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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Doing business as
UJA-FEDERATION OF NEW YORK

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
130 EAST 59TH STREET

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100221302

D Employer identification number
51-0172429

E Telephone number
(212) 836-1730

G Gross receipts $ 1,182,466,000

F Name and address of principal officer:
ERIC S GOLDSTEIN
130 EAST 59TH STREET
NEW YORK, NY 10022

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.UJAFEDNY.ORG

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

L Year of formation: 1975

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
UJA-FEDERATION CARES FOR JEWS AND ALL NEW YORKERS,RESPONDS TO CRISES AND SHAPES THE JEWISH FUTURE.

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**	161
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	161
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	506
6	Total number of volunteers (estimate if necessary)	**6**	5,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,034,000
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	8,499

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	184,455,000	192,741,000
9	Program service revenue (Part VIII, line 2g)	1,187,000	1,288,000
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,439,000	47,907,000
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-4,888,000	-2,257,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	276,193,000	239,679,000
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	166,759,000	163,445,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	52,317,000	58,127,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)	256,000	630,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶36,255,000		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,673,000	28,208,000
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	252,005,000	250,410,000
19	Revenue less expenses. Subtract line 18 from line 12	24,188,000	-10,731,000

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,458,215,000	1,420,472,000
21	Total liabilities (Part X, line 26)	224,687,000	211,519,000
22	Net assets or fund balances. Subtract line 21 from line 20	1,233,528,000	1,208,953,000

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

****** 2021-05-14
Signature of officer Date

JOANN LOCASCIO CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

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:

UJA-FEDERATION OF NEW YORK (UJA) CARES FOR JEWS EVERYWHERE AND NEW YORKERS OF ALL BACKGROUNDS, RESPONDS TO CRISES CLOSE TO HOME AND FAR AWAY, AND SHAPES THE JEWISH FUTURE. UJA PROVIDES FUNDING & OTHER RESOURCES TO OVER 400 ORGANIZATIONS INCLUDING A (CONT. ON SCHEDULE O) CORE NETWORK OF 65 HEALTH, HUMAN-SERVICE, EDUCATIONAL, & COMMUNITY-BUILDING INSTITUTIONS. ITS GOVERNMENT ADVOCACY HELPS THEM SECURE TENS OF MILLIONS OF DOLLARS ANNUALLY FOR SERVICES TO NEW YORKERS IN NEED. THROUGH RESEARCH AND CONVENING EXPERTS, UJA DELIVERS STRATEGIC SOLUTIONS TO EMERGING ISSUES AFFECTING THE JEWISH AND BROADER COMMUNITY. IT FUNDS IMPORTANT COMMUNITY PROGRAMS, LAUNCHES R&D PROJECTS & MOBILIZES TO OFFER A JEWISH RESPONSE TO HUMANITARIAN CRISES LOCALLY & AROUND THE WORLD. WHEN COVID STRUCK, UJA MOBILIZED ITS PARTNER AND FINANCIAL RESOURCES TO HELP VULNERABLE NEW YORKERS AND DEVELOPED A PLAN TO ENSURE THAT JEWISH INSTITUTIONS WOULD STILL BE IN PLACE TO SERVE THE COMMUNITY WHEN THE PANDEMIC ENDS.

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 $ 106,032,000 including grants of $ 92,414,000) (Revenue $)
See Additional Data

4b (Code:) (Expenses $ 81,498,000 including grants of $ 71,031,000) (Revenue $)
See Additional Data

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 187,530,000

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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	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	Yes	
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	Yes	
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	Yes	
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		No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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 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 lines 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	Yes	
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	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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	599		
b	Enter the number of Forms W-2G included in 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**	506		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**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**	Yes
b	If "Yes," enter the name of the foreign country: ▶BD 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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	1		
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
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? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**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

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	1a	161		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	161		
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		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in 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 in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ 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:
▶JOANN LOCASCIO CONTROLLER 130 EAST 59TH STREET NEW YORK, NY 100221302 (212) 836-1730

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 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)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,180,742	0	1,174,678

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 109

		Yes	No
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*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 services	(C) Compensation
STEWART SENTER INC 333 BALDWIN ROAD HEMPSTEAD, NY 11550	CONSTRUCTION	1,720,786
DA'AT TRAVEL SERVICES 16 WASHINGTON STREET JERUSALEM 91710 IS	MISSION TRAVEL (SUBSTANT. REIMB.)	1,116,568
FLIK INTERNATIONAL CORP PO BOX 91337 CHICAGO, IL 60693	FOOD SERVICE PROVIDER	1,062,743
ZASKORSKI & ASSOCIATES ARCHITECT PC 247 WEST 35TH STREET NEW YORK, NY 10001	CONSTRUCTION	994,645
INTERNATIONAL SECURITY ASSOCIATES 301 EAST 62ND STREET NEW YORK, NY 10021	SECURITY	920,152

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 55

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 Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	21,780,000			
	d Related organizations	1d	34,294,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	136,667,000			
	g Noncash contributions included in lines 1a - 1f: $	1g	7,210,000			
	h **Total.** Add lines 1a-1f		192,741,000			
Program Service Revenue		Business Code				
	2a TRUST FOR DISAB ADULTS	900099	664,000	664,000		
	b PUBLIC POLICY SERVICES	900099	1,000	1,000		
	c					
	d					
	e					
	f All other program service revenue.		623,000	623,000		
	g **Total.** Add lines 2a–2f	1,288,000				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,263,000	7,229,000	2,034,000	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	66,000				
	b Less: rental expenses	0				
	c Rental income or (loss)	66,000				
	d Net rental income or (loss)			66,000		66,000
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	972,086,000	3,600,000			
	b Less: cost or other basis and sales expenses	935,486,000	1,556,000			
	c Gain or (loss)	36,600,000	2,044,000			
	d Net gain or (loss)			38,644,000	38,644,000	
	8a Gross income from fundraising events (not including $ 21,780,000 of contributions reported on line 1c). See Part IV, line 18	8a	3,033,000			
	b Less: direct expenses	8b	5,745,000			
	c Net income or (loss) from fundraising events			-2,712,000		-2,712,000
	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					
	Miscellaneous Revenue	Business Code				
	11a PENSION PLAN ADMIN FEE	561000	140,000	140,000		
	b					
	c					
	d All other revenue		249,000	249,000		
	e **Total.** Add lines 11a–11d		389,000			
	12 **Total revenue.** See instructions		239,679,000	47,550,000	2,034,000	-2,646,000

Part IX Statement of Functional Expenses

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

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	163,270,000	163,270,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	175,000	175,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,136,000	1,079,000	2,119,000	938,000
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	40,739,000	10,073,000	10,709,000	19,957,000
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,868,000	709,000	569,000	1,590,000
9 Other employee benefits	7,579,000	1,752,000	2,243,000	3,584,000
10 Payroll taxes	2,805,000	693,000	746,000	1,366,000
11 Fees for services (non-employees):				
a Management				
b Legal	858,000	269,000	527,000	62,000
c Accounting	400,000		400,000	
d Lobbying	197,000	197,000		
e Professional fundraising services. See Part IV, line 17	630,000			630,000
f Investment management fees	4,056,000		4,056,000	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,267,000	1,553,000	714,000	
12 Advertising and promotion	1,027,000	63,000	211,000	753,000
13 Office expenses	2,707,000	794,000	353,000	1,560,000
14 Information technology	1,331,000	120,000	703,000	508,000
15 Royalties				
16 Occupancy	3,460,000	711,000	894,000	1,855,000
17 Travel	863,000	576,000	116,000	171,000
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	67,000	35,000	12,000	20,000
20 Interest	2,397,000	1,245,000	465,000	687,000
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,893,000	1,139,000	1,045,000	1,709,000
23 Insurance	1,580,000	1,054,000	526,000	
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 SCHOLARSHIPS & TUITION	1,593,000	1,593,000		
b CREDIT CARD FEES	526,000		6,000	520,000
c TEMPORARY PERSONNEL	219,000	28,000	106,000	85,000
d GIFTS/PRIZES	118,000	69,000	8,000	41,000
e All other expenses	649,000	333,000	97,000	219,000
25 **Total functional expenses.** Add lines 1 through 24e	250,410,000	187,530,000	26,625,000	36,255,000
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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		15,776,000	1	29,199,000
	2	Savings and temporary cash investments		92,810,000	2	103,500,000
	3	Pledges and grants receivable, net		118,930,000	3	110,581,000
	4	Accounts receivable, net		6,781,000	4	7,888,000
	5	Loans and other 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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,037,000	9	2,878,000
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 83,866,000			
	b	Less: accumulated depreciation	10b 29,729,000	56,286,000	10c	54,137,000
	11	Investments—publicly traded securities		509,880,000	11	433,714,000
	12	Investments—other securities. See Part IV, line 11		468,741,000	12	494,105,000
	13	Investments—program-related. See Part IV, line 11		36,980,000	13	41,910,000
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		149,994,000	15	142,560,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,458,215,000	16	1,420,472,000
Liabilities	17	Accounts payable and accrued expenses		18,893,000	17	19,430,000
	18	Grants payable		20,951,000	18	19,275,000
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		44,427,000	20	41,534,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		62,718,000	21	57,206,000
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			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		77,698,000	25	74,074,000
	26	**Total liabilities.** Add lines 17 through 25		224,687,000	26	211,519,000
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		508,707,000	27	491,401,000
	28	Net assets with donor restrictions		724,821,000	28	717,552,000
		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		1,233,528,000	32	1,208,953,000
	33	Total liabilities and net assets/fund balances		1,458,215,000	33	1,420,472,000

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	239,679,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	250,410,000
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,731,000
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,233,528,000
5	Net unrealized gains (losses) on investments	5	-39,555,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	25,711,000
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,208,953,000

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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 Single Audit Act and OMB Circular A-133?	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

Software ID:

Software Version:

EIN: 51-0172429

Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Form 990 (2019)

Form 990, Part III, Line 4a:

CARING FOR PEOPLE IN NEED AND RESPONDING TO CRISIS: UJA ALLOCATES FUNDS TO NONPROFITS TO SUPPORT PROGRAMS THAT PROVIDE CRITICAL AID AND SERVICES TO HUNDREDS OF THOUSANDS OF PEOPLE EACH YEAR IN NEW YORK CITY, WESTCHESTER COUNTY, AND LONG ISLAND. THESE NONPROFITS SERVE BOTH JEWS AND THE BROADER NEW YORK COMMUNITY, INCLUDING THE POOR AND UNEMPLOYED, IMMIGRANTS, SENIORS, HOLOCAUST SURVIVORS, SINGLE PARENTS, AND PEOPLE WITH AUTISM AND DISABILITIES. THE SERVICES THEY PROVIDE INCLUDE HOUSING, MEDICAL CARE, END-OF-LIFE AND PALLIATIVE CARE, MENTAL HEALTH COUNSELING, EDUCATION, FOOD PROGRAMS, VOCATIONAL EDUCATION AND GUIDANCE, AND CITIZENSHIP AND ACCULTURATION SKILLS. DURING THE PANDEMIC, UJA HAS PROVIDED ADDITIONAL SUPPORT (CONT. ON SCHEDULE O)BEYOND ITS NORMAL ACTIVITIES, INCLUDING EMERGENCY CASH ASSISTANCE, ADDITIONAL ASSISTANCE TO FOOD PANTRIES, AND ENHANCED MENTAL HEALTH SERVICES AND EMPLOYMENT COUNSELING.UJA ALSO PROMOTES VOLUNTEERISM, FACILITATING THE RECRUITMENT AND TRAINING OF VOLUNTEERS WHO SERVE CLIENTS AT DOZENS OF NONPROFITS. UJA SUPPORTS PROGRAMS IN ISRAEL AND IN NEARLY 70 OTHER COUNTRIES AROUND THE WORLD THAT PROVIDE BASIC HUMAN SERVICES AND ENABLE IMMIGRATION TO ISRAEL BY JEWS LIVING IN AT-RISK COMMUNITIES. IN THE AFTERMATH OF NATURAL DISASTERS IN THE US AND ABROAD, AND TERRORISM AND WARS IN ISRAEL AND ELSEWHERE, UJA, THROUGH ITS NONPROFIT PARTNERS, ASSISTS VICTIMS, PROVIDES TRAUMA RELIEF TO INDIVIDUALS AND COMMUNITIES, AND WORKS TO BUILD RESILIENCE. RESPONDING TO INCREASING ANTI-SEMITISM, UJA HAS DEVELOPED AND FUNDED PROGRAMS TO ENHANCE SECURITY FOR JEWISH INSTITUTIONS IN THE NEW YORK AREA.

Form 990, Part III, Line 4b:

DEEPENING JEWISH ENGAGEMENT AND STRENGTHENING JEWISH COMMUNITIES ("JEWISH LIFE"):UJA SUPPORTS INNOVATIVE INITIATIVES THAT ENCOURAGE JEWS OF ALL AGES TO EXPLORE THEIR JEWISH IDENTITY AND PROVIDES FUNDS FOR A RANGE OF PROGRAMS THAT SERVE A DIVERSE JEWISH COMMUNITY. THESE PROGRAMS STRENGTHEN SYNAGOGUES, SUPPORT COLLEGE STUDENTS BY PROMOTING JEWISH LIFE ON CAMPUS, CONNECT YOUNG JEWS TO ISRAEL, AND PROVIDE OPPORTUNITIES TO ENGAGE INTERFAITH FAMILIES AND UNAFFILIATED JEWS. AS PART OF ITS COMMITMENT TO EDUCATION AND LIFELONG LEARNING, UJA PROVIDES SUPPORT FOR INFORMAL AND FORMAL JEWISH EDUCATIONAL PROGRAMS FOR BOTH CHILDREN AND ADULTS. UJA ALSO PROVIDES FUNDS FOR SCHOLARSHIPS AND TEACHER BENEFITS (CONT. ON SCHEDULE O)AT JEWISH DAY SCHOOLS AND SCHOLARSHIPS FOR ISRAEL EXPERIENCE PROGRAMS AND JEWISH SUMMER DAY AND OVERNIGHT CAMPS, ALL IMPORTANT PLATFORMS FOR POSITIVE JEWISH EXPERIENCE AND ENGAGEMENT. RECOGNIZING THAT ISRAEL IS FUNDAMENTAL TO THE JEWISH PAST, PRESENT, AND FUTURE, UJA ALSO HELPS JEWS WHO CHOOSE TO IMMIGRATE TO ISRAEL. IN ADDITION, UJA INVESTS IN STRENGTHENING ISRAELI CIVIL SOCIETY TO PROMOTE AN INCLUSIVE, DEMOCRATIC, AND THRIVING JEWISH STATE. IN BOTH ISRAEL AND NEW YORK, UJA SUPPORTS COMMUNITY RELATIONS ORGANIZATIONS THAT PROMOTE EQUALITY AND MUTUAL RESPECT AMONG DIVERSE POPULATIONS AND STRENGTHEN RELATIONSHIPS BETWEEN JEWS AND THE BROADER COMMUNITY, ADVOCATING AROUND ISSUES OF COMMON CAUSE.

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
AMY AB BRESSMAN PRESIDENT/DIRECTOR	0.00	X		X				0	0	0
DAVID L MOORE CHAIR OF THE BOARD/DIRECTOR	0.00	X		X				0	0	0
GREGORY S LYSS TREASURER/DIRECTOR	0.00	X		X				0	0	0
DOROTHY TANANBAUM GENERAL PLANNING CHAIR/DIRECTOR	0.00	X		X				0	0	0
WAYNE K GOLDSTEIN PLANNING CHAIR/DIRECTOR	0.00	X		X				0	0	0
SARENE P SHANUS PLANNING CHAIR/DIRECTOR	0.00	X		X				0	0	0
JODI J SCHWARTZ PLANNING CHAIR/DIRECTOR	0.00	X		X				0	0	0
BRETT H BARTH GENERAL CAMPAIGN CHAIR/DIRECTOR	0.00	X		X				0	0	0
SUZANNE W DOFT GENERAL CAMPAIGN CHAIR/DIRECTOR	0.00	X		X				0	0	0
LAURIE GIRSKY CHAIR, UJA WOMEN/DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
LAWRENCE J COHEN CHAIR,PLANNED GIVING&ENDOWNMENTS/DIRECTOR	0.00	X						0	0	0
JEFFREY A SCHOENFELD CHAIR, ALLOCATIONS STEERING/DIRECTOR	0.00	X						0	0	0
JEFFREY H ARONSON EXEC. COMM. AT LARGE/DIRECTOR	0.00	X						0	0	0
ISAAC S CHERA EXEC. COMM. AT LARGE/DIRECTOR	0.00	X						0	0	0
CINDY GOLUB EXEC. COMM. AT LARGE/DIRECTOR	0.00	X						0	0	0
SCOTT JAFFEE EXEC. COMM. AT LARGE/DIRECTOR	0.00	X						0	0	0
JOSHUA L NASH EXEC. COMM. AT LARGE/DIRECTOR	0.00	X						0	0	0
ANDREW D KLABER SPECIAL ADVISOR TO THE PRES/DIRECTOR	0.00	X						0	0	0
ARI ACKERMAN DIRECTOR	0.00	X						0	0	0
RABBI RACHEL AIN DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
HOWARD D ALTSCHUL DIRECTOR	0.00	X						0	0	0
STACI BARBER DIRECTOR	0.00	X						0	0	0
PAMELA BARNETT DIRECTOR	0.00	X						0	0	0
MICHAEL R BARON DIRECTOR	0.00	X						0	0	0
HELAINE SUVAL BECKERMAN DIRECTOR	0.00	X						0	0	0
GAYLE BERG DIRECTOR	0.00	X						0	0	0
TRISANNE F BERGER DIRECTOR	0.00	X						0	0	0
ALAN S BERNIKOW DIRECTOR	0.00	X						0	0	0
DANIEL B BLASER DIRECTOR	0.00	X						0	0	0
LAURIE E BLITZER DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
PAULA BLUMENFELD DIRECTOR	0.00	X						0	0	0
RONEN BOJMEL DIRECTOR	0.00	X						0	0	0
RABBI LESTER BRONSTEIN DIRECTOR	0.00	X						0	0	0
RABBI ANGELA W BUCHDAHL DIRECTOR	0.00	X						0	0	0
KENNETH W CAPPELL DIRECTOR	0.00	X						0	0	0
ROBERT J CASLOW DIRECTOR	0.00	X						0	0	0
RAYMOND CHALME DIRECTOR	0.00	X						0	0	0
JAY CHAZANOFF DIRECTOR	0.00	X						0	0	0
MARC CHODOCK DIRECTOR	0.00	X						0	0	0
JOEL CITRON DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
GARY CLAAR DIRECTOR	0.00	X						0	0	0
SUSAN CLASTER DIRECTOR	0.00	X						0	0	0
DEBBIE COSGROVE DIRECTOR	0.00	X						0	0	0
RABBI JOSHUA M DAVIDSON DIRECTOR	0.00	X						0	0	0
JACOB W DOFT DIRECTOR	0.00	X						0	0	0
DAVID EDELSON DIRECTOR	0.00	X						0	0	0
ROGER W EINIGER DIRECTOR	0.00	X						0	0	0
JONATHAN M ESTREICH DIRECTOR	0.00	X						0	0	0
DAVID FARHI DIRECTOR	0.00	X						0	0	0
CINDY FEINBERG DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
BENJAMIN FINKELSTEIN DIRECTOR	0.00	X						0	0	0
KYRILL FIRSHEIN DIRECTOR	0.00	X						0	0	0
STEVEN J FREDMAN DIRECTOR	0.00	X						0	0	0
KARA FRIEDMAN DIRECTOR	0.00	X						0	0	0
KAREN SW FRIEDMAN DIRECTOR	0.00	X						0	0	0
EVA GALPERN DIRECTOR	0.00	X						0	0	0
MARC GARY DIRECTOR	0.00	X						0	0	0
ABIGAIL G GELLER DIRECTOR	0.00	X						0	0	0
STEPHEN J GIRSKY DIRECTOR	0.00	X						0	0	0
DANIEL S GLASS DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
LEE JASON GOLDBERG DIRECTOR	0.00	X						0	0	0
CAROL S GOLDSTEIN DIRECTOR	0.00	X						0	0	0
MZ GOODMAN DIRECTOR	0.00	X						0	0	0
JACK M GORMAN DIRECTOR	0.00	X						0	0	0
PATRICIA GREEN DIRECTOR	0.00	X						0	0	0
ALYSSA GREENBERG DIRECTOR	0.00	X						0	0	0
WILLIAM GREENBLATT DIRECTOR	0.00	X						0	0	0
LAURA B GREENFIELD DIRECTOR	0.00	X						0	0	0
LAURENCE GREENWALD DIRECTOR	0.00	X						0	0	0
SCOTT HARRIS DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
KIM HARTMAN DIRECTOR	0.00	X						0	0	0
JONATHON C HELD DIRECTOR	0.00	X						0	0	0
SUSAN K HELD DIRECTOR	0.00	X						0	0	0
STACY EINHORN HELFSTEIN DIRECTOR	0.00	X						0	0	0
STACY HOFFMAN DIRECTOR	0.00	X						0	0	0
DONNA JAKUBOVITZ DIRECTOR	0.00	X						0	0	0
TRICIA KALLET DIRECTOR	0.00	X						0	0	0
BARRY A KAPLAN DIRECTOR	0.00	X						0	0	0
JAY B KASNER DIRECTOR	0.00	X						0	0	0
KAREN SPAR KASNER DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
KAREN KASTENBAUM DIRECTOR	0.00	X						0	0	0
DAYLE H KATZ DIRECTOR	0.00	X						0	0	0
JEFFREY A KESWIN DIRECTOR	0.00	X						0	0	0
E TEMMA KINGSLEY DIRECTOR	0.00	X						0	0	0
BRETT S KLEIN DIRECTOR	0.00	X						0	0	0
MICHAEL D KLEINBERG DIRECTOR	0.00	X						0	0	0
VICKIE G KOBAK DIRECTOR	0.00	X						0	0	0
CANDICE B KOERNER DIRECTOR	0.00	X						0	0	0
DOUGLAS R KORN DIRECTOR	0.00	X						0	0	0
SANDY LENGER DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ALISA F LEVIN DIRECTOR	0.00	X						0	0	0
RABBI YOSIE LEVINE DIRECTOR	0.00	X						0	0	0
DIANE C LEVY DIRECTOR	0.00	X						0	0	0
PAUL G LEVY DIRECTOR	0.00	X						0	0	0
MITCHELL LEWIS DIRECTOR	0.00	X						0	0	0
BRIAN S LICHTER DIRECTOR	0.00	X						0	0	0
HADASSAH LIEBERMAN DIRECTOR	0.00	X						0	0	0
DAVID S LOBEL DIRECTOR	0.00	X						0	0	0
BARRY S LOVELL DIRECTOR	0.00	X						0	0	0
RABBI ALAN LUCAS DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
HEIDI LURENSKY DIRECTOR	0.00	X						0	0	0
MARGE MAGNER DIRECTOR	0.00	X						0	0	0
ARLENE ESSES MAIDMAN DIRECTOR	0.00	X						0	0	0
KYLE KOEPPEL MANN DIRECTOR	0.00	X						0	0	0
RALPH P MARASH DIRECTOR	0.00	X						0	0	0
BRYCE A MARKUS DIRECTOR	0.00	X						0	0	0
PAUL MILLMAN DIRECTOR	0.00	X						0	0	0
CHARLES M NATHAN DIRECTOR	0.00	X						0	0	0
BARRY NESS DIRECTOR	0.00	X						0	0	0
WARREN S NEWCORN DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ELYSE NEWHOUSE DIRECTOR	0.00	X						0	0	0
STACEY NOVICK DIRECTOR	0.00	X						0	0	0
JOSHUA OBOLER DIRECTOR	0.00	X						0	0	0
SUZANNE F PECK DIRECTOR	0.00	X						0	0	0
LEE H PERLMAN DIRECTOR	0.00	X						0	0	0
LINDA PLATTUS DIRECTOR	0.00	X						0	0	0
JONATHAN PLUTZIK DIRECTOR	0.00	X						0	0	0
TINA PRICE DIRECTOR	0.00	X						0	0	0
JACK A RAHMEY DIRECTOR	0.00	X						0	0	0
SERYL ELANA RITTER DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
RABBI SHAUL ROBINSON DIRECTOR	0.00	X						0	0	0
IRINA ROLLER DIRECTOR	0.00	X						0	0	0
RICHARD A ROSEN DIRECTOR	0.00	X						0	0	0
GARY M ROSENBERG DIRECTOR	0.00	X						0	0	0
STEPHEN RUTENBERG DIRECTOR	0.00	X						0	0	0
JANE DRESNER SADAKA DIRECTOR	0.00	X						0	0	0
EDMOND M SAFRA DIRECTOR	0.00	X						0	0	0
BARBARA D SALMANSON DIRECTOR	0.00	X						0	0	0
EDWARD SASSOWER DIRECTOR	0.00	X						0	0	0
LOUIS J SHAMIE DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
SHIMON SHKURY DIRECTOR	0.00	X						0	0	0
RABBI GIDEON SHLOUSH DIRECTOR	0.00	X						0	0	0
PAUL A SIEGEL DIRECTOR	0.00	X						0	0	0
DAVID SILVERS DIRECTOR	0.00	X						0	0	0
PATRICIA SILVERS DIRECTOR	0.00	X						0	0	0
HARRIET G SINGER DIRECTOR	0.00	X						0	0	0
RABBI JEFFREY SIRKMAN DIRECTOR	0.00	X						0	0	0
TARA SLONE-GOLDSTEIN DIRECTOR	0.00	X						0	0	0
GEULA SOLOMON DIRECTOR	0.00	X						0	0	0
JEFFREY M SOLOMON DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JAMIE BW STECHER DIRECTOR	0.00	X						0	0	0
RABBI CHAIM STEINMETZ DIRECTOR	0.00	X						0	0	0
JEFFREY M STERN DIRECTOR	0.00	X						0	0	0
PETER K STERN DIRECTOR	0.00	X						0	0	0
STEPHANIE J STIEFEL DIRECTOR	0.00	X						0	0	0
RADA SUMAREVA DIRECTOR	0.00	X						0	0	0
HARRIET KAPLAN SUVALL DIRECTOR	0.00	X						0	0	0
RABBI RACHEL TIMONER DIRECTOR	0.00	X						0	0	0
BENJAMIN J TISCH DIRECTOR	0.00	X						0	0	0
JOHN USDAN DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
MICHAEL VICKERS DIRECTOR	0.00	X						0	0	0
GABRIEL F WASSERMAN DIRECTOR	0.00	X						0	0	0
TALI WEINSTEIN DIRECTOR	0.00	X						0	0	0
ADAM F WEISSENBERG DIRECTOR	0.00	X						0	0	0
PAMELA P WEXLER DIRECTOR	0.00	X						0	0	0
ERIKA S WITOVER DIRECTOR	0.00	X						0	0	0
MARC E WOLF DIRECTOR	0.00	X						0	0	0
STEVEN B WOLITZER DIRECTOR	0.00	X						0	0	0
SHAHRAM YAGHOUBZADEH DIRECTOR	0.00	X						0	0	0
NANCY ZARO DIRECTOR	0.00	X						0	0	0

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

(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)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
AARON L ZISES DIRECTOR	0.00	X						0	0	0
ERIC S GOLDSTEIN CHIEF EXECUTIVE OFFICER	35.00			X				579,045	0	534,371
IRVIN A ROSENTHAL CHIEF FINANCIAL OFFICER	35.00			X				470,786	0	63,835
ELLEN R ZIMMERMAN SECRETARY/GEN'L COUNSEL & CCO	35.00			X				351,304	0	35,179
MARK MEDIN EXEC. VICE PRESIDENT - FRD	35.00				X			827,718	0	194,542
DEVANA COHEN CHIEF INVESTMENT OFFICER	35.00				X			695,918	0	21,337
GRAHAM CANNON CHIEF MARKETING OFFICER	35.00				X			337,611	0	50,015
DEBORAH JOSELOW CHIEF PLANNING OFFICER	35.00				X			328,039	0	52,688
LOUISA CHAFEE SENIOR VICE PRESIDENT	35.00				X			295,327	0	9,065
STUART TAUBER VICE PRESIDENT, REGIONS	35.00					X		286,758	0	57,293

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM SAMERS VP, PLANNED GIVING & ENDOWNMENTS	35.00					X		270,157	0	50,039
JOANN LOCASCIO CONTROLLER	35.00					X		250,768	0	45,504
MARC ZUCKERMAN CHIEF INFORMATION OFFICER	35.00					X		250,656	0	52,908
COURTNEY WEINSTEIN VICE PRESIDENT, AFFINITY	35.00					X		236,655	0	7,902

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SCHEDULE A (Form 990 or 990EZ)

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

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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 or 990-EZ).)

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	175,930,000	209,725,000	217,753,000	184,455,000	192,741,000	980,604,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	175,930,000	209,725,000	217,753,000	184,455,000	192,741,000	980,604,000
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						
6 **Public support.** Subtract line 5 from line 4.						980,604,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	175,930,000	209,725,000	217,753,000	184,455,000	192,741,000	980,604,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	6,055,000	5,021,000	7,021,000	20,105,000	7,229,000	45,431,000
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .	2,209,000	6,418,000	4,608,000	-5,418,000	2,034,000	9,851,000
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	296,000	849,000	277,000	369,000	389,000	2,180,000
11 **Total support.** Add lines 7 through 10						1,038,066,000

12 Gross receipts from related activities, etc. (see instructions) **12** 26,148,000

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 94.460 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15** 95.180 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First five years.** If the Form 990 is for the organization's 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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 in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

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 (a) and (b) 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 in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *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 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

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

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS INCOME

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC	51-0172429

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	1,000	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	196,000	
c Total lobbying expenditures (add lines 1a and 1b)	197,000	
d Other exempt purpose expenditures	250,213,000	
e Total exempt purpose expenditures (add lines 1c and 1d)	250,410,000	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	92,000	117,000	176,000	197,000	582,000
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	1,000	1,000		1,000	3,000

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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		20
2	Aggregate value of contributions to (during year)		179,000
3	Aggregate value of grants from (during year)		1,243,000
4	Aggregate value at end of year		19,957,000

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 7/25/06, 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 SFAS 116 (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	963,386,000	979,826,000	943,258,000	875,228,000	959,061,000
b Contributions	31,247,000	33,797,000	46,504,000	42,612,000	26,304,000
c Net investment earnings, gains, and losses	-2,256,000	19,042,000	62,355,000	97,758,000	-45,227,000
d Grants or scholarships	-57,329,000	-56,984,000	-59,381,000	-60,626,000	-57,880,000
e Other expenditures for facilities and programs	-10,218,000	-9,437,000	-10,020,000	-9,116,000	-4,455,000
f Administrative expenses	-2,812,000	-2,858,000	-2,890,000	-2,598,000	-2,575,000
g End of year balance	922,018,000	963,386,000	979,826,000	943,258,000	875,228,000

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

- a Board designated or quasi-endowment ▶ 34.000 %
- b Permanent endowment ▶ 31.000 %
- c Temporarily restricted endowment ▶ 35.000 %

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

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		1,118,000		1,118,000
b Buildings		74,515,000	25,860,000	48,655,000
c Leasehold improvements				
d Equipment		8,233,000	3,869,000	4,364,000
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				54,137,000

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIAB. UNDER CHARITABLE TRUST & ANNUITY AGREEMENTS	36,612,000
(3) TAXABLE BOND LIABILITIES	33,203,000
(4) ACCRUED POSTRETIREMENT BENEFITS	4,259,000
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	74,074,000

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	220,957,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-39,555,000		
b	Donated services and use of facilities	2b	300,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	26,224,000		
e	Add lines **2a** through **2d**			2e	-13,031,000
3	Subtract line **2e** from line **1**			3	233,988,000
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	5,691,000		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	5,691,000
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	239,679,000

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	245,019,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	300,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	300,000
3	Subtract line **2e** from line **1**			3	244,719,000
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	5,691,000		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	5,691,000
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	250,410,000

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 51-0172429

Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	CERTAIN NETWORK AGENCIES INVEST IN THE UJA POOLED INVESTMENT ACCOUNT.

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INTENDED USES OF ENDOWMENT FUNDS: THE ORGANIZATION'S OPERATING BUDGET IS BASED UPON A TOTAL "SOURCES & USES" OF FUNDS CONCEPT. SOURCES OF FUNDING ARE IDENTIFIED DURING THE OPERATING BUDGET PROCESS TO COVER PLANNED EXPENDITURES. OTHER THAN THE ANNUAL CAMPAIGN, THE ENDOWMENT IS THE NEXT SINGLE HIGHEST SOURCE OF FUNDING FOR BUDGETARY NEEDS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	FIN 48: THE ORGANIZATION FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL (ASC 740-10), RELATING TO UNCERTAINTY IN INCOME T AXES. FOR THE ORGANIZATION, ASC 740-10 IS PRIMARILY APPLICABLE TO THE INCURRENCE OF UNRELA TED BUSINESS INCOME TAX ATTRIBUTABLE TO CERTAIN OF ITS INVESTMENTS. ASC 740-10 ESTABLISHES A MINIMUM THRESHOLD FOR FINANCIAL STATEMENT RECOGNITION OF THE BENEFITS OF POSITIONS TAKE N, OR EXPECTED TO BE TAKEN, IN FILING TAX RETURNS. IT REQUIRES THE EVALUATION OF TAX POSIT IONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE ORGANIZATION'S INCOME TA X RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTA INED BY THE APPLICABLE TAX AUTHORITY. TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-TH AN-NOT" THRESHOLD ARE RECORDED AS A TAX EXPENSE. THERE ARE NO TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY THAN-NOT" THRESHOLD.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	IMPUTED RENTAL INCOME 26,224,000.

Supplemental Information

Return Reference	Explanation
PART I, LINES 5 AND 6:	THE ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS. HOWEVER, IT DOES MAINTAIN CERTAIN FUNDS WITH AND WITHOUT DONOR RESTRICTIONS ("SIMILAR FUNDS") THAT ARE OVERSEEN BY SPECIAL C OMMITTEES. UJA APPOINTS A MAJORITY OF THE MEMBERS THAT SERVE ON EACH OF THESE SPECIAL COMM ITTEES; OTHER MEMBERS MAY BE SELECTED BY THE DONOR OR THE DONOR'S FAMILY.

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SCHEDULE F (Form 990)

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

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF
JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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
See Add'l Data					
3a Sub-total	1	9			265,708,000
b Total from continuation sheets to Part I . . .	0	0			0
c Totals (add lines 3a and 3b)	1	9			265,708,000

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)

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)

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF FOREIGN GRANT FUNDS: FUNDS FOR OVERSEAS PROGRAM ACTIVITIES ARE DISTRIBUTED THROUGH THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA) PRIMARILY TO THE JEWISH AGENCY FOR ISRAEL (JAFI) AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. (JDC). OVERSEAS ORGANIZATIONS RECEIVING FUNDS FROM JFNA UTILIZE SUCH FUNDS FOR ACTIVITIES AND PROGRAMS THAT SUPPORT UJA'S CHARITABLE PURPOSES. UJA'S ISRAEL OFFICE, IN CONJUNCTION WITH STAFF IN NEW YORK, REVIEW TWO ANNUAL REPORTS (A MID-YEAR AND A FINAL REPORT) FOR TARGETED GRANT PROGRAMS THAT ARE LOCATED IN ISRAEL AND OTHER FOREIGN LOCATIONS AND FOR WHICH FUNDS ARE DISTRIBUTED THROUGH JFNA. THE REPORTS INCLUDE NARRATIVE, STATISTICAL, AND FINANCIAL COMPONENTS AND SERVE TO ENSURE THAT PROGRAMMATIC OBJECTIVES ARE APPROPRIATELY ATTAINED, AND THAT EXPENDITURES QUALIFY FOR REIMBURSEMENT UNDER THE GRANT. IN ISRAEL, UJA GRANTEE ORGANIZATIONS ARE LEGALLY REGISTERED WITH JAFI, WHICH RELEASES REGULAR GRANT PAYMENTS BASED ON COORDINATION WITH THE UJA'S ISRAEL OFFICE.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 51-0172429

Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA		1	PROGRAM SERVICES	INSURANCE SERVICES FOR NETWORK AGENCIES	10,705,000
MIDDLE EAST	1	8	PROGRAM SERVICES	MONITORING OF GRANTS - REFER TO SCHEDULE F, PART V, SUPPLEMENTAL INFORMATION	1,472,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST			PROGRAM-RELATED INVESTMENTS	LOANS FOR INVESTMENT IN NEW & EXISTING SOCIAL BUSINESS MARKET & TO SUPPORT ONGOING ACTIVITIES	634,000
CARIBBEAN			INVESTMENTS		252,897,000

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SCHEDULE G (Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF
JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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
PAUL KANE 3 STONE DRIVE WESTPORT, CT 06880	SOLICITATION OF DONORS (SEE PART IV)		No	7,866,000	83,000	7,783,000
JRB CONSULTING SERVICESLLC 215 W 88TH ST NY, NY 10024	SOLICITATION OF DONORS (SEE PART IV)		No	3,486,000	166,000	3,320,000
SANKY COMMUNICATIONS INC 599 11TH AVE NY, NY 10036	DIRECT MAIL (SEE PART IV)		No	878,000	374,000	504,000
Total . . . . . ▶				12,230,000	623,000	11,607,000

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.

NY, NJ, PA, FL, CT

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

		(a) Event #1 WALL STREET DINNER (event type)	(b) Event #2 BANKRUPTCY (event type)	(c) Other events 79 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	4,352,000	2,115,000	17,053,000	23,520,000
	2 Less: Contributions	3,997,000	2,115,000	15,647,000	21,759,000
	3 Gross income (line 1 minus line 2)	355,000		1,406,000	1,761,000
Direct Expenses	4 Cash prizes	1,000			1,000
	5 Noncash prizes			44,000	44,000
	6 Rent/facility costs			359,000	359,000
	7 Food and beverages	778,000	1,000	1,484,000	2,263,000
	8 Entertainment	0		531,000	531,000
	9 Other direct expenses	391,000	1,000	723,000	1,115,000
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,313,000
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,552,000

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
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AMOUNTS PAID TO THE PROFESSIONAL FUNDRAISERS PAUL KANE AND JRB CONSULTING SERVICES LLC LISTED ON PART I, LINE 2 (B) ARE BASED UPON FIXED FEE CONTRACTUAL ARRANGEMENTS. AMOUNTS PAID TO SANKY COMMUNICATIONS INC. INCLUDE A FIXED FEE CONTRACTUAL ARRANGEMENT ($41,000) AS WELL AS PRINITNG AND POSTAGE OF ($333,000).

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF
JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 204

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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) SCHOLARSHIPS	26	102,000			
(2) ISRAEL EXPERIENCE AWARDS - PROVIDES NEED AND MERIT BASED SCHOLARSHIPS FOR ISRAEL TRIPS FOR TEENS AND YOUNG ADULTS	39	73,000			
(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
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS: TARGETED GRANTS GENERALLY REQUIRE TWO ANNUAL REPORTS (A MID-YEAR AND A FINAL REPORT). THE REPORTS INCLUDE NARRATIVE, STATISTICAL, AND FINANCIAL COMPONENTS AND SERVE TO ENSURE THAT PROGRAMMATIC OBJECTIVES ARE APPROPRIATELY ATTAINED, AND THAT EXPENDITURES QUALIFY FOR REIMBURSEMENT UNDER THE GRANT. UJA STAFF MEMBERS REVIEW THE REPORTS TO ENSURE APPROPRIATE USE OF THE FUNDS AND TO ASSESS IF GOALS WERE ACHIEVED. FINAL PAYMENTS ARE RELEASED TO THE GRANTEES ACCORDINGLY. (CONTINUED IN PART IV) SCHEDULE I, PART I, LINE 2, PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS (CONTINUED): UJA ALSO PROVIDES CORE OPERATING SUPPORT (UNRESTRICTED) GRANTS TO VARIOUS CORE PARTNERS. THE ORGANIZATION CONDUCTS A PERIODIC REVIEW OF THESE AGENCIES AND REQUIRES COMPLETION OF AN AGENCY ACCOUNTABILITY GUIDELINES SURVEY REGARDING BEST PRACTICES.
SCHEDULE I, PART II, GRANTS TO THE JEWISH FEDERATIONS OF NORTH AMERICA:	UJA REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. JFNA IS THE UMBRELLA ORGANIZATION FOR DOMESTIC JEWISH FEDERATIONS AND IS THE PRINCIPAL VEHICLE THROUGH WHICH UJA DISTRIBUTES FUNDS FOR OVERSEAS PROGRAM ACTIVITIES. DISTRIBUTIONS BY JFNA GO PRIMARILY TO THE JEWISH AGENCY FOR ISRAEL AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. JFNA FILES A SEPARATE FORM 990 AND REPORTS THE DETAIL OF OVERSEAS GRANTS ON SCHEDULE F. ORGANIZATIONS RECEIVING FUNDS FROM JFNA UTILIZE SUCH FUNDS FOR ACTIVITIES AND PROGRAMS THAT SUPPORT UJA'S CHARITABLE PURPOSES. THE FOLLOWING IS A LISTING OF $11,321,000 OF TARGETED GRANTS MADE THROUGH JFNA: 8200 ALUMNI ASSOCIATION (SHIN MEM 2)(A"R) - $8,000 ACHIM L'CHAIM - BROTHERS FOR LIFE - $75,000 AJEEC-NISPED - $50,000 AMCHA-NATIONAL ISRAELI CENTER FOR PSYCHOSOCIAL SUPPORT OF SURVIVORS - $300,000 ANU: MAKING CHANGE - $19,000 AVIV FOR HOLOCAUST SURVIVORS - $50,000 BAR-ILAN UNIVERSITY - $75,000 BARZILAI MEDICAL CENTER - $51,000 BAT MELECH - $9,000 BEIT BERL COLLEGE - $177,000 BEIT HASHANTI - $10,000 BEIT RUTH - $80,000 BEIT TEFILAH ISRAELI - $125,000 BET ELAZRAKI CHILDRENS HOME - $8,000 BINA: THE JEWISH MOVEMENT FOR SOCIAL CHANGE - $244,000 CENTER ORGANIZATIONS OF HOLOCAUST SURVIVORS IN ISRAEL - $53,000 DESERT STARS - $155,000 FOUNDATION FOR THE WELFARE OF HOLOCAUST VICTIMS - $50,000 FRIENDS OF ATIDIM - $100,000 GESHER EDUCATIONAL AFFILIATES - $33,000 HAVAZELET CULTURAL & EDUCATIONAL INSTITUTES OF HASHOMER HATZAIR - $225,000 HEBREW UNIVERSITY OF JERUSALEM - $250,000 INJAZ CENTER FOR PROFESSIONAL ARAB LOCAL GOVERNANCE - $50,000 ISRAEL HOFSHEET - $131,000 ISRAEL TRAUMA COALITION - $307,000 ITIM: THE JEWISH LIFE INFORMATION CENTER - $200,000 JEWISH FEDERATION OF NORTH AMERICA - $61,000 KAIMA - $20,000 KEDMA - $200,000 KEREN MACCABIM SHEL YOTZEI IRAN (MACCABEE FOUNDATION) - $50,000 KEREN MAHALACH - $8,000 KOL ISRAEL HAVERIM-ALLIANCE: THE CENTER FOR JEWISH SOCIAL LEADERSHIP - $53,000 KOLECH - RELIGIOUS WOMEN'S FORUM - $60,000 LANDMARKS (TSYUNEI DERECH) - $60,000 LATET - ISRAELI HUMANITARIAN AID - $157,000 LESHEM MIFALIM HINUCHIIM - $230,000 MAMANET MOTHER'S CACHIBOL LEAGUE - $9,000 MAOZ - $500,000 MASA ISRAELI - $150,000 MASORTI (CONSERVATIVE) MOVEMENT - $80,000 MEA YADOT - $8,000 MELITZ CENTERS FOR JEWISH-ZIONIST EDUCATION - $105,000 NALAGA'AT - $8,000 NEEMANEI TORA VEAVODA - $170,000 NIGUN HALEV - $20,000 NITZANIM: JEWISH ISRAELI IDENTITY - $30,000 NOCHAH - GIVING AS A WAY OF LIFE - $32,000 OGEN: FREE LOAN FUND - $100,000 OLIM BEYAHAD - $180,000 PEACEPLAYERS INTERNATIONAL MIDDLE EAST - $8,000 RASHUT HARABIM - $56,000 REUT GROUP- FROM VISION TO REALITY - $215,000 SHALVA - THE ISRAEL ASSOCIATION FOR CARE AND INCLUSION OF PERSONS WITH DISABILITIES - $75,000 SHE'ARIM - FULFILLING ISRAELI JUDAISM - $5,000 SHEATUFIM - $325,000 SHISHI SHABBAT YISRAELI - $60,000 SIKKUY: THE ASSOCIATION FOR THE ADVANCEMENT OF CIVIC EQUALITY - $200,000 SOS CHILDREN'S VILLAGES ISRAEL - $7,000 TALMA - THE ISRAEL PROGRAM FOR EXCELLENCE IN ENGLISH - $34,000 THE ARAB CENTER FOR ALTERNATIVE PLANNING - $75,000 THE HESCHEL CENTER FOR SUSTAINABILITY - $76,000 THE HOTLINE FOR REFUGEES AND MIGRANTS - $25,000 THE ISRAEL ASSOCIATION OF COMMUNITY CENTERS, LTD. - $155,000 THE JEWISH AGENCY FOR ISRAEL (PROGRAMS IN FORMER SOVIET UNION) - $2,060,000 THE JEWISH AGENCY FOR ISRAEL (OTHER PROGRAMS) - $2,001,000 THE JEWISH PEOPLE POLICY INSTITUTE - $100,000 THE JOINT COUNCIL OF PRE-ARMY LEADERSHIP DEVELOPMENT PROGRAMS - $50,000 THE NACHSHONIM ASSOCIATION - $61,000 THE SHALDAG FOUNDATION - $512,000 THE YAACOV HERZOG CENTER FOR JEWISH STUDIES - $15,000 TIKUN MOVEMENT FOR CULTURE AND SOCIETY RENEWAL IN ISRAEL - $7,000 UNISTREAM - $8,000 WORLD ORT - $50,000 YESODOT LEZMICHA DROR - $15,000

Additional Data

Software ID:
Software Version:
EIN: 51-0172429
Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
92ND STREET YM-YWHA 1395 LEXINGTON AVENUE NEW YORK, NY 10128	13-1624229	501(C)3	584,000				CARING / JEWISH LIFE
ABRAHAM JOSHUA HESCHEL SCHOOL 30 WEST END AVENUE NEW YORK, NY 10023	13-3091539	501(C)3	276,000				JEWISH LIFE

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AFYA FOUNDATION OF AMERICA 140 SAW MILL RIVER ROAD YONKERS, NY 10701	26-1300361	501(C)3	604,000				CARING
AGAHOZO-SHALOM YOUTH VILLAGE INC 620 EIGHTH AVENUE 19TH FLOOR NEW YORK, NY 10018	27-3530769	501(C)3	9,000				CARING

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

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AMERICAN FRIENDS OF OR NATIONAL MISSIONS 36 WEST 44TH STREET SUITE 1412 NEW YORK, NY 10036	30-0208763	501(C)3	20,000				JEWISH LIFE
AVODAH THE JEWISH SERVICE CORPS 125 MAIDEN LANE ROOM 8B NEW YORK, NY 10038	13-3914342	501(C)3	50,000				JEWISH LIFE

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

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BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER 15 NEIL COURT OCEANSIDE, NY 11572	11-2002556	501(C)3	952,000				CARING / JEWISH LIFE
BELOVED BUILDERS INC 123 CAMBRIDGE PLACE BROOKLYN, NY 11238	47-3898186	501(C)3	86,000				JEWISH LIFE

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BEND THE ARC A JEWISH PARTNERSHIP FOR JUSTICE 333 SEVENTH AVENUE 19TH FLOOR NEW YORK, NY 10001	52-1332694	501(C)3	12,000				JEWISH LIFE
BETH ISRAEL MEDICAL CENTER 1ST AVENUE AT 16TH STREET NEW YORK, NY 10003	13-5564934	501(C)3	22,000				CARING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
B'NAI BRITH YOUTH ORGANIZATION (BBYO) 5432 MAYFIELD ROAD ROOM 205 LYNDHURST, OH 44124	31-1794932	501(C)3	475,000				JEWISH LIFE
BORO PARK YM & YWHA 4912 14TH AVENUE BROOKLYN, NY 11219	11-1630917	501(C)3	458,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BRONX HOUSE EMANUEL CAMPS INC DBA BERKSHIRE HILLS EISENBERG CAMPS 405 LEXINGTON AVENUE 7TH FLOOR NEW YORK, NY 10174	13-1739934	501(C)3	231,000				JEWISH LIFE
BRONX HOUSE INC 990 PELHAM PARKWAY SOUTH BRONX, NY 10461	13-1739935	501(C)3	308,000				CARING

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

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BRONX JEWISH COMMUNITY COUNCIL 2930 WALLACE AVENUE BRONX, NY 10467	13-2744533	501(C)3	186,000				CARING
BRONX-RIVERDALE YM-YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471	13-1740507	501(C)3	651,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BUKHARIAN JEWISH UNION 7150 PARSONS BOULEVARD 3M FRESH MEADOWS, NY 11365	81-2748143	501(C)3	50,000				JEWISH LIFE
CAMP DORA GOLDING 5515 NEW UTRECHT AVENUE BROOKLYN, NY 11219	13-6000413	501(C)3	50,000	325,000	APPRAISAL	IMPUTED RENT	JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAMP EXTREME 335 CENTRAL AVENUE LAWRENCE, NY 11559	36-4428246	501(C)3	16,000				JEWISH LIFE
CAMP RAMAH IN BERKSHIRES 25 ROCKWOOD PLACE SUITE 345 ENGLEWOOD, NJ 07631	13-1997276	501(C)3	10,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAROLINE AND JOSEPH S GRUSS LIFE MONUMENT FUNDS INC 45 BROADWAY SUITE 3050 NEW YORK, NY 10006	13-3573461	501(C)3	3,496,000				JEWISH LIFE
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN STREET SUITE A BROOKLYN, NY 11237	45-3813436	501(C)3	188,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL NASSAU GUIDANCE & COUNSELING SERVICES 950 SOUTH OYSTER BAY ROAD HICKSVILLE, NY 11801	11-2438388	501(C)3	140,000				CARING
CHABAD LUBAVITCH OF THE RIVERTOWNS 303 BROADWAY DOBBS FERRY, NY 10522	26-0013388	501(C)3	7,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHALLAH FOR HUNGER 1900 MARKET STREET 8TH FLOOR PHILADELPHIA, PA 19103	26-1540827	501(C)3	63,000				CARING
CHAMAH 420 LEXINGTON AVENUE SUITE 300 NEW YORK, NY 10170	23-7365688	501(C)3	74,000				CARING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLAL - THE NATIONAL JEWISH CENTER FOR LEARNING AND LEADERSHIP 440 PARK AVENUE SOUTH 4TH FLOOR NEW YORK, NY 10016	23-7390358	501(C)3	155,000				JEWISH LIFE
COLLEGE OF STATEN ISLAND HILLEL 2800 VICTORY BOULEVARD BUILDING 1A ROOM 212A STATEN ISLAND, NY 10314	26-0212010	501(C)3	150,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY ALLIANCE FOR JEWISH-AFFILIATED CEMETERIES (CAJAC) 360 HAMILTON AVENUE WHITE PLAINS, NY 10601	56-2649778	501(C)3	80,000				CARING
COMMUNITY INITIATIVES 1000 BROADWAY SUITE 480 OAKLAND, CA 94607	94-3255070	501(C)3	190,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY SECURITY SERVICE 132 EAST 43RD STREET 552 NEW YORK, NY 10017	26-0803826	501(C)3	250,000				CARING
CONGREGATION BETH ELOHIM 274 GARFIELD PLACE BROOKLYN, NY 11215	11-1672755	501(C)3	131,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGREGATION B'NAI JESHURUN 257 WEST 88TH STREET NEW YORK, NY 10024	13-0594858	501(C)3	39,000				JEWISH LIFE
CONGREGATION B'NAI YISRAEL 2 BANKSVILLE ROAD ARMONK, NY 10504	13-3058202	501(C)3	32,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONGREGATION CHABAD IN REACH ALIYA 527 EAST NEW YORK AVENUE BROOKLYN, NY 11225	05-0609266	501(C)3	6,000				CARING
CONGREGATION RODEPH SHOLOM 7 WEST 83RD STREET NEW YORK, NY 10024	13-1628164	501(C)3	135,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL OF JEWISH MIGR COMMUNITY ORGANIZATIONS INC (COJECO) 40 EXCHANGE PLACE SUITE 1302 NEW YORK, NY 10005	13-3955736	501(C)3	430,000				JEWISH LIFE
COUNCIL OF JEWISH ORGANIZATIONS OF FLATBUSH 1523 AVENUE M 3RD FLOOR BROOKLYN, NY 11230	11-2864728	501(C)3	141,000				CARING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROWN HEIGHTS JEWISH COMMUNITY COUNCIL 392 KINGSTON AVENUE BROOKLYN, NY 11225	23-7390996	501(C)3	112,000				CARING
CZ WELLNESS GROUP INC (CAMP ZEKE) 4080 BROADWAY SUITE 147 NEW YORK, NY 10032	46-1869615	501(C)3	21,000	307,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOROT 171 WEST 85TH STREET NEW YORK, NY 10024	13-3264005	501(C)3	497,000				CARING / JEWISH LIFE
EDEN VILLAGE CAMP 392 DENNYTOWN ROAD PUTNAM VALLEY, NY 10579	26-4373931	501(C)3	218,000	140,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDITH AND CARL MARKS JEWISH COMMUNITY HOUSE OF BENSONHURST 7802 BAY PARKWAY BROOKLYN, NY 11214	11-1633484	501(C)3	1,644,000				CARING / JEWISH LIFE
EDUCATIONAL ALLIANCE INC 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)3	2,426,000	4,130,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ESHEL INC 125 MAIDEN LANE NEW YORK, NY 10038	46-0539206	501(C)3	25,000				JEWISH LIFE
FAMILY SERVICE LEAGUE 790 PARK AVENUE HUNTINGTON, NY 11743	11-1631827	501(C)3	40,000				CARING

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

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FEDERATION OF PROTESTANT WELFARE AGENCIES 40 BROAD STREET 5TH FLOOR NEW YORK, NY 10004	13-5562220	501(C)3	60,000				JEWISH LIFE
FOJP SERVICE CORPORATION 28 EAST 28TH STREET 14TH FLOOR NEW YORK, NY 10016	13-2914141	501(C)3	600,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOOTSTEPS INC 114 JOHN STREET SUITE 930 NEW YORK, NY 10272	20-0666923	501(C)3	83,000				CARING / JEWISH LIFE
FOUNDATION FOR JEWISH CAMP INC 253 WEST 35TH STREET 4TH FLOOR NEW YORK, NY 10001	22-3551013	501(C)3	471,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF BEZALEL ACADEMY OF ARTS AND DESIGN IN JERUSALEM 370 LEXINGTON AVENUE SUITE 1612 NEW YORK, NY 10017	13-2952614	501(C)3	20,000				JEWISH LIFE
FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVENUE SUITE 101 SUFFERN, NY 10901	46-5714234	501(C)3	25,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD PLUS FOUNDATION INC 306 WEST 37TH STREET 8TH FLOOR NEW YORK, NY 10018	31-1777082	501(C)3	10,000				JEWISH LIFE
GURWIN JEWISH NURSING & REHABILITATION CENTER 68 HAUPPAUGE ROAD COMMACK, NY 11725	11-2785201	501(C)3	108,000				CARING

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

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HANNAH SENESH COMMUNITY DAY SCHOOL 342 SMITH STREET BROOKLYN, NY 11231	20-3330699	501(C)3	70,000				JEWISH LIFE
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET SUITE 100 AGAWAM, MA 01001	04-6685725	501(C)3	300,000				JEWISH LIFE

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

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HATZILU RESCUE ORGANIZATION INC 45 MANETTO HILL ROAD PLAINVIEW, NY 11803	11-2431808	501(C)3	30,000				CARING
HATZOLOH INCORPORATED 1070 MCDONALD AVENUE BROOKLYN, NY 11230	80-0369977	501(C)3	50,000				CARING

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

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HAZON INC 25 BROADWAY 17TH FLOOR NEW YORK, NY 10004	13-1623922	501(C)3	244,000				CARING / JEWISH LIFE
HEBREW ACADEMY OF LONG BEACH 132 SPRUCE STREET CEDARHURST, NY 11516	11-1892079	501(C)3	162,000				JEWISH LIFE

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

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HEBREW ACADEMY OF NASSAU COUNTY (HANC) 240 HEMPSTEAD AVENUE WEST HEMPSTEAD, NY 11552	11-1733449	501(C)3	58,000				JEWISH LIFE
HEBREW ACADEMY OF THE FIVE TOWNS AND ROCKAWAY (HAFTR) 389 CENTRAL AVENUE LAWRENCE, NY 11559	11-2551180	501(C)3	10,000				JEWISH LIFE

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

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HEBREW EDUCATIONAL SOCIETY OF BROOKLYN 9502 SEAVIEW AVENUE BROOKLYN, NY 11236	11-1642720	501(C)3	620,000	748,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HEBREW FREE BURIAL ASSOCIATION 125 MAIDEN LANE UNIT 5B NEW YORK, NY 10038	13-5596755	501(C)3	331,000				CARING

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

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HEBREW FREE LOAN SOCIETY 675 3RD AVENUE SUITE 1905 NEW YORK, NY 10017	13-5562239	501(C)3	724,000				CARING / JEWISH LIFE
HEBREW UNION COLLEGE-JEWISH INSTITUTE OF RELIGION 1 WEST 4TH STREET NEW YORK, NY 10012	31-0537067	501(C)3	85,000				JEWISH LIFE

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

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HENRY KAUFMANN CAMPGROUNDS INC 667 BLAUVELT ROAD PEARL RIVER, NY 10965	13-5633239	501(C)3	573,000	8,755,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
HIAS INC (THE HEBREW IMMIGRANT AID SOCIETY) 1300 SPRING STREET 5TH FLOOR SILVER SPRING, MD 20910	13-5633307	501(C)3	314,000				CARING

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

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HILLEL AT BARUCH COLLEGE 55 LEXINGTON AVENUE ROOM B2-210 NEW YORK, NY 10010	20-4777751	501(C)3	390,000				CARING / JEWISH LIFE
HILLEL AT BINGHAMTON UNIVERSITY WEST 208-B UNIVERSITY UNION BINGHAMTON, NY 13902	01-0569965	501(C)3	130,000				JEWISH LIFE

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

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HILLEL FOUNDATION FOR JEWISH LIFE SNYDER HILLEL CENTER STONY BROOK UN MELVILLE LIBRARY SUITE N5580 STONY BROOK, NY 11794	11-6112474	501(C)3	171,000				JEWISH LIFE
HILLEL THE FOUNDATION FOR JEWISH CAMPUS LIFE 800 EIGHTH STREET NW WASHINGTON, DC 20001	52-1844823	501(C)3	692,000				JEWISH LIFE

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

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HILLELS OF WESTCHESTER MAIN PO BOX 8 PURCHASE, NY 10577	20-1355458	501(C)3	112,000				JEWISH LIFE
HOFSTRA UNIVERSITY HILLEL 200 HOFSTRA UNIVERSITY STUDENT CENTER 213A HEMPSTEAD, NY 11549	11-1630906	501(C)3	118,000				JEWISH LIFE

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HONEYMOON ISRAEL FOUNDATION INC 6070 WHITEGATE CROSSING EAST AMHERST, NY 14051	47-1291052	501(C)3	236,000				JEWISH LIFE
HUDSON RIVER HEALTHCARE INC 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)3	50,000				CARING

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

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HUNTER COLLEGE HILLEL 695 PARK AVENUE BUILDING 1317A NEW YORK, NY 10065	13-3853221	501(C)3	173,000				JEWISH LIFE
IMISHPACHA INC 3495 NOSTRAND AVENUE BROOKLYN, NY 11229	82-2463353	501(C)3	10,000				JEWISH LIFE

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INSTITUTE FOR JEWISH COMMUNITY RESEARCH BE'CHOL LASHON 3198 FULTON STREET SAN FRANCISCO, CA 94118	94-3307253	501(C)3	150,000				JEWISH LIFE
IRANIAN AMERICAN JEWISH FEDERATION OF NY 770 MIDDLE NECK RD SUITE 5P GREAT NECK, NY 11024	01-0651843	501(C)3	8,000				JEWISH LIFE

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

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ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE INC PO BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)3	30,000				CARING
ISRAEL LACROSSE ASSOCIATION INC 1501 BROADWAY 21ST FLOOR NEW YORK, NY 10036	45-3857764	501(C)3	6,000				CARING

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ISRAEL ON CAMPUS COALITION PO BOX 34640 WASHINGTON, DC 20043	30-0664947	501(C)3	115,000				JEWISH LIFE
ITREK INC 1460 BROADWAY NEW YORK, NY 10036	45-5230138	501(C)3	10,000				JEWISH LIFE

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JEWISH ASSOCIATION SERVING THE AGING (JASA) 247 WEST 37TH STREET 9TH FLOOR NEW YORK, NY 10018	13-2620896	501(C)3	2,910,000				CARING / JEWISH LIFE
JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES 135 WEST 50TH STREET 6TH FLOOR NEW YORK, NY 10020	13-5564937	501(C)3	8,884,000				CARING / JEWISH LIFE

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JEWISH CHILD CARE ASSOCIATION OF NEW YORK 120 WALL STREET 20TH FLOOR NEW YORK, NY 10005	13-1624060	501(C)3	1,029,000				CARING / JEWISH LIFE
JEWISH COMMUNITY ACTION 2375 UNIVERSITY AVENUE WEST SUITE 150 SAINT PAUL, MN 55114	41-1830619	501(C)3	50,000				CARING

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

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JEWISH COMMUNITY CENTER OF MID-WESTCHESTER 999 WILMOT ROAD SCARSDALE, NY 10583	13-3617061	501(C)3	711,000				CARING / JEWISH LIFE
JEWISH COMMUNITY CENTER OF STATEN ISLAND 1466 MANOR ROAD STATEN ISLAND, NY 10314	13-5562256	501(C)3	873,000				CARING / JEWISH LIFE

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

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JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA 520 8TH AVENUE 4TH FLOOR NEW YORK, NY 10018	13-5599486	501(C)3	207,000				JEWISH LIFE
JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND 3001 WEST 37TH STREET BROOKLYN, NY 11224	11-2665181	501(C)3	581,000				CARING

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JEWISH COMMUNITY COUNCIL OF THE ROCKAWAY PENINSULA 1525 CENTRAL AVENUE FAR ROCKAWAY, NY 11691	11-2425813	501(C)3	296,000				CARING / JEWISH LIFE
JEWISH COMMUNITY RELATIONS COUNCIL OF NEW YORK 225 WEST 34TH STREET SUITE 1607 NEW YORK, NY 10122	13-2869041	501(C)3	3,011,000				CARING / JEWISH LIFE

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

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JEWISH COUNCIL FOR PUBLIC AFFAIRS 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624104	501(C)3	376,000				JEWISH LIFE
JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)3	5,291,000				CARING / JEWISH LIFE

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JEWISH FEDERATIONS OF NORTH AMERICA - FOR BIRTHRIGHT ISRAEL 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)3	1,469,000				JEWISH LIFE
JEWISH FEDERATIONS OF NORTH AMERICA - FOR JAFI 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)3	21,050,000				CARING / JEWISH LIFE

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JEWISH FEDERATIONS OF NORTH AMERICA - FOR JDC 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)3	7,534,000				CARING / JEWISH LIFE
JEWISH FEDERATIONS OF NORTH AMERICA - FOR OVERSEAS TARGETED 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624240	501(C)3	11,321,000				CARING / JEWISH LIFE

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JEWISH FUNDERS NETWORK 150 WEST 30TH STREET SUITE 900 NEW YORK, NY 10001	23-2742482	501(C)3	50,000				CARING
JEWISH HOME LIFECARE 120 WEST 106TH STREET NEW YORK, NY 10025	13-1624033	501(C)3	304,000				CARING

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

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JEWISH THEOLOGICAL SEMINARY OF AMERICA 3080 BROADWAY NEW YORK, NY 10027	13-0887640	501(C)3	176,000				CARING / JEWISH LIFE
JEWISH WOMEN'S FOUNDATION OF NEW YORK INC 130 EAST 59TH STREET RM 873 NEW YORK, NY 10022	13-3897852	501(C)3	10,000				JEWISH LIFE

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

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JOIN FOR JUSTICE 359 BOYLSTON STREET SUITE 4 BOSTON, MA 02116	04-3617885	501(C)3	23,000				JEWISH LIFE
JPRO NETWORK 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	13-1624105	501(C)3	10,000				JEWISH LIFE

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JQY INC 1460 BROADWAY NEW YORK, NY 10036	27-5305498	501(C)3	57,000				CARING / JEWISH LIFE
JTA-MJL NEW CORP 24 WEST 30TH STREET 4TH FLOOR NEW YORK, NY 10001	13-0887610	501(C)3	598,000				CARING / JEWISH LIFE

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

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KEHILLATH SHALOM SYNAGOGUE 58 GOOSE HILL ROAD COLD SPRING HARBOR, NY 11724	11-2202419	501(C)3	28,000				JEWISH LIFE
KESHET INC 284 AMORY STREET BOSTON, MA 02130	48-1278664	501(C)3	120,000				JEWISH LIFE

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KINGS BAY YM-YWHA 3495 NOSTRAND AVENUE BROOKLYN, NY 11229	11-3068515	501(C)3	860,000	1,024,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
KNOCK KNOCK GIVE A SOCK 60 STANFORD AVENUE WEST ORANGE, NJ 07052	47-2835516	501(C)3	8,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KRAFT CENTER FOR JEWISH LIFE (COLUMBIABARNARD HILLEL) 606 WEST 115TH STREET NEW YORK, NY 10025	23-7077182	501(C)3	135,000				JEWISH LIFE
LIMMUD FSU INTERNATIONAL FOUNDATION INC 80 CENTRAL PARK WEST SUITE 2D NEW YORK, NY 10023	26-1870256	501(C)3	75,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIMMUD NA 2001 WILSHIRE BOULEVARD SANTA MONICA, CA 90403	81-4909696	501(C)3	80,000				JEWISH LIFE
MAIMONIDES MEDICAL CENTER 4802 10TH AVENUE BROOKLYN, NY 11219	11-1635081	501(C)3	202,000				CARING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANHATTAN DAY SCHOOL 310 WEST 75TH STREET NEW YORK, NY 10023	13-1641081	501(C)3	21,000				JEWISH LIFE
MATAN THE GIFT OF JEWISH LEARNING FOR EVERY CHILD 520 EIGHTH AVENUE FL 4 NEW YORK, NY 10018	13-4174834	501(C)3	6,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYOR'S FUND TO ADVANCE NEW YORK CITY 253 BROADWAY 8TH FLOOR NEW YORK, NY 10007	13-3783906	501(C)3	114,000				CARING / JEWISH LIFE
MECHON HADAR 190 AMSTERDAM AVENUE NEW YORK, NY 10023	26-4412164	501(C)3	250,000				JEWISH LIFE

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

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METRO IAF INC 89-60 164TH STREET JAMAICA, NY 11432	13-3805406	501(C)3	30,000				JEWISH LIFE
METROPOLITAN COUNCIL ON JEWISH POVERTY 77 WATER STREET 26TH FLOOR NEW YORK, NY 10005	13-2738818	501(C)3	6,077,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN JEWISH HEALTH SYSTEM 6323 7TH AVENUE 3RD FLOOR BROOKLYN, NY 11220	11-3538697	501(C)3	383,000				CARING
MID-ISLAND Y JEWISH COMMUNITY CENTER 45 MANETTO HILL ROAD PLAINVIEW, NY 11803	11-1841899	501(C)3	1,184,000				CARING / JEWISH LIFE

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

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MOISHE HOUSE 441 SAXONY ROAD ENCINITAS, CA 92024	26-2599786	501(C)3	740,000				JEWISH LIFE
MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501(C)3	150,000				CARING

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

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MOSHOLU-MONTEFIORE COMMUNITY CENTER 3450 DEKALB AVENUE BRONX, NY 10467	13-3622107	501(C)3	527,000	266,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE
MOUNT SINAI MEDICAL CENTER ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6271888	501(C)3	217,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOVING TRADITIONS 8380 OLD YORK ROAD SUITE 4300 ELKINS PARK, PA 19027	34-2015014	501(C)3	90,000				JEWISH LIFE
MUSEUM OF JEWISH HERITAGE A LIVING MEMORIAL TO THE HOLOCAUST 36 BATTERY PLACE NEW YORK, NY 10280	13-3376265	501(C)3	31,000				JEWISH LIFE

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

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MY GOOD DEED 5151 CALIFORNIA AVENUE 100 IRVINE, CA 92617	45-0491886	501(C)3	15,000				JEWISH LIFE
NATIONAL CONFERENCE ON SOVIET JEWRY 1120 20TH STREET NW SUITE 300N WASHINGTON, DC 20036	13-2700517	501(C)3	51,000				JEWISH LIFE

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

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NATIONAL COUNCIL OF JEWISH WOMEN NEW YORK SECTION 241 WEST 72ND STREET NEW YORK, NY 10023	13-1624132	501(C)3	23,000				JEWISH LIFE
NETWORK OF JEWISH HUMAN SERVICE AGENCIES 50 EISENHOWER DRIVE SUITE 100 PARAMUS, NJ 07652	13-2752418	501(C)3	27,000				CARING

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

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NEW YORK LEGAL ASSISTANCE GROUP 7 HANOVER SQUARE 18TH FLOOR NEW YORK, NY 10004	13-3505428	501(C)3	1,435,000				CARING
NORTH SHORE HEBREW ACADEMY 16 CHERRY LANE GREAT NECK, NY 11024	11-2200920	501(C)3	99,000				JEWISH LIFE

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NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)3	115,000				CARING
OHEL CHILDREN'S HOME AND FAMILY SERVICES 1268 EAST 14TH STREET BROOKLYN, NY 11230	11-6078704	501(C)3	611,000				CARING

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

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ONWARD ISRAEL USA INC 633 THIRD AVENUE 21ST FLOOR NEW YORK, NY 10017	81-2507413	501(C)3	240,000				JEWISH LIFE
OUR PLACE IN NEW YORK INC 40 WALL STREET 60TH FLOOR NEW YORK, NY 10005	11-3463309	501(C)3	25,000				CARING

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

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PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION 271-11 76TH AVENUE NEW HYDE PARK, NY 11040	13-2631069	501(C)3	163,000				CARING
POLISH PENSION HELP INC 3660 OXFORD AVENUE SUITE 10G BRONX, NY 10463	82-1795001	501(C)3	6,000				CARING

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

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PROJECT KESHER 210 WEST 101ST STREET SUITE 8E NEW YORK, NY 10025	36-3673594	501(C)3	25,000				JEWISH LIFE
QUEENS COLLEGE HILLEL 6530 KISSENA BOULEVARD ROOM 206 FLUSHING, NY 11367	11-3285824	501(C)3	245,000				JEWISH LIFE

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

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QUEENS JEWISH COMMUNITY COUNCIL 11945 UNION TURNPIKE FOREST HILLS, NY 11375	23-7172152	501(C)3	88,000				CARING
RAMAZ SCHOOL 114 EAST 85TH STREET NEW YORK, NY 10028	13-1635279	501(C)3	72,000				JEWISH LIFE

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

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REPAIR THE WORLD 1460 BROADWAY NEW YORK, NY 10036	36-4524686	501(C)3	289,000				CARING / JEWISH LIFE
RISING TREETOPS AT OAKHURST INC 1140 BROADWAY ROOM 903 NEW YORK, NY 10001	13-5674230	501(C)3	50,000				JEWISH LIFE

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SAR ACADEMY 655 WEST 254TH STREET RIVERDALE, NY 10471	13-2646185	501(C)3	222,000				JEWISH LIFE
SACRED SPACES INC 5915 BEACON STREET PITTSBURGH, PA 15217	81-3167473	501(C)3	101,000				CARING

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

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SAFE FOUNDATION INC 255 AVENUE W BROOKLYN, NY 11223	26-0102131	501(C)3	58,000				CARING
SAMUEL FIELD Y DBA COMMONPOINT QUEENS 5820 LITTLE NECK PARKWAY LITTLE NECK, NY 11362	11-3071518	501(C)3	3,970,000	3,403,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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

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SANCTUARY FOR FAMILIES INC PO BOX 1406 WALL STREET STATION NEW YORK, NY 10268	13-3193119	501(C)3	20,000				CARING
SBH COMMUNITY SERVICE NETWORK INC 425 KINGS HIGHWAY BROOKLYN, NY 11223	23-7406410	501(C)3	243,000				CARING

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SECURE COMMUNITY NETWORK INC 25 BROADWAY SUITE 1700 NEW YORK, NY 10004	20-1437733	501(C)3	273,000				CARING
SELFHELP COMMUNITY SERVICES 520 8TH AVENUE 5TH FLOOR NEW YORK, NY 10018	13-1624178	501(C)3	2,744,000				CARING

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

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SEPHARDIC COMMUNITY ALLIANCE 1061 OCEAN PARKWAY BROOKLYN, NY 11230	27-0728655	501(C)3	35,000				JEWISH LIFE
SEPHARDIC COMMUNITY CENTER 1901 OCEAN PARKWAY BROOKLYN, NY 11223	11-2567809	501(C)3	631,000				CARING / JEWISH LIFE

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SHALOM HARTMAN INSTITUTE OF NORTH AMERICA 475 RIVERSIDE DRIVE SUITE 1450 NEW YORK, NY 10115	13-3014387	501(C)3	408,000				JEWISH LIFE
SHALOM TASK FORCE INC 500 SEVENTH AVENUE 8TH FLOOR NEW YORK, NY 10018	11-3207504	501(C)3	50,000				JEWISH LIFE

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SHEFA SCHOOL INC 40 EAST 29TH STREET NEW YORK, NY 10016	47-2048496	501(C)3	50,000				JEWISH LIFE
SHOREFRONT YM-YWHA OF BRIGHTON - MANHATTAN BEACH 3300 CONEY ISLAND AVENUE BROOKLYN, NY 11235	11-3070228	501(C)3	1,113,000	3,192,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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SID JACOBSON JEWISH COMMUNITY CENTER 300 FOREST DRIVE EAST HILLS, NY 11548	11-1976051	501(C)3	1,431,000				CARING / JEWISH LIFE
SOLOMON SCHECHTER SCHOOL OF LONG ISLAND 1 BARBARA LANE JERICHO, NY 11753	11-2149235	501(C)3	179,000				JEWISH LIFE

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SOLOMON SCHECHTER SCHOOL OF QUEENS 7616 PARSONS BOULEVARD FLUSHING, NY 11366	11-1803692	501(C)3	209,000				JEWISH LIFE
SURPRISE LAKE CAMP 520 8TH AVENUE 4TH FLOOR NEW YORK, NY 10018	13-1623869	501(C)3	164,000				JEWISH LIFE

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SVARA 4700 N RAVENSWOOD AVENUE SUITE B CHICAGO, IL 60640	20-0292435	501(C)3	57,000				JEWISH LIFE
SWIPE OUT HUNGER 800 WILSHIRE BOULEVARD SUITE 2 LOS ANGELES, CA 90017	45-2038035	501(C)3	40,000				JEWISH LIFE

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TEMPLE ISRAEL OF GREAT NECK 108 OLD MILL RD GREAT NECK, NY 11023	11-1715797	501(C)3	9,000				JEWISH LIFE
THE ALEXANDER M & BRENDA R TANGER HILLEL AT BROOKLYN COLLEGE 2901 CAMPUS ROAD BROOKLYN, NY 11210	11-6036253	501(C)3	257,000				JEWISH LIFE

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THE ALEXANDER MUSS HIGH SCHOOL IN ISRAEL 78 RANDALL AVENUE ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)3	65,000				JEWISH LIFE
THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC 220 EAST 42ND STREET SUITE 400 NEW YORK, NY 10017	13-1656634	501(C)3	3,030,000				CARING / JEWISH LIFE

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THE BLUE CARD INC 171 MADISON AVENUE ROOM 1405 NEW YORK, NY 10016	13-1623910	501(C)3	124,000				CARING
THE EDGAR M BRONFMAN CENTER FOR JEWISH STUDENT LIFE HILLEL AT NYU 7 EAST 10TH STREET NEW YORK, NY 10003	13-5562308	501(C)3	413,000				JEWISH LIFE

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THE FOUNDATION FOR ART AND HEALING 77 STEARNS ROAD BROOKLINE, MA 02446	33-1125148	501(C)3	48,000				CARING
THE HILLCREST JEWISH CENTER 183-02 UNION TURNPIKE FLUSHING, NY 11366	11-1639813	501(C)3	15,000				CARING

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THE JEWISH COMMUNITY CENTER IN MANHATTAN 334 AMSTERDAM AVENUE AT 76TH STREET NEW YORK, NY 10023	13-3490745	501(C)3	1,751,000				CARING / JEWISH LIFE
THE JEWISH COMMUNITY CENTER ON THE HUDSON 371 SOUTH BROADWAY TARRYTOWN, NY 10591	23-7229163	501(C)3	769,000				CARING / JEWISH LIFE

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THE JEWISH EDUCATION PROJECT 520 8TH AVENUE SUITE 1510 NEW YORK, NY 10018	13-1632519	501(C)3	4,979,000				JEWISH LIFE
THE LEFFELL SCHOOL 555 W HARTSDALE AVENUE HARTSDALE, NY 10530	13-6209307	501(C)3	315,000				JEWISH LIFE

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THE MARION AND AARON GURAL JCC INC 207 GROVE AVENUE CEDARHURST, NY 11516	11-2546437	501(C)3	1,189,000				CARING / JEWISH LIFE
THE NEW YORK BOARD OF RABBIS INC 171 MADISON AVENUE SUITE 1602 NEW YORK, NY 10016	13-1809283	501(C)3	100,000				JEWISH LIFE

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THE NEW YORK COMMUNITY TRUST 909 3RD AVENUE FL 22 NEW YORK, NY 10022	13-3062214	501(C)3	1,500,000				CARING
THE SAFE CENTER LI INC 15 GRUMMAN ROAD WEST SUITE 1000 BETHPAGE, NY 11714	11-2442377	501(C)3	11,000				CARING

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THE SHABBAT PROJECT INC DBA ONE TABLE 79 MADISON AVENUE 2ND FLOOR NEW YORK, NY 10016	46-4715368	501(C)3	150,000				JEWISH LIFE
THE SUFFOLK Y JEWISH COMMUNITY CENTER 74 HAUPPAUGE ROAD COMMACK, NY 11725	11-2435521	501(C)3	815,000				CARING / JEWISH LIFE

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TIDES CENTER 1012 TORNEY AVENUE SAN FRANCISCO, CA 94129	94-3213100	501(C)3	49,000				JEWISH LIFE
TIKVA CORP 8 HENDERSON DRIVE WEST CALDWELL, NJ 07006	22-3779212	501(C)3	7,000				JEWISH LIFE

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TOURO COLLEGE 500 SEVENTH AVENUE NEW YORK, NY 10018	13-2676570	501(C)3	103,000				JEWISH LIFE
T'RUAH 266 WEST 37TH STREET SUITE 803 NEW YORK, NY 10018	45-0464545	501(C)3	71,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TSHUVAH CENTER INC 600 3RD AVENUE 22ND FLOOR NEW YORK, NY 10016	83-0603442	501(C)3	135,000				CARING
UNION FOR REFORM JUDAISM 633 3RD AVENUE FL 7 NEW YORK, NY 10017	13-1663143	501(C)3	65,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNION OF ORTHODOX JEWISH CONGREGATIONS OF AMERICA (ORTHODOX UNION) 11 BROADWAY 14TH FLOOR NEW YORK, NY 10004	13-5623717	501(C)3	170,000				JEWISH LIFE
UNITED JEWISH COUNCIL OF THE EAST SIDE INC 465 GRAND STREET 4TH FLOOR NEW YORK, NY 10002	13-2735378	501(C)3	23,000				CARING

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UPSTART BAY AREA 1111 BROADWAY 3RD FLOOR OAKLAND, CA 94607	26-3094076	501(C)3	150,000				JEWISH LIFE
USDAN CENTER FOR THE CREATIVE & PERFORMING ARTS 420 EAST 79TH STREET SUITE 3D NEW YORK, NY 10075	13-2792668	501(C)3	118,000	3,934,000	APPRAISAL	IMPUTED RENT	CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON HEIGHTS INWOOD PRESERVATION & RESTORATION CORP 121 BENNETT AVENUE ROOM 11A NEW YORK, NY 10033	13-2944830	501(C)3	42,000				CARING
WESTCHESTER DAY SCHOOL 856 ORIENTA AVENUE MAMARONECK, NY 10543	13-2646183	501(C)3	32,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTCHESTER JEWISH COMMUNITY SERVICES 845 NORTH BROADWAY SUITE 2 WHITE PLAINS, NY 10603	13-1740071	501(C)3	2,157,000				CARING / JEWISH LIFE
WESTCHESTER JEWISH COUNCIL 925 WESTCHESTER AVENUE SUITE 200 WHITE PLAINS, NY 10604	13-2856699	501(C)3	133,000				CARING / JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTERN STATES CENTER INC PO BOX 40305 PORTLAND, OR 97240	93-0952137	501(C)3	100,000				JEWISH LIFE
WITNESS TO MASS INCARCERATION 111 WEST 71ST STREET SUITE 4H NEW YORK, NY 10023	82-5460402	501(C)3	40,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YESH TIKVA INC 324 SOUTH BEVERLY DRIVE 354 BEVERLY HILLS, CA 90212	47-3886529	501(C)3	10,000				JEWISH LIFE
YESHIVA DARCHEI TORAH 257 BEACH 17TH STREET FAR ROCKAWAY, NY 11691	11-2545173	501(C)3	58,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YESHIVA OF SOUTH SHORE 1170 WILLIAM STREET HEWLETT, NY 11557	11-2125702	501(C)3	57,000				JEWISH LIFE
YESHIVAH OF FLATBUSH 919 EAST TENTH STREET BROOKLYN, NY 11230	11-1630915	501(C)3	197,000				JEWISH LIFE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YM & YWHA OF WASHINGTON HEIGHTS & INWOOD 54 NAGLE AVENUE NEW YORK, NY 10040	13-1635308	501(C)3	1,427,000				CARING / JEWISH LIFE
YOUNG JUDAEA CAMP SPROUT LAKE 575 8TH AVENUE 11TH FLOOR NEW YORK, NY 10018	13-2830437	501(C)3	431,000				JEWISH LIFE

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Schedule J (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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**	Yes	
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 and/or 1099-MISC compensation			**(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				
See Additional Data Table							

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
PART I, LINE 4B	SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN PARTICIPATION- ERIC S. GOLDSTEIN - $487,648 WAS ACCRUED DURING THE PERIOD JULY 1,2019-JUNE 30,2020 WITH RESPECT TO TWO DEFERRED COMPENSATION AGREEMENTS: (A) COVERING THE PERIOD JULY 1, 2014-JUNE 30,2017 AND (B) COVERING THE PERIOD JULY 1, 2017-JUNE 30,2020. (A) IN ORDER TO RECEIVE AMOUNTS PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C OF PRIOR FORM 990S AND $121,564 ACCRUED DURING THE PERIOD JULY 1,2019-JUNE 30,2020, MR. GOLDSTEIN WAS REQUIRED TO REMAIN IN THE EMPLOY OF UJA UNTIL JANUARY 15, 2020. (B) IN ORDER TO RECEIVE AMOUNTS PREVIOUSLY REPORTED IN SCHEDULE J, PART II, COLUMN C OF PRIOR FORM 990S AND $366,084 ACCRUED DURING THE PERIOD JULY 1,2019-JUNE 30,2020, MR. GOLDSTEIN WAS REQUIRED TO REMAIN IN THE EMPLOY OF UJA UNTIL JUNE 30, 2020. OTHER EMPLOYEES: THE FOLLOWING EMPLOYEES MUST REMAIN IN THE EMPLOY OF UJA UNTIL AGE 65 TO REALIZE THE FOLLOWING BENEFITS ACCRUED DURING THE PERIOD JULY 1, 2019 - JUNE 30, 2020 AND REFLECTED IN SCHEUDLE J, PART II, COLUMN C: ELLEN R. ZIMMERMAN - $4,285 MARK MEDIN - $24,690 GRAHAM CANNON - $2,124 DEBORAH JOSELOW - $2,935 LOUISA CHAFEE - $582 WILLIAM SAMERS - $365 IN ORDER TO RECEIVE THE FOLLOWING BENEFITS REPORTED IN SCHEDULE J, PART II, COLUMN C, MARK MEDIN MUST REMAIN IN THE EMPLOY OF UJA UNTIL: SEPTEMBER 30, 2019 - $25,000 SEPTEMBER 30, 2022 - $93,750 PART II, LINE 2: MR. ROSENTHAL'S BASE COMPENSATION INCLUDED ON FORM W-2 FOR THE 2019 CALENDAR YEAR WAS $470,786. MR. ROSENTHAL PARTICIPATES IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN (THE PLAN) UNDER INTERNAL REVENUE CODE SECTION 457(F). UNDER THE PLAN, MR. ROSENTHAL ACCRUED SUPPLEMENTAL RETIREMENT BENEFITS THAT VESTED WHEN HE REACHED 65. THE COST OF THE EXPECTED BENEFIT WAS ACCRUED EACH YEAR ON A GAAP BASIS AND REFLECTED IN UJA'S AUDITED FINANCIAL STATEMENTS AND FORM 990 FILINGS AND WAS REFLECTED IN MR. ROSENTHAL'S COMPENSATION AS REPORTED IN THOSE FORM 990 FILINGS. HAVING SATISFIED THE PLAN'S AGE AND EMPLOYMENT REQUIREMENTS IN SEPTEMBER 2015, MR. ROSENTHAL'S BENEFIT VESTED. THE ACTUARIALLY CALCULATED TAXABLE BENEFIT OF $9,343 WAS INCLUDED IN HIS FORM W-2 FOR CALENDAR YEAR 2019. UNDER THE TERMS OF THE PLAN, MR. ROSENTHAL RECEIVED A DISTRIBUTION OF $3,571 IN NOVEMBER 2019, REPRESENTING THE INCOME TAXES AND PAYROLL TAXES DUE ON THE VESTED BENEFIT. THE REMAINING BENEFIT, INCLUDING FUTURE ACCRUALS TO BE EARNED UNDER THE PLAN, WILL BE PAID TO MR. ROSENTHAL AT THE TERMINATION OF EMPLOYMENT BY UJA, EXCEPT THAT THE INCOME TAXES AND PAYROLL TAXES DUE ON SUCH FUTURE ACCRUALS WILL BE PAID ANNUALLY.

Additional Data

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Software Version:

EIN: 51-0172429

Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF
JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NYC INDUSTRIAL DEVELOPMENT AGENCY	13-2906040	649438JF6	05-30-2012	25,382,000	CURRENT REFUNDING ISSUE		X		X		X
B	BUILD NYC RESOURCE CORP	45-4040561	12008ECW4	08-14-2014	31,258,000	CURRENT REFUNDING ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,382,000	31,258,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	382,000	563,000		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds		14,000		
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X					
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X				

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X				
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .		X		X				

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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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

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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	X	301	7,090,000	SELLING PRICE
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	X	1	24,000	SELLING PRICE
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (ISRAEL BONDS)	X	4	96,000	FACE VALUE
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: 1

		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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
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
PART I, LINE 32B:	PART I: THE ORGANIZATION UTILIZES INDEPENDENT BROKERS TO SELL SECURITIES AND COLLECTIBLES CONTRIBUTED TO THE ORGANIZATION.

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SCHEDULE O (Form 990 or 990-EZ)

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 the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	Employer identification number
UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC	51-0172429

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY AND BUSINESS RELATIONSHIPS AMONG OFFICERS, DIRECTORS AND KEY EMPLOYEES: JEFFREY H. ARONSON, EXECUTIVE COMMITTE AT LARGE/DIRECTOR AND STEPHEN J. GIRSKY, DIRECTOR BUSINESS REL ATIONSHIP BRETT H. BARTH, GENERAL CAMPAIGN CHAIR/DIRECTOR AND MARC E. WOLF, DIRECTOR FAMIL Y RELATIONSHIP JAY CHAZANOFF, DIRECTOR AND LAWRENCE J. COHEN, CHAIR, PLANNED GIVING & ENDO WMENTS/DIRECTOR BUSINESS RELATIONSHIP JACOB W. DOFT, DIRECTOR AND SUZANNE W. DOFT, GENERAL CAMPAIGN CHAIR/DIRECTOR FAMILY RELATIONSHIP DAVID EDELSON, DIRECTOR AND BENJAMIN J. TISCH , DIRECTOR BUSINESS RELATIONSHIP LAURIE GIRSKY, CHAIR, UJA WOMEN/DIRECTOR AND STEPHEN J. G IRSKY, DIRECTOR FAMILY RELATIONSHIP WAYNE K. GOLDSTEIN, PLANNING CHAIR/DIRECTOR AND TARA S LOANE-GOLDSTEIN, DIRECTOR FAMILY RELATIONSHIP JONATHON C. HELD, DIRECTOR AND SUSAN K. HELD , DIRECTOR FAMILY RELATIONSHIP ALISA F. LEVIN, DIRECTOR AND CHARLES M. NATHAN, DIRECTOR FA MILY RELATIONSHIP ALISA F. LEVIN, DIRECTOR AND CERTAIN COVERED PERSONS AS CLIENTS OF HER L EGAL SEARCH FIRM BUSINESS RELATIONSHIP GREGORY S. LYSS, TREASURER/DIRECTOR AND DAVID L. MO ORE, CHAIR OF THE BOARD/DIRECTOR BUSINESS RELATIONSHIP DAVID SILVERS, DIRECTOR AND PATRICI A SILVERS, DIRECTOR FAMILY RELATIONSHIP JEFFREY M. STERN, DIRECTOR AND PETER K. STERN, DIR ECTOR FAMILY RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DESCRIPTION OF PROCESS FOR REVIEW OF FORM 990: INITIALLY, FORM 990 IS REVIEWED BY THE AUDI T COMMITTEE OF THE BOARD AND RECOMMENDED FOR APPROVAL BY THE EXECUTIVE COMMITTEE. THE DRAF T DOCUMENT IS THEN DISTRIBUTED TO, REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. AFTER OBTAINING EXECUTIVE COMMITTEE APPROVAL, FORM 990 IS DISTRIBUTED ELECTRONICALLY TO ALL BOA RD MEMBERS PRIOR TO ITS FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	UJA'S STANDARDS & CONFLICTS COMMITTEE MONITORS AND ENFORCES COMPLIANCE WITH THE ORGANIZATI ON'S CONFLICT OF INTEREST POLICY. IN ADDITION, UJA'S ETHICAL GUIDELINES OUTLINE PROCEDURES FOR ENFORCEMENT IN INSTANCES WHERE CONFLICTS OF INTEREST EXIST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PURSUANT TO ITS BYLAWS, UJA-FEDERATION HAS A COMPENSATION COMMITTEE, COMPOSED OF INDEPENDE NT OFFICERS OF THE ORGANIZATION. THE COMMITTEE REVIEWS AND APPROVES THE COMPENSATION OF TH E MOST HIGHLY COMPENSATED EXECUTIVES OF UJA-FEDERATION. UJA RETAINS AN INDEPENDENT COMPENS ATION CONSULTANT TO PROVIDE COMPARABILITY DATA IN ORDER TO DEMONSTRATE THE REASONABLENESS OF THE RECOMMENDED COMPENSATION FOR SENIOR EXECUTIVES OF UJA-FEDERATION. THE DELIBERATIONS OF THE COMPENSATION COMMITTEE ARE CONTEMPORANEOUSLY RECORDED IN MINUTES OF THE COMMITTEE; THOSE MINUTES ARE CIRCULATED TO AND APPROVED BY THE MEMBERS OF THE COMPENSATION COMMITTEE .

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UJA'S CONFLICT OF INTEREST POLICY, ETHICAL GUIDELINES AND FINANCIAL STATEMENTS ARE MADE AV AILABLE TO THE PUBLIC ON ITS WEBSITE AND BY REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENT S ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	IMPUTED RENTAL INCOME 26,224,000. POSTRETIREMENT BENEFIT CHANGES NOT INCLUDED IN NET PERIODIC BENEFIT COST -513,000.

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SCHEDULE R (Form 990)

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

2019

Open to Public Inspection

Name of the organization
UNITED JEWISH APPEAL-FEDERATION OF
JEWISH PHILANTHROPIES OF NEW YORK INC

Employer identification number
51-0172429

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

See Additional Data Table

(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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 225 FOURTH COMPANY HOLDING LLC 130 EAST 59TH STREET NEW YORK, NY 10022 13-3935925	REAL ESTATE	NY	N/A	UNRELATED	12,000			No		Yes		25.000 %

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	(i) No
(1)NETWORK ADVANTAGE LTD 141 FRONT STREET 3RD FLOOR HAMILTON HM19 BD 77-7777777	INVESTMENT COMPANY	BD	N/A	C	2,400,000	17,783,000	100.000 %	Yes	
(2)NETWORK AGENCY INSURANCE LTD 141 FRONT STREET 3RD FLOOR HAMILTON HM19 BD 98-1459746	CAPTIVE INSURANCE COMPANY	BD	N/A	C	14,658,000	51,109,000	100.000 %	Yes	
(3)CHARITABLE REMAINDER TRUSTS (26)	CHARITABLE REMAINDER TRUSTS	NY	N/A					Yes	

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		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
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		No
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		No
o Sharing of paid employees with related organization(s)	1o		No
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	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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.

See Additional Data Table

(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) 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R, PART II, COLUMN (F) - DIRECT CONTROLLING ENTITY	THE RELATED TAX-EXEMPT ORGANIZATIONS IN PART II INCLUDE THE JEWISH COMMUNAL FUND ("JCF"), A DONOR ADVISED FUND OF WHICH UJA IS THE SOLE MEMBER, THE CAROLINE AND JOSEPH S. GRUSS LIFE MONUMENT FUNDS ("GRUSS FUNDS"), AND 26 OTHER SUPPORTING ORGANIZATIONS. ALTHOUGH JCF, THE GRUSS FUNDS, AND THE OTHER 26 SUPPORTING ORGANIZATIONS MEET THE DEFINITION OF A CONTROLLED ENTITY UNDER INTERNAL REVENUE CODE SECTION 512(B)(13),UJA, JCF, AND THE GRUSS FUNDS DO NOT BELIEVE THAT THE ASSETS OF JCF AND THE GRUSS FUNDS ARE AVAILABLE TO MEET THE OBLIGATIONS OF UJA. SIMILARLY, ALTHOUGH UJA NAMES A MAJORITY OF THE DIRECTORS OF EACH OF THE 26 OTHER SUPPORTING ORGANIZATIONS AND ALTHOUGH UJA AND ITS NETWORK AGENCIES RECEIVED APPROXIMATELY 52.3% AND 5.7%, RESPECTIVELY, OF THE TOTAL GRANTS MADE BY THESE SUPPORTING ORGANIZATIONS DURING THE FIVE YEAR PERIOD ENDED JUNE 30, 2020, THE DIRECTORS OF THE SUPPORTING ORGANIZATIONS HAVE AN INDEPENDENT FIDUCIARY DUTY TO THE ORGANIZATIONS. AS A RESULT, UJA BELIEVES THAT THE ASSETS OF THESE SUPPORTING ORGANIZATIONS ARE NOT AVAILABLE TO MEET THE OBLIGATIONS OF UJA.

Additional Data

Software ID:

Software Version:

EIN: 51-0172429

Name: UNITED JEWISH APPEAL-FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
212-00 23RD AVENUE LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-2811001	REAL ESTATE HOLDING LLC	NY		750,000	UJA-FEDERATION OF NEW YORK
3328 CONEY ISLAND AVENUE LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-2797504	REAL ESTATE HOLDING LLC	NY		720,000	UJA-FEDERATION OF NEW YORK
344 EAST 14 STREET LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-2858824	REAL ESTATE HOLDING LLC	NY		0	UJA-FEDERATION OF NEW YORK
VCCIF I-A LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-3546610	INVESTMENTS IN PRIVATE EQUITY	DE		1,776,000	UJA-FEDERATION OF NEW YORK
3495 NOSTRAND AVENUE LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-2777679	REAL ESTATE HOLDING LLC	NY		2,570,000	UJA-FEDERATION OF NEW YORK
58-20 LITTLE NECK PKWY 130 EAST 59TH STREET NEW YORK, NY 10022 83-2875340	REAL ESTATE HOLDING LLC	NY		0	UJA-FEDERATION OF NEW YORK
9502 SEAVIEW AVENUE LLC 130 EAST 59TH STREET NEW YORK, NY 10022 83-2891313	REAL ESTATE HOLDING LLC	NY		0	UJA-FEDERATION OF NEW YORK

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity? Yes	(g) Section 512 (b)(13) controlled entity? No
130 EAST 59TH STREET NEW YORK, NY 10022 13-3386869	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-2854418	PUBLIC CHARITY	NY	501(C)(3)	SCHEDULE A, LINE 10	UJA	Yes	
575 MADISON AVENUE NEW YORK, NY 10022 23-7174183	PUBLIC CHARITY	NY	501(C)(3)	SCHEDULE A, LINE 7	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-5562971	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-4091263	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
45 BROADWAY SUITE 3050 NEW YORK, NY 10006 13-3573461	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12B	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-4008908	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3458302	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3386873	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 03-0433540	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3797662	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3863354	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 16-1647207	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-4131687	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-4082250	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3852165	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3797217	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3927715	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3499576	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3978407	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
130 EAST 59TH STREET NEW YORK, NY 10022 13-3864962	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3801041	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3799971	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3801851	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 27-4349693	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 56-2305424	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 59-3814958	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-3792270	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 51-0599051	SUPPORTING ORGANIZATION	NY	501(C)(3)	SCHEDULE A, LINE 12A	SEE SCHEDULE R PART VII	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 51-0188274	REAL ESTATE HOLDING COMPANY	NY	501(C)(2)		UJA	Yes	
130 EAST 59TH STREET NEW YORK, NY 10022 13-4043266	REAL ESTATE HOLDING COMPANY	NY	501(C)(2)		UJA	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE CAROLINE & JOSEPH S GRUSS LIFE MONUMENT FUNDS INC	B	3,496,000	GRANTS MADE
JEWISH COMMUNAL FUND	C	27,049,000	GRANTS RECEIVED
THE SIDNEY AND MIRIAM LOEWY FRIEND FOUNDATION	C	5,905,000	GRANTS RECEIVED
THE JOEL & ORA BENTON MONROE BENTON MEMORIAL FOUNDATION	C	786,000	GRANTS RECEIVED
THE ERIC AND TAMAR GOLDSTEIN FOUNDATION	C	75,000	GRANTS RECEIVED
THE SELTZER FAMILY FOUNDATION	C	60,000	GRANTS RECEIVED
JEWISH COMMUNAL FUND	Q	3,404,000	ACTUAL EXPENSE AMOUNTS
UJA-FED PROPERTIES INC	Q	1,000,000	ACTUAL EXPENSE AMOUNTS
THE JEWISH WOMEN'S FOUNDATION OF NEW YORK INC	Q	604,000	ACTUAL EXPENSE AMOUNTS
NETWORK AGENCY INSURANCE LTD	R	1,036,000	ACTUAL CASH TRANSFERS
THE JEWISH WOMEN'S FOUNDATION OF NEW YORK INC	R	67,000	ACTUAL CASH TRANSFERS
JEWISH COMMUNAL FUND	S	1,539,000	ACTUAL CASH TRANSFERS
CHARITABLE REMAINDER TRUSTS (5)	S	1,200,000	ACTUAL CASH TRANSFERS
NETWORK AGENCY INSURANCE LTD	S	772,000	ACTUAL CASH TRANSFERS
NETWORK ADVANTAGE LTD	S	238,000	ACTUAL CASH TRANSFERS
THE MARC AND HARRIET SUVALL FOUNDATION	S	68,000	ACTUAL CASH TRANSFERS