Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
GREATER MIAMI JEWISH FEDERATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4200 BISCAYNE BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
MIAMI, FL 33137

D Employer identification number
59-0624404

E Telephone number
(305) 576-4000

G Gross receipts $ 429,834,094

F Name and address of principal officer:
OKSANA CARDINI
4200 BISCAYNE BOULEVARD
MIAMI,FL 33137

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.JEWISHMIAMI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1938

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO MOBILIZE HUMAN AND FINANCIAL RESOURCES TO CARE FOR THOSE IN NEED, STRENGTHEN JEWISH LIFE AND ADVANCE THE UNITY VALUES AND SHARED PURPOSE OF THE JEWISH PEOPLE IN MIAMI, IN ISRAEL AND AROUND THE WORLD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	174
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	174
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	107
6	Total number of volunteers (estimate if necessary)	**6**	2,152
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-131,894
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	73,287,437	105,004,057
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,744,338	29,955,079
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	261,826	363,283
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,293,601	135,322,419
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	71,871,406	59,902,171
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,843,709	11,233,471
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	57,980	40,676
	b	Total fundraising expenses (Part IX, column (D), line 25) 5,793,392		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,228,523	8,540,500
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	90,001,618	79,716,818
	19	Revenue less expenses. Subtract line 18 from line 12	12,291,983	55,605,601

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	487,215,783	549,491,156
	21	Total liabilities (Part X, line 26)	88,817,490	85,732,735
	22	Net assets or fund balances. Subtract line 21 from line 20	398,398,293	463,758,421

Part II Signature Block

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

Sign Here

Signature of officer — Date 2026-05-15
OKSANA CARDINI CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2026-05-15		P01972759

Firm's name BDO USA — Firm's EIN 13-5381590

Firm's address 200 PARK AVE 38TH FLOOR NEW YORK, NY 10166 — Phone no. (212) 885-8000

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 23,168,455 including grants of $ 20,747,359) (Revenue $ 0)

HUMAN SERVICES PROGRAMS, GENERAL/OTHER: THE GREATER MIAMI JEWISH FEDERATION, THROUGH ITS NETWORK OF BENEFICIARY AGENCIES AND SERVICES, PROVIDES FOR THE HUMANITARIAN NEEDS OF PEOPLE OF ALL AGES. OVER $3.5 MILLION WAS ALLOCATED FROM THE ANNUAL FEDERATION/UJA CAMPAIGN IN FISCAL 2024-2025 TO CARE FOR THE MOST VULNERABLE PEOPLE IN OUR COMMUNITY. MORE THAN 1 IN 5 JEWISH PEOPLE IN MIAMI CONTINUE TO DEPEND ON FEDERATION FOR SOME FORM OF ASSISTANCE - INCLUDING NUTRITIOUS KOSHER FOOD, EMERGENCY FINANCIAL AID, CRISIS AND EMPLOYMENT COUNSELING, EDUCATIONAL AND CAMP SCHOLARSHIPS, AND MUCH MORE. THE JEWISH COMMUNITY'S 24-HOUR ACCESS AND INFORMATION HOTLINE OPERATED BY JEWISH COMMUNITY SERVICES OF SOUTH FLORIDA (JCS) RECEIVED 8,953 REQUESTS FOR ASSISTANCE, MANY OF WHICH RESULTED IN DIRECT AID, REFERRALS, COUNSELING AND EMERGENCY GRANTS FROM FEDERATION AND OUR PARTNER AGENCIES. OVER $289,300 IN EMERGENCY ASSISTANCE GRANTS WERE PROVIDED FOR PEOPLE EXPERIENCING HARDSHIP. THE HEBREW FREE LOAN ASSOCIATION OF MIAMI, A FEDERATION PROGRAM, DISBURSED $294,350 IN INTEREST-FREE LOANS, TO ASSIST WITH COSTS ASSOCIATED WITH MEDICAL AND DENTAL, TUITION, EDUCATION, ADOPTION, FERTILITY TREATMENTS, HOUSING ASSISTANCE, PERSONAL EXPENSES AND SO MUCH MORE. THERE WERE 4,763 VISITS TO THE (JCS) KOSHER FOOD BANK. THROUGH JCS HOME DELIVERED AND CONGREGATE MEAL PROGRAMS, 222,000+ KOSHER MEALS WERE PROVIDED TO HOMEBOUND SENIORS. THESE MEALS PROVIDED IMPORTANT NUTRITION AND A COMMUNITY CONNECTION FOR SENIORS ABLE TO LIVE INDEPENDENTLY IN THEIR HOMES. OVER 400 HOLOCAUST SURVIVORS IN MIAMI-DADE COUNTY RECEIVED PERSONALIZED AND COMPREHENSIVE CASE MANAGEMENT SERVICES THROUGH JCS TO ASSIST WITH COORDINATING CARE, OBTAINING BENEFITS AND GENERAL SUPPORT. WITH FEDERATION SUPPORT, JCS PROVIDED 197 ADULTS AND CHILDREN, SURVIVORS OF DOMESTIC ABUSE, WITH SERVICES THROUGH JCS' SHALOM BAYIT DOMESTIC VIOLENCE PREVENTION PROGRAM, HELPING TRANSITION THE ADULTS AND CHILDREN TO A LIFE FREE OF FEAR AND INTIMIDATION. ADULTS, SENIORS AND CHILDREN BENEFITTED FROM 5,252 COUNSELING SESSIONS AND OTHER PSYCHOLOGICAL SERVICES FROM THE PROFESSIONAL CLINICAL STAFF OF JCS' BEHAVIORAL HEALTH SERVICES. FEDERATION'S MIAMI JEWISH ABILITIES ALLIANCE CONTINUED TO LINK INDIVIDUALS WITH DISABILITIES, AND THEIR FAMILIES, TO RESOURCES, SERVICES, SUPPORT GROUPS, WORKSHOPS AND CLINICS AND RECREATIONAL PROGRAMS WITHIN THE COMMUNITY. THROUGH THE JEWISH CHAPLAINCY PROGRAM'S REFUAT HA'NEFESH JEWISH SPIRITUAL CARE VISITING PROGRAM, CHAPLAINS AND VOLUNTEERS PROVIDED COMFORT, SOLACE AND JOY TO THOUSANDS OF PEOPLE EXPERIENCING A VARIETY OF PERSONAL DIFFICULTIES. WITH THE SUPPORT OF FEDERATION, 100 JEWISH CHILDREN - VICTIMS OF ABUSE OR NEGLECT - RECEIVED CHILD WELFARE SERVICES FROM JEWISH ADOPTION AND FAMILY CARE OPTIONS (JAFCO). OUR PROGRAMS ARE DESIGNED TO ENSURE THE FUTURE VIABILITY OF MIAMI'S ORGANIZED JEWISH COMMUNITY. AS PART OF THIS COMMUNITY OUTREACH, FEDERATION'S JEWISH VOLUNTEER CENTER (JVC) PROMOTES GREATER VOLUNTEER PARTICIPATION IN THE DELIVERY OF DIRECT SERVICES, TO EXPAND THE SERVICES AGENCIES COULD PROVIDE AT A LOWER COST, AND TO PROMOTE VOLUNTEERISM AS A WAY OF ENHANCING JEWISH IDENTIFICATION AND INVOLVEMENT. IN ADDITION, THERE ARE PROGRAMS THAT ENHANCE VOLUNTEER INVOLVEMENT BY ASSESSING ORGANIZATIONAL NEEDS, UNDERSTANDING CURRENT TRENDS AND ISSUES, CREATING MEANINGFUL OPPORTUNITIES FOR VOLUNTEERS, EXPLORING VOLUNTEERISM BY INFUSING JEWISH VALUES, EXAMINING HIGH QUALITY MODELS FOR VOLUNTEER RECRUITMENT, RETENTION, AND ENHANCEMENT. OFFERING ONE-TIME FAMILY FRIENDLY PROGRAMS AND ONGOING INDIVIDUAL ACTIVITIES, IN FISCAL 2024-2025, FEDERATION'S JVC ENABLED 2,187 PEOPLE TO VOLUNTEER 3,402 TIMES TO BENEFIT COMMUNITY ORGANIZATIONS THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER, TOTALING 13,608 HOURS OF VOLUNTEERING AND EQUALING NEARLY $473,694 IN PAID TIME. ADVOCATING ON BEHALF OF MIAMI-DADE COUNTY'S MOST VULNERABLE JEWISH POPULATIONS, THE JEWISH COMMUNITY RELATIONS COUNCIL (JCRC) WORKED TIRELESSLY WITH GOVERNMENTAL LEADERS TO ENSURE THAT DIRECT GOVERNMENT FUNDING OF SOCIAL SERVICES WAS PROVIDED TO FEDERATION PARTNER AGENCIES. JCRC AND WOMEN'S PHILANTHROPY CREATED THE TASK FORCE TO COMBAT HUMAN TRAFFICKING IN 2015 TO INCREASE PUBLIC AWARENESS AND CONCERN ABOUT THE DANGERS OF THIS MODERN FORM OF SLAVERY AND ITS PREVALENCE IN MIAMI-DADE COUNTY AND FLORIDA. FEDERATION HAS PROGRAMS TO INCREASE COMMUNITY DEVELOPMENT AND LEADERSHIP BY REACHING OUT TO ALL CONSTITUENCIES IS TO INCREASE COMMUNITY INVOLVEMENT IN FEDERATION, EDUCATE FUTURE VOLUNTEER LEADERS, AND BUILD A CORE OF FUTURE LEADERS. EDUCATING THE NEXT GENERATION OF LEADERS AND PROVIDING OVERSIGHT OF PROGRAM DELIVERY SYSTEMS HAVE ALWAYS BEEN FOCAL POINTS OF FEDERATION. SINCE MARCH 2011, FEDERATION HAS SENT WEEKLY EMAILS TO MORE THAN 60,000 PEOPLE, HIGHLIGHTING SELECT RESOURCES AND NEWS EVENTS IN THE JEWISH COMMUNITY. YEARS AGO, FEDERATION EMBARKED ON A BOLD INITIATIVE THROUGH THE CREATION OF THE FOUNDATION FOR JEWISH RENEWAL AND A VARIETY OF PROGRAMS WERE DEVELOPED, INCLUDING THE HIGH HOLIDAY WELCOME PROJECT, WHICH PROVIDES WORSHIP OPPORTUNITIES AT NO COST TO THOUSANDS OF PEOPLE ANNUALLY. THROUGH THE ELEVATE LEADERSHIP DEPARTMENT, FEDERATION OFFERS SKILLS-BASED, MULTI-SESSION LEADERSHIP PROGRAMS. IN GENERAL, THE PROGRAMS CONSIST OF ABOUT SIX, THREE-HOUR SESSIONS AND INCLUDE INTERACTIVE LEARNING COVERING GENERAL LEADERSHIP, JEWISH VALUES AND SPECIFICS ABOUT OUR ORGANIZATIONAL STRUCTURE, PHILOSOPHY AND METHODOLOGY, OUR PARTNER AGENCIES, AND LOCAL DEMOGRAPHICS. IN FISCAL 2024-2025, WE AWARDED $80,000 IN INCUBATOR GRANTS TO HELP JEWISH NONPROFITS BUILD CAPACITY, SPUR INNOVATION AND SERVE UNMET LOCAL NEEDS. WE ALSO AWARDED $80,000 IN WOMEN'S IMPACT INITIATIVE GRANTS TO ORGANIZATIONS IN MIAMI THAT HAVE THE POTENTIAL TO INSPIRE AND EMPOWER JEWISH WOMEN AND GIRLS, IMPROVE OUR LOCAL COMMUNITY AND ACHIEVE SOCIAL, ECONOMIC, RELIGIOUS AND POLITICAL EQUALITY.

4b (Code:) (Expenses $ 22,947,552 including grants of $ 20,549,541) (Revenue $ 363,283)

EDUCATION, CULTURE AND YOUTH SERVICES: THE GREATER MIAMI JEWISH FEDERATION IS WORKING TO SECURE A STRONG JEWISH FUTURE. THE FEDERATION ANNUAL CAMPAIGN FUNDS OVER 170 AGENCIES, PROGRAMS AND SERVICES IN MIAMI, NATIONALLY, IN ISRAEL AND IN MORE THAN 70 OTHER COUNTRIES AROUND THE WORLD. FEDERATION SUPPORTS ORGANIZATIONS AND PROGRAMS THAT EDUCATE AND BUILD JEWISH IDENTITY BY PROVIDING FUNDING FOR FORMAL AND INFORMAL EDUCATIONAL PROGRAMS, ENSURING THAT NEW GENERATIONS OF JEWS WILL BE HERE TO CARE FOR OUR COMMUNITY IN THE FUTURE. IN FISCAL 2024-2025, MORE THAN $8 MILLION WAS DIRECTED TOWARD MULTIPLE FORMAL AND INFORMAL JEWISH EDUCATION AND IDENTITY INITIATIVES SERVING ADULTS AND CHILDREN IN THE COMMUNITY INCLUDING MORE THAN $2.1 MILLION IN GRANTS AND SCHOLARSHIPS TO 12 JEWISH DAY SCHOOLS AND NINE CONGREGATIONAL SCHOOLS IN MIAMI-DADE COUNTY, IMPACTING OVER 5,000 STUDENTS, ENHANCING THEIR UNDERSTANDING AND APPRECIATION OF OUR RICH JEWISH HERITAGE. OUR THREE MIAMI JEWISH COMMUNITY CENTERS RECEIVED OVER $2.4 MILLION IN DIRECT GRANTS TO PROVIDE SERVICES TO MORE THAN 10,000 PEOPLE OF ALL AGES AND ABILITIES THROUGH QUALITY EARLY CHILDHOOD EDUCATION AND AFTER SCHOOL PROGRAMS, SUMMER CAMP, CULTURAL ARTS AND SPORTS AND RECREATION PROGRAMMING. FEDERATION AWARDED 237 SCHOLARSHIPS TO CHILDREN TO ATTEND JEWISH CAMPS ACROSS THE US, STRENGTHENING THEIR JEWISH IDENTITY. HAVING A STRONG, WELCOMING JEWISH PRESENCE ON COLLEGE CAMPUSES IS PARTICULARLY CRITICAL TODAY. FEDERATION FUNDING SUPPORTS SEVEN HILLEL PROGRAMS THROUGHOUT FLORIDA, PROVIDING PROGRAMMING FOR MORE THAN 11,500 JEWISH STUDENTS. ADDITIONALLY, THE MIAMI MOISHE HOUSES AND MOISHE POD, WHICH ALSO RECEIVE FUNDING FROM FEDERATION, CONDUCTED PROGRAMS FOR 1,780 YOUNG JEWISH ADULTS IN 2024. STUDENTS WERE PART OF THE OVER 150,000 WHO VISITED THE HOLOCAUST MEMORIAL MIAMI BEACH, A PROGRAM OF THE GREATER MIAMI JEWISH FEDERATION. THROUGH FEDERATION'S JEWISH VOLUNTEER CENTER YOUNG LION OF JUDAH PROGRAM, PRE-BAR/BAT MITZVAH STUDENTS WERE PAIRED WITH MIAMI AREA HOLOCAUST SURVIVORS TO SHARE EXPERIENCES. IN ADDITION TO THE BOOKS AND MUSIC SENT MONTHLY TO OVER 4,000 CHILDREN, PJ LIBRARY OF MIAMI, A PROGRAM OF FEDERATION, AND ITS IMPLEMENTING PARTNERS HOSTED VIRTUAL AND IN PERSON FAMILY PROGRAMS ON JEWISH VALUES AND CELEBRATIONS. SINCE INCEPTION, PJ LIBRARY HAS DELIVERED OVER 596,000 BOOKS IN MIAMI. ADDITIONALLY, GRANTS FROM THE FOUNDATION OF THE GREATER MIAMI JEWISH FEDERATION THROUGH DONOR- ADVISED FUNDS AND OTHER DESIGNATED FUNDS PROVIDES FUNDS FOR EMERGENCIES, AND THE DEVELOPMENT OF RESOURCES NECESSARY TO ADDRESS FUTURE OPPORTUNITIES AND NEEDS FOR THE COMMUNITY.

4c (Code:) (Expenses $ 20,067,717 including grants of $ 17,970,647) (Revenue $ 0)

OVERSEAS PROGRAMS AND SERVICES: FOR OVER 80 YEARS, THE FEDERATION HAS BEEN COMMITTED TO THE WELFARE OF THE JEWISH PEOPLE WORLDWIDE, CONNECTING PEOPLE TO JEWISH LIFE, AND CREATING STRONG CONNECTIONS TO ISRAEL. IN FISCAL 2024-2025 WE PROVIDED $9,184,123 TO ORGANIZATIONS THAT FOCUS ON THESE ISSUES. ISRAEL: FEDERATION WORKS WITH THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) AND ITS OVERSEAS PARTNERS, THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC), THE JEWISH AGENCY FOR ISRAEL (JAFI), AND WORLD ORT IN THE FORMER SOVIET UNION (FSU), THROUGHOUT LATIN AMERICA AND EUROPE AND IN MORE THAN 70 OTHER COUNTRIES AROUND THE WORLD SUPPORTING PROGRAMS AND SERVICES THAT CARE FOR THE VULNERABLE, FOSTER JEWISH RENEWAL AMONG YOUNGER GENERATIONS, AND CREATE STRONG CONNECTIONS TO ISRAEL. FSU: NEARLY 60,000 PEOPLE ARE PARTICIPATING IN JDC-SPONSORED RENEWAL ACTIVITIES ACROSS THE FORMER SOVIET UNION PARTICULARLY IN JEWISH COMMUNITY CENTERS THAT HAVE BECOME A CORNERSTONE OF THIS EFFORT. FEDERATION FUNDING SUPPORTS WELFARE RELIEF THAT REACHES OVER 70,000 ELDERLY JEWISH CLIENTS IN THE FSU IN MORE THAN 2,000 LOCATIONS, PROVIDING FOOD, MEDICINE AND MEDICAL CARE, HOME CARE, WINTER HEATING AND SOCIAL SERVICES FROM A

NETWORK OF MORE THAN 60 HESED SOCIAL WELFARE CENTERS, OPERATED BY JDC: 61,201 SENIORS RECEIVED FOOD ASSISTANCE, 19,361 SENIORS RECEIVED HOME CARE, 14,272 RECEIVED MEDICINE OR MEDICAL ASSISTANCE, AND 11,717 WERE HELPED WITH EMERGENCY GRANTS. JDC FURNISHED CRITICAL NUTRITIONAL AND MEDICAL ASSISTANCE TO MORE THAN 30,000 JEWISH CHILDREN AND THEIR FAMILIES. JAFI ISRAEL OPERATED SUMMER CAMPS IN THE FSU, AS WELL AS SUNDAY SCHOOLS AND PROVIDED YOUNG ADULTS WITH LEADERSHIP ACTIVITIES. UKRAINE: JDC HAS BEEN ON THE GROUND SINCE THE WAR BROKE OUT IN 2021 AND FOR DECADES BEFORE - OFFERING FOOD TO THE HUNGRY, MEDICAL AID TO THE SICK, AND HEAT FOR HOMES TO WITHSTAND THE COLD. THE EMOTIONAL TOLL OF THIS CRISIS HAS BEEN NO LESS DEVASTATING THAN THE PHYSICAL ONE. THIS PAST YEAR, JDC PIONEERED A GROUNDBREAKING TRAUMA RESPONSE PROGRAM TO SAFEGUARD THE EMOTIONAL WELL-BEING OF UKRAINIAN JEWS LIVING KNEE-DEEP IN DISTRESS. JDC LAUNCHED A NETWORK OF EIGHT TRAUMA SUPPORT CENTERS ACROSS UKRAINE IN KYIV, ZAPORIZHZHIA, DNIPRO, KHMELNYTSKYI, POLTAVA, LVIV, KHARKIV AND ODESA. EACH OFFERS PSYCHOLOGICAL SUPPORT THROUGH INDIVIDUAL AND GROUP SESSIONS, PARENTAL GUIDANCE, FAMILY THERAPY, AND COGNITIVE BEHAVIORAL THERAPY TO THOSE IN NEED. 55,800 VULNERABLE JEWS IN UKRAINE HAVE RECEIVED ASSISTANCE SINCE THE START OF THE CRISIS. ARGENTINA: JDC WORKS IN CLOSE COOPERATION WITH JEWISH COMMUNAL LEADERS TO IDENTIFY THE INDIVIDUALS AND FAMILIES AT HIGHEST RISK, AND TO ENSURE THAT VULNERABLE CHILDREN, ADULTS AND ELDERLY RECEIVE FOOD, MEDICINE, CLOTHING AND OTHER ESSENTIAL AID. JDC HELPED 372 FAMILIES WITH FOOD ASSISTANCE AND 103 FAMILIES WITH HOUSING SUPPORT. VENEZUELA: JDC ASSISTED 650 VENEZUELAN JEWS AND 28 SENIORS WITH DELIVERIES OF NUTRITIOUS FOOD, 120 JEWS WITH CHRONIC ILLNESS WITH MEDICATION, AND SOCIAL ACTIVITIES CONNECTING 70 ELDERLY JEWS. CUBA: JDC PROVIDED 120 VULNERABLE FAMILIES WITH FOOD, MILK AND SPECIAL SHABBAT MEALS, 450 VULNERABLE JEWS WITH MEDICINE SUPPLIES, IN-PERSON AND VIRTUAL COMMUNITY ACTIVITIES, SENIOR DAY GET-TOGETHERS. EUROPE AND NORTH AFRICA: JDC PROVIDED FOOD AND ESSENTIAL WELFARE SERVICES FOR ELDERLY JEWS. JDC ALSO HELPED ECONOMICALLY VULNERABLE JEWISH CHILDREN, CONNECTING THEM AND THEIR FAMILIES TO JEWISH LIFE. JEWISH COMMUNITIES IN MOROCCO, TUNISIA, TURKEY AND INDIA RECEIVE SUPPORT TO CARE FOR ELDERLY IN FACILITIES THAT PROVIDE RESIDENTIAL CARE, FULL MEDICAL SERVICES, RECREATIONAL AND THERAPEUTIC SERVICES, EXCURSIONS, AND HOLIDAY EVENTS FOR RESIDENTS. ISRAEL: TO FOSTER STRONG CONNECTIONS WITH THE PEOPLE OF ISRAEL, FEDERATION MAINTAINS A SUCCESSFUL PARTNERSHIP WITH THE CITY OF YERUCHAM IN THE NEGEV. IN ADDITION TO PROGRAMMING CONNECTING MIAMI AND YERUCHAM, WE ARE HELPING YOUTH AT RISK ACHIEVE GREATER ACADEMIC SUCCESS AND MATURITY THROUGH THE YOUTH FUTURES IN YERUCHAM PROGRAM. IN 36 LOCATIONS ACROSS ISRAEL'S SOCIOECONOMIC AND GEOGRAPHIC PERIPHERY, YOUTH FUTURES PROVIDES INTERVENTIONS AND EMPOWERMENT ENABLING THEM TO TAKE THEIR PLACE AS INDEPENDENT, PRODUCTIVE MEMBERS OF SOCIETY. YOUTH FUTURES IN YERUCHAM IS HELPING 135 AT-RISK CHILDREN. FEDERATION IS ALSO WORKING ON PROJECTS FOR THE NEGEV- SOUTHERN ISRAEL - IN COLLABORATION WITH OTHER COMMUNITIES BY FOCUSING ON LOCAL INDUSTRIES, AGRICULTURE, ENTREPRENEURS AND THE UNIQUE SKILLS OF ITS RESIDENTS, TRANSFORMING THE NEGEV INTO A HUB OF GROWTH AND VIBRANCY, AND, IN THE AFTERMATH OF OCTOBER 7, RESILIENCE AND RADICAL RESTORATION. THE GROUP HAS FUNDED INNOVATIVE INITIATIVES AND PILOTED UNPRECEDENTED PROGRAMS. FEDERATION ASSISTS THE ETHIOPIAN-ISRAELI COMMUNITY BY PROVIDING STUDENTS WITH AFTER SCHOOL TUTORING AND WORKSHOPS. WE PROVIDE THE OPPORTUNITY FOR THE ETHIOPIAN-ISRAELI COMMUNITY TO GAIN VALUABLE SKILLS IN THE FIELD OF HIGH TECH THROUGH EDUCATIONAL ASSISTANCE, MENTORING AND ENRICHMENT THROUGH THE ETHIOPIAN NATIONAL PROJECT, AS WELL AS ORGANIZATIONS THAT PROVIDE FREE LEGAL ASSISTANCE TO ETHIOPIAN-ISRAELIS AND ADDRESS BIASES IN MUNICIPAL SERVICES. FEDERATION'S WOMEN'S AMUTOT INITIATIVE FUNDED 17 NON-PROFIT ORGANIZATIONS FOCUSING EXCLUSIVELY ON THE WELFARE OF MARGINALIZED, VOICELESS AND AT-RISK WOMEN AND GIRLS IN ISRAEL. THESE ORGANIZATIONS FOCUS ON ECONOMIC EMPOWERMENT, SOCIAL EMPOWERMENT, PROTECTION AGAINST VIOLENCE, PREVENTION OF VIOLENCE, AND LEADERSHIP DEVELOPMENT. FEDERATION ALSO SUPPORTS PROJECTS TO ALLEVIATE FOOD INSECURITY, AS WELL AS PROGRAMS THAT SERVE SPECIAL NEEDS POPULATIONS, PROVIDE EMERGENCY MEDICAL ASSISTANCE AND TRAUMA RELIEF, AND PROGRAMS THAT PROMOTE RELIGIOUS DIVERSITY AND PLURALISM. IN ADDITION, FEDERATION SUPPORTS PROGRAMS THAT ENABLE JEWISH YOUNG ADULTS FROM AROUND THE WORLD TO PARTICIPATE IN LONG-TERM ISRAEL EXPERIENCES THAT STRENGTHEN THEIR JEWISH IDENTITY AND CONNECTION TO ISRAEL. AS A RESULT OF HAMAS TERRORIST ACTIVITIES ON OCTOBER 7, 2023, FEDERATION HAS FURTHER INCREASED THE EMERGENCY ASSISTANCE THROUGH OUR COLLECTIVE SUPPORT OF THE JFNA TO SUPPORT EVACUEES, FOOD AND FINANCIAL ASSISTANCE FOR IMPACTED FAMILIES, THE ELDERLY, AND THE HOMEBOUND, INITIATIVES TO SUPPORT THE COORDINATION FOR ORGANIZATIONS TO SCALE EFFORTS EFFECTIVELY, IMMEDIATE CASH GRANTS TO FAMILIES AND INDIVIDUALS WHO HAVE BEEN IMPACTED BY ACTS OF TERROR AND VIOLENCE; PROVIDING WIDE-SCALE TRAUMA RELIEF AND PSYCHOSOCIAL SUPPORT FOR FIRST RESPONDERS, CHILDREN, AND FAMILIES, REHABILITATION FOR THE INJURED, AND SUPPORT FOR FAMILIES WHOSE RELATIVES WERE MURDERED, INJURED, OR ABDUCTED.

4d	Other program services (Describe in Schedule O.)			
	(Expenses $	including grants of $	) (Revenue $	)
4e	**Total program service expenses**	66,183,724		

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	153		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 107			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	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 organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	174		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	174		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
OKSANA CARDINI CFO 4200 BISCAYNE BOULEVARD MIAMI,FL 33137 (305) 576-4000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) AMY BERGER CHAFETZ VICE CHAIR	5.0	X		X				0	0	0
(2) ARIEL BENTATA IMMEDIATE PAST BOARD CHAIR	5.0	X		X				0	0	0
(3) BRIAN RIEMER VICE CHAIR	2.0	X		X				0	0	0
(4) ELISE SCHECK BONWITT VICE CHAIR	5.0	X		X				0	0	0
(5) ELISE UDELSON VICE CHAIR	5.0	X		X				0	0	0
(6) ELIZABETH SCHWARTZ ASSOCIATE TREASURER	5.0	X		X				0	0	0
(7) LILY SERVIANSKY CHAIR OF THE BOARD	5.0 5.0	X		X				0	0	0
(8) MATTHEW L ADLER VICE CHAIR	5.0	X		X				0	0	0
(9) MICHELLE BEN-AVIV TREASURER	5.0	X		X				0	0	0
(10) MICHELLE DIENER VICE CHAIR	5.0	X		X				0	0	0
(11) MOJDEH KHAGHAN DANIAL VICE CHAIR	5.0 5.0	X		X				0	0	0
(12) RAY ELLEN YARKIN VICE CHAIR	5.0	X		X				0	0	0
(13) RICHARD YULMAN VICE CHAIR	5.0	X		X				0	0	0
(14) ROBERT C GILBERT ASSOCIATE SECRETARY	5.0	X		X				0	0	0
(15) ROBERT HERTZBERG SECRETARY	5.0	X		X				0	0	0
(16) SHEREE SAVAR VICE CHAIR	2.0	X		X				0	0	0
(17) SIDNEY PERTNOY VICE CHAIR	5.0 2.0	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations in below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Institutional Trustees:										
(18) STEVEN I BROOSE	0.0							0.	0.	0.
JOE CHAIR	0.0							0.	0.	0.
(19) TERRY SPEIGLMAN	0.0							0.	0.	0.
(20) ROSS	0.0							0.	0.	0.
(21) AARON S POUHAIST	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(22) ADAM BERGMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(23) ROBIN DUBOW	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(24) ROSHNA HALAC	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(25) AUROPINE MEEDING	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(26) ALEX BLANTON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(28) ALEX AMYS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(29) PAT MENDOZA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(30) ANDREA BLAIR	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(31) ANNE GOLD	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(32) ANNE WAYNA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(33) ANY N SUNN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(34) ANDREW BLANK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(35) ANDREW WOLF	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(36) BARBARA BLACK GOLDFARB	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(37) BARBARA BARRIT	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(38) BARRY SURLANDE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(39) BRONLA QUIRT	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(40) BETH OETEL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(41) BRAD SCHOL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(42) BRIAN L BELZIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(43) BROOKE WILENSKY	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(44) BRUCE DR ACHERMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(45) CLARICH KASSEN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(46) DANIEL REES	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(47) DANIEL FISCH	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(48) DAVIDSTEVICH	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(49) DAVID SCHWALTA	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(50) DEBRA BRAMAN WEICHSLER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(51) DENISE SHAW	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(52) DIANE LIEBERMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(53) DONALD T LEITON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(53) DOUTON POUHAIST	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(55) DR JAL SANJANIYAL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(56) DR JOSEPH SINGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(57) DR LARRY SINGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(58) EDWARD BERNER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(59) ELLIE LAPAZ	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(59) ELFISA GRING	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(59) EVAN BERGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(60) EVELYN KATZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(61) EZRA KATZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(62) FRAN BERGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(63) FRANCES	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(64) GAL BERMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(65) GARY GERMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(66) GARY HAAS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(67) GEORGE FELLENBAUMS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(68) HEAT WEISTEROUK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(69) HELENE BERGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(70) JAN GAVLIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(71) JENE HUSSMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(72) JENNA NAIG	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(73) JENNIFER GOLDSTEIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(74) ISAAC K FISHER	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(75) ISAAC MOTAHE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(76) ISRAEL LAPCZUC	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(77) J JOSEPH GAVNER	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(78) JACLYN BERGMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(79) JACQUELINE SIMKIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(80) JAIME DR QAYEDJANN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(81) JAMES DR	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(82) JAMIE FINE	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(83) JEFFREY LEVINE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(84) JEFFREY NEWMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(85) JEFFREY SCHECK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(86) JENNIFER FINE	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(87) JERRY BLAIR	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(88) JESSICA KATZ	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(89) JOE ACKERMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(90) JOEL BERNBLAT	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(91) JOHN MOSS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(92) JOHN SUMBERG	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(93) JOSEPH KATZ	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(94) JOSH WEINGARD	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(95) JOSHUA KLUGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(96) JUDITH SIEGAL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(97) JULIE FRANKLIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(98) LARRY JOSEPH	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(99) LAURA STRAKY	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(100) LAUREN LEVITTMA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(101) LEA RUTHMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(102) LEANNA WEES	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(103) LESLIE G BENTON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(104) LINDA SCLAFCHER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(105) LISA F COLLISTON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(106) LISA BINKS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(107) LLOYD MYERS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(108) MARK LEVY	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(109) MARGOT BAUDL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(110) MARK DR DAVIA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(111) MARK HILDESBRANDT	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(112) MARK KRAUTZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(113) MARK MELAND	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(114) MATILDE D BERLA JAMAL	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(115) MAXINE E SCHWARTZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(116) MEYRA SLOTOR	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(117) MILAND WEINRAUB	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(118) MILDRIA BLOCKER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(119) MICHAEL FIGUSMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(120) MICHAEL KATZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(121) MICHAEL RUDO	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(122) MICHAEL SCHECK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(123) MICHAEL SIMKINS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(124) MICHAEL TANNZING	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(125) MICHAEL TORN	0.0							0.	0.	0.
BOARD MEMBER (THRU 1/1/2024)	0.0							0.	0.	0.
(126) MICHAEL WAGNER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(127) MIRAT PUTTANICK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(128) MONIQUE SIEGEL	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(129) MURRAY LAVLICHT	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(130) MYTTL SPANGLAS BESTER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(131) NANCY LIPSOFF	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(132) NEORA DREN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(133) NOAH BRENNSTONE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(134) NOAH BRAMSON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(135) NORMAN S LIPSOFF	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(136) OEN TAMIR	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(137) PAUL BORKOWITZ	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(138) PAUL KRAUS	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(139) RABBI JOYCE FURMANAVIC	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(140) RABBI ROBIN FISHER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(141) RAQUEL SCHECK	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(142) REBECA DELASTER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(143) RICHARD BLOW	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(144) RICHARD FRIEDMAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(145) RICHARD BENNETON	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(146) ROBERT C BERKIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(147) RODEN JACOBS	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(148) RONALD FIDLESTONE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(149) RUBEN WLODA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(150) RYAN BALDINI	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(151) SABY BENNI	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(152) SAMUEL BERG	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(153) SAM BLATSTEIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(154) SCOTT WEITMANDEN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(155) SHELLEY GROFF NEZELEY	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(156) SHIRLY BRUGE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(157) STANLEY WEINSTEIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(158) STEVEN FALKES	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(159) STEVEN GRYTNIEGER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(160) STEVEN HURWITZ	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(161) STEVEN I RAMOFF	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(162) STEVEN SCHECK	0.0							0.	0.	0.
STANDING COMMITTEE	0.0							0.	0.	0.
(163) STEVEN WAGNER	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(164) STUART RATZAN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(165) SUSAN SIMMONS	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(166) SUSAN WEISS FIRESTONE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(167) TAMMY WOLDENBERG	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(168) TERRI BAKOW	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(169) TIMA PRICE	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(170) TOM SHAW	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(171) UZI EZRAHI	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(172) VANESSA ROSLIN	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(173) WILLIAM LEVINA	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(174) YOSSI SHMORU	0.0							0.	0.	0.
BOARD MEMBER	0.0							0.	0.	0.
(175) MARK FENBERG	40.0	X						188,347	0.	19,436
CHIEF CAMPAIGN OFFICER	40.0				X			0.	0.	0.
(176) MARK PRUYNOLDS	40.0							230,751	0.	39,014
CHIEF MARKETING AND COMMUNICATIONS OFFICER	40.0							0.	0.	0.
(177) MARNIE LAVIN	40.0							138,934	0.	44,620
EXECUTIVE VICE PRESIDENT	40.0							0.	0.	0.
(178) MARTIN SCHWARTZ	40.0							234,570	0.	27,455
CHIEF PLANNING OFFICER	40.0							0.	0.	0.
(179) MATT WEINER	40.0							160,800	0.	12,727
CHIEF INCLUSION & EQUITY OFFICER	40.0							0.	0.	0.
(180) MICHAEL SIEGEL	40.0							253,050	0.	37,033
CHIEF FINANCIAL OFFICER	40.0							0.	0.	0.
(181) SCOTT KARLAN	40.0							229,660	0.	33,012
INTERIM PRESIDENT & CEO (FT. 1/15/PRESIDENT & CEO (FT. 5/2023	40.0							0.	0.	0.
(182) SCOTT BERNARD	40.0							256,995	0.	16,254
VICE PRESIDENT, OWNED AND GLOBAL IMPACT	40.0							0.	0.	0.
(183) SHARON SIMMONS	40.0							192,867	0.	21,616
CHIEF HUMAN RESOURCE SECURITY	40.0							0.	0.	0.
(184) SHIRLEY	40.0							152,825	0.	5,427
VICE PRESIDENT, EXTERNAL AFFAIRS	40.0							0.	0.	0.
(185) SPELLA DION COHEN	40.0							196,630	0.	15,376
VICE PRESIDENT, BUSINESS MISLAPATHOPY	40.0							0.	0.	0.
(187) SIMON RABINOVITZ	40.0							152,634	0.	21,503
VICE PRESIDENT, PHILANTHROPIC INITIATIVES	40.0							0.	0.	0.
(188) JACOB SOLOMON	40.0							195,137	0.	22,332
INTERIM PRESIDENT & CEO	40.0							0.	0.	0.
(189) JACOB SOLOMON	40.0							675,657	0.	45,289
CHIEF EXECUTIVE OFFICER	40.0							0.	0.	0.

1b Sub-Total 3,466,400 0 346,327

c Total from continuation sheets to Part VII, Section A 0 0 0

d Total (add lines 1b and 1c) 3,466,400 0 346,327

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 21

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any former officer, director, or trustee, or key employee, or former highest compensated employee or former 5% employee receive more than $100,000 of reportable compensation from the organization or any related organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of service	(C) Compensation
GARY LAWN CONTENT ACTIVITIES LLC PO Box 1754 MENDHAM TEXAS 90865	MEDIUM GROUNDS SERVICES	579,000
JOHNS AC MARKER 2000 NORTHWEST 8TH AVENUE GAINESVILLE, FL 32160 MEDIA STAGE INC	CATERING SERVICES	402,430
200 INTERNATIONAL PARKWAY SUNRISE, FL 33351	AUDIO VISUAL	352,856
HOUSE MOUNTAIN STRATEGIES LLC	CONSULTING SERVICES	327,000
1 BYRD & TRACEY CARTER LTD GREENWICH STREET NEW YORK, NY 10014	AUDIT AND TAX	285,130
PO BOX 94270 PITTSBURGH, PA 15234	PRINTING SERVICES	270,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a 27,967,366			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 999,077			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 76,037,614			
	g Noncash contributions included in lines 1a - 1f:$	1g 59,236,839			
	h **Total.** Add lines 1a-1f				105,004,057

Program Service Revenue

	Business Code				
2a					
b					
c					
d					
e					
f All other program service revenue.		0	0	0	0
g **Total.** Add lines 2a–2f.	0				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)			18,723,656	0	-131,894	18,855,550
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
		(i) Real	(ii) Personal			
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c	0	0			
d Net rental income or (loss)				0	0	
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	304,178,405				
b Less: cost or other basis and sales expenses	7b	292,946,982				
c Gain or (loss)	7c	11,231,423	0			
d Net gain or (loss)				11,231,423	0	0	11,231,423
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	1,564,693				
b Less: direct expenses	8b	1,564,693				
c Net income or (loss) from fundraising events . .						
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . .						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . .						
		Business Code				
11a OTHER INCOME		900099	363,283	363,283	0	0
b						
c						
d All other revenue			0	0	0	0
e **Total.** Add lines 11a–11d			363,283			
12 **Total revenue.** See instructions			135,322,419	363,283	-131,894	30,086,973

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,421,452	59,421,452		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	372,469	372,469		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	108,250	108,250		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,499,498	1,074,856	600,541	824,101
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,939,750	2,984,293	1,667,376	2,288,081
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	250,110	83,083	94,270	72,757
9 Other employee benefits	615,815	204,565	232,109	179,141
10 Payroll taxes	928,298	308,368	349,888	270,042
11 Fees for services (non-employees):				
a Management				
b Legal	114,287	94,096	3,280	16,911
c Accounting	90,500	0	90,500	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17	40,676			40,676
f Investment management fees	3,932,067	0	3,932,067	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	79,260		44,590	34,670
13 Office expenses	392,189	173,123	127,204	91,862
14 Information technology	509,133	122,734	115,567	270,832
15 Royalties				
16 Occupancy	744,739	429,965	87,844	226,930
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	247,413	155,760	26,180	65,473
20 Interest	1,627	0	1,627	0
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	74,474	40,602	8,769	25,103
23 Insurance	384,269	134,494	38,427	211,348
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN & COMMUNITY OUTREACH	1,650,940	694,137	195,436	761,367
b MISCELLANEOUS	443,904	211,555	41,130	191,219
c PUBLIC RELATIONS & EDUCATION	346,106	63,996	75,784	206,326
d DUES & SUBSCRIPTIONS	164,216	140,550	7,113	16,553
e All other expenses	-634,624	-634,624	0	0
25 **Total functional expenses.** Add lines 1 through 24e	79,716,818	66,183,724	7,739,702	5,793,392
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,932,034	1	2,987,151
	2	Savings and temporary cash investments		23,642,756	2	102,466,920
	3	Pledges and grants receivable, net		19,683,099	3	14,494,335
	4	Accounts receivable, net		2,373,734	4	2,540,866
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,398,785			
	b	Less: accumulated depreciation	10b 7,155,956	3,613,815	10c	4,242,829
	11	Investments—publicly traded securities		216,009,453	11	203,153,193
	12	Investments—other securities. See Part IV, line 11		204,251,351	12	208,048,936
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		11,709,541	15	11,556,926
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		487,215,783	16	549,491,156
Liabilities	17	Accounts payable and accrued expenses		2,875,420	17	3,265,308
	18	Grants payable		26,416,218	18	25,691,378
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		59,525,852	25	56,776,049
	26	**Total liabilities.** Add lines 17 through 25		88,817,490	26	85,732,735
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		322,157,493	27	387,495,452
	28	Net assets with donor restrictions		76,240,800	28	76,262,969
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		398,398,293	32	463,758,421
	33	Total liabilities and net assets/fund balances		487,215,783	33	549,491,156

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	135,322,419
2	Total expenses (must equal Part IX, column (A), line 25)	2	79,716,818
3	Revenue less expenses. Subtract line 2 from line 1	3	55,605,601
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	398,398,293
5	Net unrealized gains (losses) on investments	5	9,697,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	57,024
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	463,758,421

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 ☑ 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		No
	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	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

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

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	128,492,823	43,344,990	69,971,255	73,287,437	105,004,057	420,100,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						0
4 **Total.** Add lines 1 through 3	128,492,823	43,344,990	69,971,255	73,287,437	105,004,057	420,100,562
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) . .						130,423,498
6 **Public support.** Subtract line 5 from line 4.						289,677,064

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	128,492,823	43,344,990	69,971,255	73,287,437	105,004,057	420,100,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	6,823,411	6,038,872	7,393,893	10,660,655	18,723,656	49,640,487
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .					0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						469,741,049

12 Gross receipts from related activities, etc. (see instructions) **12** 0

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 61.667 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . **15** 74.14 %

16a **33 1/3% support test—2024.** 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 . . . . . ▶☑

b **33 1/3% support test—2023.** 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—2024.** 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—2023.** 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 . . . . . ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
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).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		

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 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in 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.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ 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 government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described 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.*	2b		
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.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*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		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	**Employer identification number**
GREATER MIAMI JEWISH FEDERATION INC	59-0624404

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ _____

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID: 24020961

Software Version: 2024v5.1

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	302	
2	Aggregate value of contributions to (during year)	70,714,731	
3	Aggregate value of grants from (during year)	33,138,968	
4	Aggregate value at end of year	235,380,161	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	73,090,462	68,287,055	66,675,133	68,169,141	56,277,748
b Contributions . . .	1,750,992	1,316,387	964,112	5,026,262	750,845
c Net investment earnings, gains, and losses	7,287,549	6,743,790	5,809,024	-3,184,876	14,093,215
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	3,267,041	3,256,770	5,161,214	3,335,394	2,952,667
f Administrative expenses					
g End of year balance	78,861,962	73,090,462	68,287,055	66,675,133	68,169,141

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ 7.06 %
- **b** Permanent endowment ▶ 27.03 %
- **c** Term endowment ▶ 65.91 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,659,951		2,659,951
b Buildings		1,182,899	1,182,899	0
c Leasehold improvements		4,374,774	2,807,059	1,567,715
d Equipment		3,181,161	3,165,998	15,163
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				4,242,829

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) Closely-held equity interests		
(B) Financial derivatives		
(C) ALTERNATIVE INVESTMENTS	191,880,718	F
(D) STATE OF ISRAEL BOND	16,168,218	C
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	208,048,936	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Federal Income Taxes	
OBLIGATIONS TO AFFILIATED AGENCIES	54,830,837
SPLIT INTEREST AGREEMENTS	1,945,212
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	56,776,049

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	0

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	0

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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.

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	THE ENDOWMENT FUNDS ARE USED FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES AND IN FURTHERANCE OF THE CHARITABLE MISSION OF THE GREATER MIAMI JEWISH FEDERATION.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	GREATER MIAMI JEWISH FEDERATION INC. IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA. DURING THE YEAR ENDED JUNE 30, 2025, THE FEDERATION GENERATED NET UNRELATED BUSINESS INCOME FROM CERTAIN ALTERNATIVE INVESTMENTS. NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES WERE RECORDED AS MANAGEMENT BELIEVES THE AMOUNTS ARE IMMATERIAL TO THESE CONSOLIDATED FINANCIAL STATEMENTS. THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2022.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE F (Form 990)
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ **Yes** ☑ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	Middle East and North Africa	0	0	Grantmaking		108,250
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	0	0			108,250
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			108,250

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W

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

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)	ISRAEL PROGRAM SCHOLARSHIPS	Middle East and North Africa	71	108,250	WIRE			
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☑ Yes ☐ No

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

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☑ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☑ No

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.

ReturnReference	Explanation

Additional Data

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	SIEGEL MARKETING GROUP 1845 NORTH FARWELL AVENUE SUITE 30 MILWAUKEE, WI 53202	PHONE ACTIVITY		No	27,782	22,163	5,619
2	CTC TELEFUND LLC 464 LOMBARD RD ITASCA, IL 60143	PHONE ACTIVITY		No	32,398	18,513	13,885
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					60,180	40,676	19,504

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FL

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

		(a) Event #1 MAIN/PACESETTER/SUMMIT (event type)	(b) Event #2 Lion of Judah (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,334,747	229,946		1,564,693
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	1,334,747	229,946	0	1,564,693
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	319,365	95,884		415,249
	7 Food and beverages	650,119	79,622		729,741
	8 Entertainment	243,237	37,500		280,737
	9 Other direct expenses	122,026	16,940		138,966
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,564,693
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Form No. 10
(See rule 8)

ANNUAL RETURN FOR THE YEAR ENDING 31st MARCH 2022 OF THE MEMBERS OF THE MAHARASHTRA STATE ELECTRICITY DISTRIBUTION COMPANY LIMITED

Registered Office: Prakashganga, Plot No. C-19, E-Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400051

Form No. MGT-7

Pursuant to the provisions of section 92(4) of the Companies Act, 2013 and rule 12(1) of the Companies (Management and Administration) Rules, 2014

Page 1 of 1

I. REGISTRATION & OTHER DETAILS:

(i) CIN	U40109MH2005SGC153648
(ii) Date of Incorporation	31st March, 2005
(iii) Type of the Company	Company limited by shares
(iv) Category / Sub-Category of the Company	Government Company / Company limited by shares
(v) Address of the Registered office and contact details	Prakashganga, Plot No. C-19, E-Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400051
(vi) Whether listed company	No
(vii) Name, Address and contact details of Registrar and Transfer Agent, if any	NA

II. PRINCIPAL BUSINESS ACTIVITIES OF THE COMPANY

All the business activities contributing 10 % or more of the total turnover of the company shall be stated

Sr. No.	Name and Description of main products / services	NIC Code of the Product/ service	% to total turnover of the company
1	Electricity Distribution	35102	100

III. PARTICULARS OF HOLDING, SUBSIDIARY AND ASSOCIATE COMPANIES

Sr. No.	Name and Address of the Company	CIN/ GLN	Holding/ Subsidiary/ Associate	% of shares held	Applicable Section
1	Maharashtra State Power Generation Company Limited, Prakashganga, Plot No. C-19, E-Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400051	U40109MH2005SGC153646	Holding	100	Section 2(46)
2	Maharashtra State Electricity Transmission Company Limited, Prakashganga, Plot No. C-19, E-Block, Bandra-Kurla Complex, Bandra (East), Mumbai - 400051	U40109MH2005SGC153647	Holding	100	Section 2(46)

IV. SHAREHOLDING PATTERN (Equity share capital breakup as percentage of total equity)

Category of Shareholders	Demat	Physical	Total	% of Total Shares
A. Promoters				
(1) Indian				
a) Individual/ HUF	0	0	0	0.00
b) Central Government	0	0	0	0.00
c) State Government(s)	0	0	0	0.00
d) Bodies Corporate	0	0	0	0.00
e) Banks / FI	0	0	0	0.00
f) Any other	0	0	0	0.00
Sub-Total (A) (1)	0	0	0	0.00
(2) Foreign				
a) NRIs - Individuals	0	0	0	0.00
b) Other - Individuals	0	0	0	0.00
c) Bodies Corporate	0	0	0	0.00
d) Banks / FI	0	0	0	0.00
e) Any other	0	0	0	0.00
Sub-Total (A) (2)	0	0	0	0.00
Total shareholding of Promoter (A) = (A)(1)+(A)(2)	0	0	0	0.00
B. Public Shareholding				
(1) Institutions				
a) Mutual Funds	0	0	0	0.00
b) Banks / FI	0	0	0	0.00
c) Central Government	0	0	0	0.00
d) State Government(s)	0	0	0	0.00
e) Venture Capital Funds	0	0	0	0.00
f) Insurance Companies	0	0	0	0.00
g) FIIs	0	0	0	0.00
h) Foreign Venture Capital Funds	0	0	0	0.00
i) Others (specify)	0	0	0	0.00
Sub-Total (B)(1)	0	0	0	0.00
(2) Non-Institutions				
a) Bodies Corporate	0	0	0	0.00
i) Indian	0	0	0	0.00
ii) Overseas	0	0	0	0.00
b) Individuals				
i) Individual shareholders holding nominal share capital upto Rs. 1 lakh	0	0	0	0.00
ii) Individual shareholders holding nominal share capital in excess of Rs 1 lakh	0	0	0	0.00
c) Others (specify)	0	0	0	0.00
Sub-Total (B)(2)	0	0	0	0.00
Total Public Shareholding (B)=(B)(1)+(B)(2)	0	0	0	0.00
C. Shares held by Custodian for GDRs & ADRs	0	0	0	0.00
Grand Total (A+B+C)	0	0	0	0.00

V. INDEBTEDNESS

	Secured Loans excluding deposits	Unsecured Loans	Deposits	Total Indebtedness
Indebtedness at the beginning of the financial year				
i) Principal Amount	0	0	0	0
ii) Interest due but not paid	0	0	0	0
iii) Interest accrued but not due	0	0	0	0
Total (i+ii+iii)	0	0	0	0
Change in Indebtedness during the financial year				
Addition	0	0	0	0
Reduction	0	0	0	0
Net Change	0	0	0	0
Indebtedness at the end of the financial year				
i) Principal Amount	0	0	0	0
ii) Interest due but not paid	0	0	0	0
iii) Interest accrued but not due	0	0	0	0
Total (i+ii+iii)	0	0	0	0

VI. REMUNERATION OF DIRECTORS AND KEY MANAGERIAL PERSONNEL

Sr. No.	Name of MD/ WTD/ Manager	Gross salary	Stock Option	Sweat Equity	Commission	Others, please specify	Total Amount
1	Sanjeev Kumar Gupta, Managing Director	0	0	0	0	0	0
2	Dilip Ambekar, Director (Transmission)	0	0	0	0	0	0
3	Sachin Malik, Director (Human Resources)	0	0	0	0	0	0
4	Rajendra Pawar, Director (Finance)	0	0	0	0	0	0
5	Vijay Singhal, Director (Distribution)	0	0	0	0	0	0
6	Abhay Harne, Director (Generation)	0	0	0	0	0	0
7	Sachin Tanpure, Company Secretary	0	0	0	0	0	0
Total		0	0	0	0	0	0

VII. PENALTIES / PUNISHMENT/ COMPOUNDING OF OFFENCES:

Type	Section of the Companies Act	Brief Description	Details of Penalty / Punishment/ Compounding fees imposed	Authority [RD / NCLT/ COURT]	Appeal made, if any (give details)
A. Company					
Penalty					
Punishment					
Compounding					
B. Directors					
Penalty					
Punishment					
Compounding					
C. Other officers in default					
Penalty					
Punishment					
Compounding					

Sd/-
Company Secretary

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CAMP SCHOLARSHIPS	236	194,855			
(2) TZEDAKAH - ASSISTANCE	132	177,614			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	WHEN FUNDS ARE GRANTED FOR A SPECIFIC PROJECT, THERE IS USUALLY A GRANT AGREEMENT OR LETTER OF DIRECTION, WHICH INCLUDES REPORTING REQUIREMENTS. FOR GENERAL SUPPORT GRANTS, THERE ARE NO REPORTING REQUIREMENTS. THE TAX STATUS AND PUBLIC CHARITY CLASSIFICATION OF ALL GRANTEES ARE VERIFIED. IF ADVERSE INFORMATION ABOUT POSSIBLE MISUSE OF FUNDS BY A GRANTEE IS OBTAINED, E.G., THROUGH REPORTS IN THE MEDIA, GRANTS TO THAT ORGANIZATION ARE SUBJECT TO FURTHER SCRUTINY AND ADDITIONAL INFORMATION MAY BE REQUIRED. GRANTS FOR GENERAL ASSISTANCE ARE MONITORED BY THE PLANNING AND DISTRIBUTION DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA INDICATING HOW FUNDS ARE UTILIZED.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule J
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACOB SOLOMON FORMER PRESIDENT & CEO	(i)	675,657	0	0	19,875	25,414	720,946	0
	(ii)	0	0	0	0	0	0	0
2 JEFFREY LEVIN EXECUTIVE VICE PRESIDENT	(i)	338,974	0	0	26,975	14,645	380,594	0
	(ii)	0	0	0	0	0	0	0
3 BONNIE MECHOULLAM CHIEF MARKETING AND COMMUNICATIONS OFFICER	(i)	258,701	0	0	25,661	13,553	297,915	0
	(ii)	0	0	0	0	0	0	0
4 OKSANA CARDINI CHIEF FINANCIAL OFFICER	(i)	253,056	0	0	12,508	14,525	280,089	0
	(ii)	0	0	0	0	0	0	0
5 SCOTT KAUFMAN INTERIM PRESIDENT & CEO EFF. 7/2024/PRESIDENT & CEO EFF. 5/2025	(i)	256,995	0	0	5,540	10,714	273,249	0
	(ii)	0	0	0	0	0	0	0
6 MICHELLE LABGOLD CHIEF PLANNING OFFICER	(i)	234,570	0	0	12,539	14,916	262,025	0
	(ii)	0	0	0	0	0	0	0
7 SCOTT KAPLAN CHIEF FOUNDATION OFFICER	(i)	229,666	0	0	8,088	14,525	252,279	0
	(ii)	0	0	0	0	0	0	0
8 ABBEY FEINBERG CHIEF CAMPAIGN OFFICER	(i)	188,547	0	0	10,783	14,645	213,975	0
	(ii)	0	0	0	0	0	0	0
9 MIMI KLIMBERG CHIEF TECHNOLOGY & ANALYTICS OFFICER	(i)	160,808	0	0	7,811	4,916	173,535	0
	(ii)	0	0	0	0	0	0	0
10 SIMON KAMINETSKY VICE PRESIDENT, PHILANTHROPIC INITIATIVES	(i)	193,127	0	0	10,513	11,819	215,459	0
	(ii)	0	0	0	0	0	0	0
11 DAHLIA BENDAVID VICE PRESIDENT, ISRAEL AND GLOBAL IMPACT	(i)	156,815	0	0	10,190	11,426	178,431	0
	(ii)	0	0	0	0	0	0	0
12 OFELIA OSIN-COHEN VICE PRESIDENT, WOMEN'S PHILANTHROPY	(i)	152,634	0	0	10,542	11,381	174,557	0
	(ii)	0	0	0	0	0	0	0
13 JOSHUA SAYLES VICE PRESIDENT, EXTERNAL AFFAIRS	(i)	156,030	0	0	3,958	11,418	171,406	0
	(ii)	0	0	0	0	0	0	0
14 JAMES SOMOHANO DIRECTOR, COMMUNITY SECURITY	(i)	152,829	0	0	3,773	1,654	158,256	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded		80	59,236,839	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | **29** | 0

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

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.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

Return Reference	Explanation
Form 990, Part VI, Line 2	MARISSA AMUIAL (STEP-DAUGHTER OF ISAAC K. FISHER); ELISE BONWITT (DAUGHTER OF RAQUEL AND MICHAEL SCHECK; SISTER OF JEFFREY SCHECK); NORMAN BRAMAN (FATHER OF DEBRA BRAMAN WECHSLER; SHELLY BRODIE (WIFE OF STEVEN BRODIE); STEVEN J. BRODIE (HUSBAND OF SHELLY BRODIE); AMY N. DEAN (MOTHER OF LISA J. JERLES); ISAAC K. FISHER (STEP-FATHER OF MARISSA AMUIAL); ROBYN C. FISHER (DAUGHTER OF DONALD LEFTON); STEVEN GRETENSTEIN (HUSBAND OF BARBARA SHRUT); LISA J. JERLES (DAUGHTER OF AMY N. DEAN); RUBEN KLODA (FATHER OF HEDY WHITEBOOK); LAURA P. KOFFSKY (DAUGHTER OF AARON AND DOROTHY PODHURST); DONALD E. LEFTON (FATHER OF RABBI ROBYN FISHER); NANCY LIPOFF (WIFE OF NORMAN LIPOFF); NORMAN LIPOFF (HUSBAND OF NANCY LIPOFF); MARK E. OREN (HUSBAND OF NEDRA OREN; BROTHER-IN-LAW OF RICHARD YULMAN); NEDRA OREN (WIFE OF DR. MARK OREN; SISTER OF RICHARD YULMAN); AARON PODHURST (FATHER OF LAURA KOFFSKY; HUSBAND OF DOROTHY PODHURST); DOROTHY PODHURST (MOTHER OF LAURA KOFFSKY; WIFE OF AARON PODHURST); JEFFREY SCHECK (SON OF MICHAEL AND RAQUEL SCHECK; BROTHER OF ELISE SCHECK BONWITT); MICHAEL SCHECK (HUSBAND OF RAQUEL SCHECK; FATHER OF JEFFREY SCHECK; FATHER OF ELISE SCHECK BONWITT); RAQUEL SCHECK (WIFE OF MICHAEL SCHECK; MOTHER OF JEFFREY SCHECK; MOTHER OF ELISE SCHECK BONWITT); ELIZABETH F. SCHWARTZ (DAUGHTER OF MAXINE SCHWARTZ); MAXINE E. SCHWARTZ (MOTHER OF ELIZABETH SCHWARTZ); BARBARA SHRUT (WIFE OF STEVEN GRETENSTEIN); MICHAEL TABACINIC (NEPHEW OF EVELYN KATZ); MICHAEL S. WAGNER (SON OF STEVEN WAGNER); STEVEN WAGNER (FATHER OF MICHAEL S. WAGNER); DEBRA B. WECHSLER (DAUGHTER OF NORMAN BRAMAN); HEDY WHITEBOOK (DAUGHTER OF RUBEN KLODA); RAY ELLEN YARKIN (NIECE OF NANCY AND NORMAN LIPOFF); RICHARD YULMAN (BROTHER OF NEDRA OREN; BROTHER-IN-LAW OF DR. MARK OREN).
Form 990, Part VI, Line 15 PROCESS FOR DETERMING COMPENSATION	AN INDEPENDENT COMPENSATION COMMITTEE REVIEWS AND APPROVES THE CEO'S COMPENSATION ANNUALLY. THE COMMITTEE UTILIZES COMPARABLE DATA FROM NON-PROFIT EXECUTIVE COMPENSATION SURVEYS TO EVALUATE THE COMPENSATION. SUCH DECISIONS ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MEETING MINUTES. OTHER OFFICERS' COMPENSATION IS EVALUATED, APPROVED AND DOCUMENTED IN A SIMILAR MANNER.
Form 990, Part VI, Line 11b Review of form 990 by governing body	FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE COMPLETED FORM 990 IS REVIEWED BY THE CFO, FOLLOWED BY THE CEO AND THEN BY THE AUDIT COMMITTEE. AFTER REVIEW, IT IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
Form 990, Part VI, Line 12c Conflict of interest policy	BOARD MEMBERS AND OFFICERS ARE REQUIRED TO DISCLOSE ANNUALLY INTEREST THAT WOULD ARISE DUE TO CONFLICTS.
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	OTHER CHANGES - 57024; Total - 57024;

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE R (Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER MIAMI JEWISH FEDERATION INC

Employer identification number
59-0624404

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)SAMUEL I ADLER FAMILY SUPPORTING FOUND 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0688643	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(2)L JULES ARKIN FAMILY FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0817973	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(3)SHIRLEY FELDMAN ARKIN FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0840870	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(4)THE FELDMAN FAMILY FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0421798	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(5)THE FUTERNICK FAMILY FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0078657	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(6)THE GANZ FAMILY FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0008368	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(7)SENIORS CARE FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0154991	SUPP. ELDERLY	FL	501(c)(3)	7	GMJF	Yes	
(8)KAPLAN FAMILY FOUNDATION INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0455791	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(9)PODHURST FAMILY SUPPORTING FOUND INC 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0720334	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(10)CIVIE AND EARL PERTNOY FAMILY FOUNDATION 4200 BISCAYNE BLVD MIAMI, FL 33137 14-1944305	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(11)LEO ROSE JR AND CHARLOTTE ROSE FAMILY 4200 BISCAYNE BLVD MIAMI, FL 33137 20-1819335	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(12)THE LYNN & DAVID RUSSIN FAMILY FOUND 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0884200	SUPPORT ORG.	FL	501(c)(3)	Type III-O	GMJF	Yes	
(13)JESSIE AND BERNARD WOLFSON FAMILY FOUND 4200 BISCAYNE BLVD MIAMI, FL 33137 65-0939041	SUPPORT ORG.	FL	501(c)(3)	PF	GMJF	Yes	
(14)HOLOCAUST MEMORIAL COMMITTEE 1933 MERIDIAN AVENUE MIAMI, FL 33139 59-2659641	PROVIDE INFO.	FL	501(c)(3)	7	GMJF	Yes	
(15)CENTER FOR THE ADVANCEMENT OF JEWISH EDU 4200 BISCAYNE BLVD MIAMI, FL 33137 59-0624373	PROMOTE LEARN	FL	501(c)(3)	7	GMJF	Yes	

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

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

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

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

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

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1