373	REAL ESTATE HOLDING LLC	NEW YORK	37,000.	9,363,000.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) trolled ization?
				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	<u> </u>
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	<u> </u>
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 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,	7			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE DUBIN FAMILY FOUNDATION - 13-3863354							1
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	х	
THE ERIC & TAMAR GOLDSTEIN FOUNDATION -							1
16-1647207, 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 FREDMAN LICHTENSTEIN FAMILY FOUNDATION -							
13-4131687, 130 EAST 59TH STREET, NEW YORK,	7			SCHEDULE A,	SEE SCHEDULE R,		
NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE FRIDSON FAMILY FOUNDATION - 13-4082250							
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 JEANNETTE R. & SIDNEY L. SOLOMON							
FOUNDATION - 13-3852165, 130 EAST 59TH	1			SCHEDULE A	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	USUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	
THE JOAN & JEROME R. JAKUBOVITZ FOUNDATION -							
13-3797217, 130 EAST 59TH STREET, NEW YORK,	1			SCHEDULE A,	SEE SCHEDULE R,		
<u>10 0.022</u> , <u>100 1001</u> , <u>100</u> ,	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	x	1

JEWISH PHILANTHROPIES OF NEW YORK, INC.

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
,		loroigir ocanay		501(c)(3))		Yes	No
THE JOEL & ORA BENTON, MONROE BENTON							
MEMORIAL FOUNDATION - 13-3927715, 130 EAST				SCHEDULE A,	SEE SCHEDULE R,		
59TH STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE LEVY FAMILY FOUNDATION - 13-3499576							
130 EAST 59TH STREET				SCHEDULE A,	SEE SCHEDULE R,		
NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE MARC AND HARRIET SUVALL FOUNDATION -							
13-3978407, 130 EAST 59TH STREET, NEW YORK,	-			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				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	х	
THE SELTZER FAMILY FOUNDATION - 13-3799971							
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 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	х	
THE WILLIAM AND ELEANOR GREENBLATT FAMILY							
FOUNDATION - 13-3792270, 130 EAST 59TH	7			SCHEDULE A,	SEE SCHEDULE R,		
STREET, NEW YORK, NY 10022	SUPPORTING ORGANIZATION	NEW YORK	501(C)(3)	LINE 12A	PART VII	х	
THE ZIFF HERITAGE FOUNDATION - 51-0599051							
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	х	
U F PROPERTY CORP 51-0188274							
130 EAST 59TH STREET	REAL ESTATE HOLDING						
NEW YORK, NY 10022	COMPANY	NEW YORK	501(C)(2)		UJA	х	

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section S contr organia	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
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						
		1			1		L

## Schedule R (Form 990) 2021 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.

<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile	(d)	(e)							
	domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	( <b>r</b> Dispropo allocat	ortionate	amount in box 20 of Schedule	managi partnei	
	country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
AL ESTATE	NY	N/A	UNRELATED	22,000.			x	22,000.	х	25.00%
A	L ESTATE	country)	country)	country) sections 512-514)	country) sections 512-514)	country) sections 512-514)	country)     sections 512-514)     Yes	country)     sections 512-514)     Yes     No	country)         sections 512-514)         Yes         No         K-1 (Form 1065)	Toreign country)     Sections 512-514)     Yes     No     K-1 (Form 1065)     Yes     No

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512( cont	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
NETWORK ADVANTAGE LTD 98-1283814									
141 FRONT STREET, 3RD FLOOR									
HAMILTON, BERMUDA HM19	INVESTMENT COMPANY	BERMUDA	N/A	C CORP	1,556,000.	18,779,000.	100%	Х	
NETWORK AGENCY INSURANCE, LTD 98-1459746									
141 FRONT STREET, 3RD FLOOR	CAPTIVE INSURANCE								
HAMILTON, BERMUDA HM19	COMPANY	BERMUDA	N/A	C CORP	17,603,000.	64,973,000.	100%	X	<u> </u>
	CHARITABLE REMAINDER								
CHARITABLE REMAINDER TRUSTS (27)	TRUSTS	NY	N/A					Х	<u> </u>
	-								

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

JEWISH PHILANTHROPIES OF NEW YORK INC. Schedule R (Form 990) 2021

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 х 1a **b** Gift, grant, or capital contribution to related organization(s) х 1b c Gift, grant, or capital contribution from related organization(s) х 1c х d Loans or loan guarantees to or for related organization(s) 1d х e Loans or loan guarantees by related organization(s) 1e х f Dividends from related organization(s) 1f Х Sale of assets to related organization(s) 1g Х h Purchase of assets from related organization(s) 1h Х Exchange of assets with related organization(s) 1i i Lease of facilities, equipment, or other assets to related organization(s) х 1j Х k Lease of facilities, equipment, or other assets from related organization(s) 1k х 11 Performance of services or membership or fundraising solicitations for related organization(s) Х m Performance of services or membership or fundraising solicitations by related organization(s) 1m х Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n n х o Sharing of paid employees with related organization(s) 10 Х p Reimbursement paid to related organization(s) for expenses 1p Х Reimbursement paid by related organization(s) for expenses 1q Х **r** Other transfer of cash or property to related organization(s) 1r Х s Other transfer of cash or property from related organization(s) 1s

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

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) THE CAROLINE & JOSEPH S. GRUSS LIFE MONUMENT FUNDS, INC.	В	3,457,000.	GRANTS MADE
(2) JEWISH COMMUNAL FUND	с	34,351,000.	GRANTS RECEIVED
(3) THE JOEL & ORA BENTON, MONROE BENTON MEMORIAL FOUNDATION	с	749,000.	GRANTS RECEIVED
(4) THE ERIC & TAMAR GOLDSTEIN FOUNDATION	с	121,000.	GRANTS RECEIVED
(5) THE JEANETTE R. & SIDNEY L. SOLOMON FOUNDATION	с	112,000.	GRANTS RECEIVED
(6) THE SELTZER FAMILY FOUNDATION	С	85,000.	GRANTS RECEIVED

(a) Name of other organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved	(d) Method of determining
	type (a-s)		amount involved
(7)THE DAVID AND JUDY FLEISCHER FOUNDATION	с	60,000.	GRANTS RECEIVED
(8)NETWORK ADVANTAGE LTD.	F	1,700,000.	DIVIDENDS RECEIVED
(9)NETWORK AGENCY INSURANCE LTD.	F	600,000.	DIVIDENDS RECEIVED
(10)JEWISH COMMUNAL FUND	Q	3,942,000.	ACTUAL EXPENSE AMOUNTS
(11)THE JEWISH WOMEN'S FOUNDATION OF NEW YORK, INC.	Q	378,000.	ACTUAL EXPENSE AMOUNTS
(12)NETWORK AGENCY INSURANCE LTD.	R	1,190,000.	ACTUAL CASH TRANSFERS
(13)THE ERIC & TAMAR GOLDSTEIN FOUNDATION	R	1,124,000.	ACTUAL CASH TRANSFERS
(14)THE BARON DE HIRSCH FUND	R	413,000.	ACTUAL CASH TRANSFERS
(15)THE DAVID & JUDY FLEISCHER FOUNDATION	R	253,000.	ACTUAL CASH TRANSFERS
(16)THE JEANETTE R. & SIDNEY L. SOLOMON FOUNDATION	R	86,000.	ACTUAL CASH TRANSFERS
(17)THE MARC AND HARRIET SUVALL FOUNDATION	R	72,000.	ACTUAL CASH TRANSFERS
(18)BLAU FAMILY FOUNDATION	R	62,000.	ACTUAL CASH TRANSFERS
(19) JEWISH WOMEN'S FOUNDATION OF NEW YORK, INC.	R	54,000.	ACTUAL CASH TRANSFERS
(20)UJA-FED PROPERTIES, INC.	s	2,000,000.	ACTUAL CASH TRANSFERS
(21) JEWISH COMMUNAL FUND	s	1,866,000.	ACTUAL CASH TRANSFERS
(22)NETWORK AGENCY INSURANCE LTD.	s	1,216,000.	ACTUAL CASH TRANSFERS
(23)THE RICHARD C. & LISA N. PERRY FOUNDATION	s	400,000.	ACTUAL CASH TRANSFERS
(24) THE MARC AND HARRIET SUVALL FOUNDATION	s	88,000.	ACTUAL CASH TRANSFERS

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

UNITED JEWISH APPEAL-FEDERATION OF

Schedule R (Form 990)

JEWISH PHILANTHROPIES OF NEW YORK, INC.

51-0172429

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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) CHARITABLE REMAINDER TRUSTS (2)	s	69,000.	ACTUAL CASH TRANSFERS
(8)			
(9)			
(10)			
(11)			
_ (12)			
_ (13)			
_ (14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
_ (21)			
_ (22)			
_ (23)			
(24)			

Schedule R (Form 990) 2021 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.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org	all s sec. c)(3) s.?	<b>(f)</b> Share of total	<b>(g)</b> Share of end-of-year	Dispi tio	n) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	(k) Percentage ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No	

Schedule R (Form 990) 2021

UNITED JEWISH APPEAL-FEDERATION OF		
Schedule R (Form 990) 2021 JEWISH PHILANTHROPIES OF NEW YORK, INC.	51-0172429	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
SCHEDULE R, PART II, COLUMN (F) - DIRECT CONTROLLING ENTITY		
THE RELATED TAX-EXEMPT ORGANIZATIONS IN PART II INCLUDE THE JEWISH		
COMMUNAL FUND ("JCF"), A DONOR ADVISED FUND OF WHICH UJA IS THE SOLE		
MEMBER, THE CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS ("GRUSS		
FUNDS"), AND 25 OTHER SUPPORTING ORGANIZATIONS. ALTHOUGH JCF, THE		
GRUSS FUNDS, AND THE OTHER 25 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 25 OTHER SUPPORTING ORGANIZATIONS AND ALTHOUGH UJA AND ITS		
NETWORK AGENCIES RECEIVED APPROXIMATELY 57.1% AND 8.2%, RESPECTIVELY,		
OF THE TOTAL GRANTS MADE BY THESE SUPPORTING ORGANIZATIONS DURING THE		
FIVE YEAR PERIOD ENDED JUNE 30, 2022, 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.		