Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Inspection

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 202	1 calendar year, or tax year beginning 07/01/2021 and e	nding		06/30/2	2022	
<b>B</b> c	heck if ap	oplicable:	C Name of organization DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC.		D Employer ide	entification n	umber	
	Addre		Doing Business AsGOODMAN JFS OF BROWARD COUNTY		59-0995	:106		
	chang		Number and street (or P.O. box if mail is not delivered to street address)  Room/si	uite	E Telephone no			
	+	change	, , , , , , , , , , , , , , , , , , ,		l '			
	+	return	5980 S PINE ISLAND ROAD 20  City or town, state or province, country, and ZIP or foreign postal code	<u> </u>	(954)3	70-2140		
	Amer	inated nded			G Gross receipt	to ¢ o	0 200	470
	returr		DAVIE, FL 33328  F Name and address of principal officer: PANDY COLMAN		G Gross receipt  H(a) Is this a grou		0,290	$\overline{}$
	pendi		TANDI COLIMI		subordinates'	?	Yes	X No
_			5980 S PINE ISLAND RD, STE 201, DAVIE, FL 33328	1	H(b) Are all subord	_	Yes	No
Ļ		empt st		527		ch a list. (see ins	,	
<u>J</u>			WWW.JFSBROWARD.ORG		H(c) Group exemp			
$\overline{}$				ear of forma	tion: 1963 <b>M</b>	State of legal	domicile:	FL
Р	art I		mmary					
	1	Briefly	$\prime$ describe the organization's mission or most significant activities: $\_$ $ t DEDICATED\_$	TO EMP	OWERING _II	NDIVIDU	LS,	
Se		STRI	ENGTHENING FAMILIES AND PROTECTING THE VULNERABLE I	BY PROV	IDING			
Activities & Governance		SOC	IAL SERVICES TO THE ENTIRE COMMUNITY, BASED ON JEW	ISH VAL	UES.			
Ver	2		this box 🕨 🔙 if the organization discontinued its operations or disposed of mo			3.		
တိ	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3		19
مخ س	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		19
ţį	5		number of individuals employed in calendar year 2021 (Part V, line 2a)			5		92
ξ	6		number of volunteers (estimate if necessary)			6		300
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12			7a		NONE
			nrelated business taxable income from Form 990-T, line 34			7b		NONE
			, , , , , , , , , , , , , , , , , , , ,		Prior Year		ırrent Ye	
Revenue	8	Contri	butions and grants (Part VIII, line 1h)		28,722,42		9,920	
	9	Progra	COPY FOR		460,72			,654.
š	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)  PUBLIC INSPECTI	ION -	12,24			,565.
å	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-</b> -	-	ONE		NONE
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,195,39		0,290	
_	13							
			s and similar amounts paid (Part IX, column (A), lines 1-3)		21,722,30		1,578	
	14		its paid to or for members (Part IX, column (A), line 4)			ONE		NONE
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,984,64		5,130	
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)		NC	ONE		NONE
Ř	b		fundraising expenses (Part IX, column (D), line 25) ▶331,709.					
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,551,46		2,393	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,258,40		9,102	
. 10	19	Rever	ue less expenses. Subtract line 18 from line 12		936,98		1,188	
s or				Begir	nning of Current Y	'ear E	nd of Yea	ir
sset	20		assets (Part X, line 16)		9,005,89	7. 1	2,340	<u>,756.</u>
Net Assets or Fund Balances	21	Total I	liabilities (Part X, line 26)		4,569,23	2.	6 <b>,</b> 735	<u>,652.</u>
		Net as	ssets or fund balances. Subtract line 21 from line 20		4,436,66	55.	5,605	,104.
Pa	irt II	Sig	gnature Block					
			of perjury, I declare that I have examined this return, including accompanying schedules and scomplete. Declaration of preparer (other than officer) is based on all information of which prepare			my knowled	ge and b	elief, it is
- truc	5, 00116	T and	complete. Declaration of preparer (other than officer) is based on all information of which prepare	ei ilas aliy k	litowiedge.			
٥.								
Sig			Signature of officer		Date			
He	re							
			Type or print name and title					
		Print/	Type preparer's name Prep "'s signature Date		Check	if PTIN		
Paid		PAUI	L HAMMERSCHMIDT 03	/27/202	<del></del>	' .	84178	
	parer	Firm's	sname ▶ BDO USA, LLP	, , _ 0 2	Firm's EIN	13-538		
Use	Only	_	address ► 100 PARK AVENUE NEW YORK, NY 10017-5001		Phone no.	212-88		
May	/ the I	•	august his rature with the property shows shows? (ass instructions)				Yes	No
			Reduction Act Notice, see the separate instructions.				orm 99	
. 0	. ape	UI N	ונסטטסטסט חסו וזסטסס, ססס נווס ספוסומנפ וווסט עסטטוסוס.					<b>-</b> (∠∪∠ I)

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Pa	Tt   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:	
	DR. STANLEY & PEARL GOODMAN JFS OF BROWARD COUNTY, INC. IS DEDICATED	
	TO EMPOWERING INDIVIDUALS, STRENGTHENING FAMILIES, AND PROTECTING THE	
	VULNERABLE BY PROVIDING EXCEPTIONAL SOCIAL SERVICES TO THE ENTIRE	
	COMMUNITY, BASED ON JEWISH VALUES.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me- expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$27,487,721. including grants of \$21,578,071. ) (Revenue \$361,654.	_)
	THE AGENCY PROVIDES VARIOUS SERVICES, PRIMARILY TO THE MEMBERS OF	
	THE JEWISH COMMUNITY IN BROWARD COUNTY, INCLUDING COUNSELING, CARE	
	MANAGEMENT, AND FINANCIAL ASSISTANCE TO THOSE IN NEED.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
		_
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(4-a-a) (	_'
	Other program services (Describe on Schedule O.)	
÷u	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ► 27.487.721.	

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Par	Checklist of Required Schedules		Yes	No
4	In the ergonization described in section $EO1/a/(2)$ or $4O47/a/(4)$ (other than a private foundation)? If "Voc."		162	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	Х	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			- 1
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444	37	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part X	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	Λ	
12 a	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	21	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		v

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		3.5	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	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			
	· · · · · · · · · · · · · · · · · · ·			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.7	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	of If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa	Λ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		Х
20		31		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	20	₹.	
Dor		38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	N'-
	Enterthe number recented in heavy of Ferry 1000. False 0. Wasternally 11.		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 92			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
D	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			
_	The original control of the control			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 21
15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.40		
IJ	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			- 22
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
•	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

9_	09	951	06	Page	6
9 –	09	1951	06	Page (	С

Sect	ion 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	19						
	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								
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.	1b	19						
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		X			
3	Did the organization delegate control over management duties customarily performed by or un	nder t	he direct						
	supervision of officers, directors, trustees, or key employees to a management company or other p	person	?	3	Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?.		4		_X			
5	Did the organization become aware during the year of a significant diversion of the organization's	assets	?	5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to el			_					
	one or more members of the governing body?			7a		_X			
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		v			
•	stockholders, or persons other than the governing body?			7.0		X			
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during						
_	the year by the following: The governing body?			8a	Х				
a b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot								
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code	.)				
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of this Form 990 to all members of its governing body before for the copy of	ling th	e form? .	11a	X				
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	37				
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give	12b	Х				
_	rise to conflicts?	د مانمیری	If "\/oo"	120	- 1				
С	Did the organization regularly and consistently monitor and enforce compliance with the p describe on Schedule O how this was done	-		12c	Х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review ar								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-						
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	r arra	ngement						
	with a taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization								
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16h					
Secti	on C. Disclosure			16b					
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL,								
1 <i>1</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable).	gan	and QQO_T	(sect	ion 5	01(c)			
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap		and 990-1	(360)	1011 3	01(0)			
	X Own website Another's website X Upon request Other (explain on So		<i>→ O</i> )						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents of the control of		,	f inter	est n	olicv.			
	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			s <b>&gt;</b>					
	BARBARA WELTE-DI PIETRO, 5890 S PINE ISLAND ROAD, STE 201, DAVIE,								

954-370-2140

Form **990** (2021)

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

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

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

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

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

Column   C	(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation				
CHIEF OPERATING & HR OFFICER 1.00		hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
CHIEF OPERATING & HR OFFICER 1.00	(1) DAVID MALCIN (THRII 5/22)	39 00									
C  CLAUDIA WELSH (THRU 3/22)		+			Х				228,890.	NONE	13,666.
DIR. STRATEGIC DEVELOPMENT									,		, , , , , , , , , , , , , , , , , , , ,
Carro   Carr		NONE					X		155,228.	NONE	9,580.
Carrest	(3) ERIC TROY	50.00									
DIRECTOR OF BEHAVIORAL HEALTH   NONE   X   122,048.   NONE   9,700.	DIR. HOLOCAUST SURV ASST PROG	NONE					Х		148,800.	NONE	10,419.
C5 RANDY COLMAN   59.00	(4) JESSICA RUIZ (THRU 6/22)	40.00									
PRESIDENT/CEO EFF. 11/21	DIRECTOR OF BEHAVIORAL HEALTH	NONE					Х		122,048.	NONE	9,700.
(6) BARBARA WELTE-DI PIETRO         49.00           CFO EFF. 12/21         1.00         X         2,500.         NONE         NONE           (7) DOUG JACOBS         1.00         X         X         NONE         NONE         NONE           CHAIRMAN         2.00         X         X         NONE         NONE         NONE           (8) WENDI NORRIS         1.00         X         X         NONE         NONE         NONE           SECRETARY         NONE         X         X         NONE         NONE         NONE           (9) JODI BERMAN         1.00         X         NONE         NONE         NONE         NONE           BOARD MEMBER         NONE         X         NONE         NONE         NONE         NONE           (11) BENJAMIN GENET         1.00         X         NONE         NONE         NONE         NONE           (12) BARBARA GOLDBERG         1.00         X         NONE         NONE         NONE         NONE           VICE CHAIR AT LARGE         NONE         X         NONE         NONE         NONE         NONE           VICE CHAIR PERSONNEL         NONE         X         NONE         NONE         NONE         NONE	(5) RANDY COLMAN	59.00									
CFO EFF. 12/21	PRESIDENT/CEO EFF. 11/21	1.00			Х				38,144.	NONE	317.
(7) DOUG JACOBS         1.00           CHAIRMAN         2.00 X X           (8) WENDI NORRIS         1.00           SECRETARY         NONE X X           MONE NONE NONE NONE         NONE NONE NONE NONE NONE NONE NONE NONE	(6) BARBARA WELTE-DI PIETRO	49.00									
CHAIRMAN         2.00         X         X         NONE         NONE         NONE           (8) WENDI NORRIS         1.00         X         X         NONE         NONE <t< td=""><td>CFO EFF. 12/21</td><td>1.00</td><td></td><td></td><td>Х</td><td></td><td></td><td></td><td>2,500.</td><td>NONE</td><td>NONE</td></t<>	CFO EFF. 12/21	1.00			Х				2,500.	NONE	NONE
SECRETARY	(7) DOUG JACOBS	1.00									
SECRETARY	CHAIRMAN	2.00	X		Х				NONE	NONE	NONE
1.00   BOARD MEMBER	(8) WENDI NORRIS	1.00									
BOARD MEMBER NONE X NONE NONE NONE NONE (10) IVY FEINSTEIN 1.00  BOARD MEMBER NONE X NONE NONE NONE NONE NONE (11) BENJAMIN GENET 1.00  BOARD MEMBER NONE X NONE NONE NONE NONE NONE (12) BARBARA GOLDBERG 1.00  VICE CHAIR AT LARGE NONE X NONE NONE NONE NONE (13) MARCY HOFFMAN 1.00  VICE CHAIR PERSONNEL NONE X NONE NONE NONE NONE NONE (14) ROBERT ISBITTS 1.00  BOARD MEMBER NONE X NONE NONE NONE NONE	SECRETARY	NONE	X		Х				NONE	NONE	NONE
1.00   NONE	(9) JODI BERMAN	1.00									
BOARD MEMBER	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(11) BENJAMIN GENET         1.00           BOARD MEMBER         NONE         X           (12) BARBARA GOLDBERG         1.00           VICE CHAIR AT LARGE         NONE         X           (13) MARCY HOFFMAN         1.00           VICE CHAIR PERSONNEL         NONE         X           (14) ROBERT ISBITTS         1.00           BOARD MEMBER         NONE         X           NONE         NONE         NONE           NONE         NONE         NONE	(10) IVY FEINSTEIN	1.00									
BOARD MEMBER NONE X NONE NONE NONE (12) BARBARA GOLDBERG 1.00 VICE CHAIR AT LARGE NONE X NONE NONE NONE (13) MARCY HOFFMAN 1.00 VICE CHAIR PERSONNEL NONE X NONE NONE NONE (14) ROBERT ISBITTS 1.00 BOARD MEMBER NONE X NONE NONE NONE NONE		NONE	X						NONE	NONE	NONE
(12) BARBARA GOLDBERG         1.00           VICE CHAIR AT LARGE         NONE           (13) MARCY HOFFMAN         1.00           VICE CHAIR PERSONNEL         NONE           (14) ROBERT ISBITTS         1.00           BOARD MEMBER         NONE           X         NONE           NONE         NONE           NONE         NONE	(11) BENJAMIN GENET	1.00									
VICE CHAIR AT LARGE NONE X NONE NONE NONE (13) MARCY HOFFMAN 1.00  VICE CHAIR PERSONNEL NONE X NONE NONE NONE (14) ROBERT ISBITTS 1.00  BOARD MEMBER NONE X NONE NONE NONE	BOARD MEMBER	NONE	X						NONE	NONE	NONE
(13) MARCY HOFFMAN     1.00       VICE CHAIR PERSONNEL     NONE       (14) ROBERT ISBITTS     1.00       BOARD MEMBER     NONE       X     NONE       NONE     NONE       NONE     NONE	(12) BARBARA GOLDBERG	1.00									
VICE CHAIR PERSONNEL     NONE     X     NONE     NONE     NONE       (14) ROBERT ISBITTS     1.00        BOARD MEMBER     NONE     X     NONE     NONE     NONE		NONE	X						NONE	NONE	NONE
(14) ROBERT ISBITTS 1.00 NONE X NONE NONE NONE	(13) MARCY HOFFMAN	1.00									
BOARD MEMBER NONE X NONE NONE NONE			X						NONE	NONE	NONE
	3 /										
	BOARD MEMBER	NONE	X						NONE	NONE	

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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	,	(C)  Position (do not check more than one box, unless person is both ar			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	hours for related organizations below dotted line)	1				Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) STEPHEN JACKMAN	1.00									
VICE CHAIR FINANCE	3.00	X						NONE	NONE	NONE
( 16) MARC LOWELL	1.00	_								
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 17) MIKE MASAREK	1.00	-								
BOARD MEMBER	1.00	X						NONE	NONE	NONE
( 18) RONIT NEUMAN	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 19) DR. SHELDON ROSS	1.00							17017	370370	11011
BOARD MEMBER	1.00	X						NONE	NONE	NONE
( 20) ERIS SANDLER	1.00 NONE							NONE	NIONIE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
( 21) DAVID SCHULMAN BOARD MEMBER	2.00	X						NONE	NONE	NONE
( 22) SHARON SCHWARTZ	1.00							NOINE	NONE	NONE
BOARD MEMBER	1.00	X						NONE	NONE	NONE
( 23) ELEN SREDNI	1.00	21						110111	110111	110111
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 24) AMY STOLBERG	1.00							110112	110112	110111
BOARD MEMBER	NONE	X						NONE	NONE	NONE
( 25) SETH WISE	1.00									
BOARD MEMBER	NONE	X						NONE	NONE	NONE
1b Sub-total		1					<b></b>	695,610.	NONE	43,682.
c Total from continuation sheets to Part VII, S	ection A		• •	• •			•	NONE	NONE	NONE
d Total (add lines 1b and 1c)	<del>-</del>						<b>•</b>	695,610.	NONE	43,682.
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations gro	eater than	\$15	0,0	00?	) If	"Yes	3, "	complete Schedu	le J for such	
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5
Section B. Independent Contractors	es, comple	ie SCI	ieal	iie J	ııor	Sucn	μer	SUII		<u> </u>
Complete this table for your five highest com	pensated i	ndene	ende	ent	con	tracto	rs t	hat received more	than \$100 000 o	

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

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

Form 000 (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nploy	/ee	es, a	ınd F	ligl	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless er and	per a di	ition more rson i	than or	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	from the organization and related organizations
26) STEPHANIE PAPPAS (SEE SCH. O) INTERIM CFO (7/1/21 - 7/31/21)	49.00 1.00			х				NONE	NO:	NE NONE
27) WOMESH SAYWACK (SEE SCH. 0)  INTERIM CFO (8/1/21 - 6/30/22)	49.00 1.00			Х				NONE	NO:	NE NONE
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 		<b>▶ ▶</b>			
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	listed	l ab	oove	) who	re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grandividual.	eater than	\$15	ole co 50,00	omp 10?	pens <i>If</i>	ation "Yes	aı ,"	nd other compens complete Schedu	sation from the le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Complete this table for your five highest compensation from the organization. Report of year.										
SEE SCHEDULE O Name and business add	dress							(B) Description of se	ervices	(C) Compensation
							L			
2 Total number of independent contractors (in	ncluding bu	ut not	t limi	ited	d to	thos	 e li	isted above) who	received	

8

more than \$100,000 in compensation from the organization ▶

59-0995106

# Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a respon	nse or note to an	ny line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated campaigns 1a	229,166.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
စ်ဋိ	c	Fundraising events 1c					
fts,	d	Related organizations	2,466,464.				
ਙ਼ੁਢ			255,769.				
i,S,	e	, ,	233,703.				
ĕς	f	All other contributions, gifts, grants,	06.060.054				
pri		and similar amounts not included above . 1f	26,968,854.				
Ξō	g	Noncash contributions included in					
ŞΈ		lines 1a-1f <u>1g</u>					
	h	Total. Add lines 1a-1f		29,920,253.			
_			Business Code				
Program Service Revenue	2a	COUNSELING SERVICES	624100	361,654.	361,654.		
e e	b						
en S	С						
ran e v	d						
og R	e						
ቯ	f f	All other program service revenue					
	g	Total. Add lines 2a-2f		361,654.			
	3	Investment income (including dividends,					
		other similar amounts)		895.			895.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONI	none				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 7,670					
a)	h	Less: cost or other basis					
evenue	b						
ķ		'					
-4	١.	Gain or (loss)         7c         7,670           Net gain or (loss)         7,670	1	7,670.			7,670.
Other R	d	, ,		7,070.			7,070.
₹	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	1				
	C	Net income or (loss) from fundraising events	<u></u>	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	С	Net income or (loss) from gaming activities	<b>&gt;</b>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	С	Net income or (loss) from sales of inventory		NONE			
ns			Business Code				
eo ne	11a						
lan	b						
es See	С						
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d	<u> ▶</u>	NONE			
	12	Total revenue. See instructions	▶	30,290,472.	361,654.		8,565.

59-0995106

#### 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,	(A) Total expenses	(B) Program service	(C)	(D)			
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
	Grants and other assistance to domestic organizations			3	.,			
	and domestic governments. See Part IV, line 21	NONE						
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22	21,578,071.	21,578,071.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4	Benefits paid to or for members	NONE						
5	Compensation of current officers, directors,	F70 174	260 170	221 260	06 707			
_	trustees, and key employees	578,174.	260,178.	231,269.	86,727.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE						
7	Other salaries and wages	3,608,350.	3,084,208.	403,836.	120,306.			
8	Pension plan accruals and contributions (include	22,260.	17,171.	4,575.	514.			
Ü	section 401(k) and 403(b) employer contributions	,	, , , , , , , ,	-,				
9	Other employee benefits	551,159.	400,709.	128,075.	22,375.			
10	Payroll taxes	370,795.	261,751.	90,900.	18,144.			
11	Fees for services (nonemployees):							
а	Management	124,055.	3,108.	120,947.				
	Legal	62,502.	2,900.	59,602.				
c	Accounting	43,500.		43,500.				
d	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17.	NONE		0.00				
f	Investment management fees	283.		283.				
g	Other. (If line 11g amount exceeds 10% of line 25, column	(02 257	C4F 001		27 266			
40	(A), amount, list line 11g expenses on Schedule O.)	683,257. 60,687.	645,891. 52,367.	8,320.	37,366.			
	Advertising and promotion	255,416.	199,668.	42,180.	13,568.			
13 14	Office expenses	NONE	199,000.	12,100.	13,300.			
15	Royalties.	NONE						
16	Occupancy	208,327.	177,392.	16,963.	13,972.			
17	Travel	30,747.	21,106.	9,396.	245.			
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	5,207.	1,183.	2,719.	1,305.			
20	Interest	11,681.		11,681.				
21	Payments to affiliates	NONE						
22	Depreciation, depletion, and amortization	66,723.	24,663.	42,060.				
23	Insurance	142,883.	118,702.	18,136.	6,045.			
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
_	FOOD	528,784.	528,784.					
	DUES AND SUBSCRIPTIONS	60,879.	32,352.	22,460.	6,067.			
	INDIRECT EVENT EXPENSES	15,715.	10,683.	22,100.	5,032.			
	MISCELLANEOUS EXPENSES	92,662.	66,834.	25,785.	43.			
	All other expenses	- /	,	-,				
	Total functional expenses. Add lines 1 through 24e	29,102,117.	27,487,721.	1,282,687.	331,709.			
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here							
	following SOP 98-2 (ASC 958-720)				= 000 (200)			

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# Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,312,702.	1	3,263,406.
	2	Savings and temporary cash investments	356,540.	2	180,209.
	3	Pledges and grants receivable, net	685,773.	3	4,881,216.
	4	Accounts receivable, net	28,895.	4	18,116.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	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	NONE
Š	7	Notes and loans receivable, net			NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	46,579.
	_	Land, buildings, and equipment: cost or other	30,002.		10/3/5
		basis. Complete Part VI of Schedule D 10a 655,341			
	h	Less: accumulated depreciation		100	311,005.
	11	Investments - publicly traded securities		11	79,162.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				
		Intangible assets			NONE
	15	Other assets. See Part IV, line 11		15	3,561,063.
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	12,340,756.
	17	Accounts payable and accrued expenses		17	1,860,183.
	18	Grants payable			NONE
	19	Deferred revenue		19	733,998.
	20	Tax-exempt bond liabilities			NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	NONE
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u>ia</u>		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	24	Unsecured notes and loans payable to unrelated third parties		24	NONE
	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		25	4,141,471.
	26	Total liabilities. Add lines 17 through 25	4,569,232.	26	6,735,652.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	4,171,971.	27	4,828,370.
B	28	Net assets with donor restrictions		28	776,734.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ϋ́Α	32	Total net assets or fund balances		32	5,605,104.
Š	33	Total liabilities and net assets/fund balances	, ,	33	12,340,756.
_	100		7,003,097.	55	Form <b>990</b> (2021)

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Part	XI Reconciliation 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	3(	),2	90,	<u>472</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	,1	02,	<u>117</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	.,1	88,	<u>355</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4			<u>665</u> .
5	Net unrealized gains (losses) on investments	5		_	19,	<u>921</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				<u>      5</u> .
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		5,6	05,	<u>104</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain (	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	а			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		_		
	the audit, review, or compilation of its financial statements and selection of an independent accountant			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain (	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	n in t	ne	_		
	Single Audit Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under			٠.		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	lits		3b		

Form **990** (2021)

#### **SCHEDULE A** (Form 990)

# **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.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization  $\, {\tt DR} \, . \,$  STANLEY AND PEARL GOODMAN JFS

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

UΓ	BR	OWARD COUNTY, INC.					59-0	995106
Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p		
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu		,	-	•	•	
2		A school described in section					( // // //	
3		A hospital or a cooperative					(1)(A)(iii).	
4		A medical research organiz		_				(iii). Enter the
		hospital's name, city, and st	•					()
5		An organization operated f		a college or universit	v owne	d or ope	erated by a governme	ntal unit described in
•		section 170(b)(1)(A)(iv). (C		a conego or armoren	,	ч с. срс		
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170(	'h)(1)(Δ)(v)	
7	X	An organization that norma	_					om the general public
•		described in section 170(b)	•	•	pport iii	om a go	vorminorital and or me	om the general pash
8		A community trust describe			Dart II \			
9	$\vdash$	An agricultural research org	-		-		t in conjunction with a	land-grant college
3		or university or a non-land-	=			-	-	
			grant conege or ag	griculture (see iristruci	юна). С	inter the	name, dity, and state of	i the college of
10		university: An organization that norma	lly receives (1) me	oro than 224/29/ of its	cupport	from cou	ntributions momborsh	in foot, and grace
10		receipts from activities rela	ted to its exempt f	functions, subject to c	ertain ex	<i>c</i> eptions	s; and (2) no more thar	331/3 % of its
		support from gross investm	rent income and ur	nrelated business tax	able inco	ome (les:	s section 511 tax) from	businesses
11		acquired by the organization An organization organization organized a						
12	$\vdash$	An organization organized a	•		-			ry out the nurneces of
12		one or more publicly suppor		-	-			
		the box on lines 12a throug	•					
		¬					·	· · · · ·
а		Type I. A supporting orga	•				. , ,	
		the supported organization				ajority of	the directors or truste	es of the
_		supporting organization. \	•	•				
b		<b>Type II.</b> A supporting org	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	· · · · -
		control or management of		=	the sam	e persor	ns that control or man	age the supported
		organization(s). <b>You must</b>	•					
С								ly integrated with,
		_ its supported organization						
d		Type III non-functionally	-					
		that is not functionally into	-		-		•	d an attentiveness
		_ requirement (see instructi	•	-				
е		Check this box if the orga					*, *,	I, Type III
	_	functionally integrated, or			-	-		
Ť		ter the number of supported						
<u>g</u>		ovide the following information			I		I	
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

Schedule A (Form 990) 2021 Page 2

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,244,137.	19,251,171.	25,605,674.	28,722,427.	29,920,253.	122,743,662.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE		
4	Total. Add lines 1 through 3	19,244,137.	19,251,171.	25,605,674.	28,722,427.	29,920,253.	122,743,662.		
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)						NONE		
6	Public support. Subtract line 5 from line 4						122,743,662.		
	tion B. Total Support						122,743,002.		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	19,244,137.	19,251,171.	25,605,674.	28,722,427.	29,920,253.	122,743,662.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	63,984.	83,751.	27,162.	12,458.	895.	188,250.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	22,444.	178,526.	NONE	NONE	NONE	200,970.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . SEE SUPP PAGE	1,519.	NONE	NONE	NONE	NONE	1,519.		
11	Total support. Add lines 7 through 10						123,134,401.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	2,071,772.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here			l, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2021 (li		-			14	99.68 %		
15	Public support percentage from 2020					15	99.61 %		
16a	331/3% support test - 2021. If the or								
	box and <b>stop here.</b> The organization q	•		•					
D	331/3% support test - 2020. If the org	=							
170	this box and <b>stop here</b> . The organization 10%-facts-and-circumstances test - 2			-					
17a	10% or more, and if the organization	_							
	Part VI how the organization meets						•		
	organization			Ū	•				
h	10%-facts-and-circumstances test - 2								
	15 is 10% or more, and if the organization	•							
	in Part VI how the organization meets								
	organization			_	•				
18	Private foundation. If the organization								
. •	instructions								

Schedule A (Form 990) 2021 Page **3** 

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			/1	<u>'</u>	,	
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services 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						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						ı
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6		, ,	. ,	, ,	.,	
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first socon	d third fourth	or fifth tax 10	l ar as a soction	501(c)(2)
14	organization, check this box and <b>stop here</b> .	-			•		· · · · · ·
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche					16	
$\overline{}$	tion D. Computation of Investment					10	/0
17	Investment income percentage for 2021 (lir			13 column (f))		17	%
18	Investment income percentage for 2021 (iii					18	
	331/3% support tests - 2021. If the or						
154	17 is not more than 331/3%, check this	-					. $\square$
<b>L</b>	331/3% support tests - 2020. If the orga		_				
b	line 18 is not more than 331/3%, check				•		
20	<b>Private foundation.</b> If the organization of		-	•		• • •	
			- 20% JII IIIIO	,	,	500 1110111	

JSA 1E1221 1.000 Schedule A (Form 990) 2021 Page 4

#### Part IV **Supporting Organizations**

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

#### Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of statuunder 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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 use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and Ell 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).
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributo (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 organization described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
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Schedule A (Form 990) 2021 Page 5

Part	Supporting Organizations (continued)			- 0 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
30011	on billypo i cupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sacti	on C. Type II Supporting Organizations	2		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	on o. Type ii oupporting 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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
_	Did the consideration of the transfer of the constant of the c		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		r –
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
h	·			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h	I	ı

DR. STANLEY AND PEARL GOODMAN JFS 59-0995106

Sch	edule A (Form 990) 2021			Page <b>6</b>
Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (expla	in in <i>Part VI</i> ). See
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
_2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	n organization

Schedule A (Form 990) 2021

(see instructions).

 Schedule A (Form 990) 2021
 Page 7

<b>Part</b>	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations ;	3				
4	4 Amounts paid to acquire exempt-use assets							
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.		8	В				
9	9 Distributable amount for 2021 from Section C, line 6							
10	10 Line 8 amount divided by line 9 amount 10							
		(i)	(ii)		(iii)			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCO	ME					
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
MISCELLANEOUS INCOME	1,519.	NONE	NONE	NONE	NONE	1,519.
TOTALS	1,519.	NONE	NONE	NONE	NONE	1,519.
:			==========			

# Schedule B (Form 990)

**Schedule of Contributors** 

OMB No. 1545-0047

**Employer identification number** 

2021

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC. 59-0995106 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

DR. STANLEY AND PEARL GOODMAN JFS Name of organization OF BROWARD COUNTY, INC.

Employer identification number 59-0995106

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

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_	N/A	\$22,516,115.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$ 1,198,574	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)  Schedule B (Form 990) (2021

JSA

Schedule B (Form 990) (2021) Page **3** 

Name of organization DR. STANLEY AND PEARL GOODMAN JFS
OF BROWARD COUNTY, INC.

Employer identification number 59-0995106

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

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

Page 4 Schedule B (Form 990) (2021)

Name of organization DR. STANLEY AND PEARL GOODMAN JFS 59-0995106 OF BROWARD COUNTY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

**Employer identification number** 

#### SCHEDULE D (Form 990)

Department of the Treasury

# 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.

2021
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC 59-0995106 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

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

Schedule D (Form 990) 2021

			ND PEARL G			Other Circiler		995106	Page 2
	organizations Maintaini								
3	Using the organization's acquisition		and other reco	ras, check	any or the	rollowing that	make sign	illicant us	e or its
_	collection items (check all that app	ıy):							
a	Public exhibition		d	=	or exchange	program			
b	Scholarly research	rations	e	_ Other					
C	Preservation for future gene Provide a description of the organ		otions and oval	ain haw t	hav furthar	the organizatio	n'a ayamn	t nurnaca	in Dort
4	XIII.	iizations colle	ctions and exp	aiii now t	ney further	the organization	ns exemp	i puipose	III Pait
5	During the year, did the organization	n colicit or roc	oive denations	of art hiete	orical traceur	os or other sim	vilar		
J	assets to be sold to raise funds rath						_	Yes	No
D۵	rt IV Escrow and Custodial A			art or the c	ngamzation.	s conection:		163	140
ıa	Complete if the organiza			rm 990 P	art IV line	9 or reported	an amour	nt on For	m
	990, Part X, line 21.	alon anowere	u 103 0111 0	1111 000, 1	art iv, inio	o, or reported	an amou	it on i on	
1a	Is the organization an agent, trus	tee, custodian	or other interr	nediary fo	or contribution	ons or other as	ssets not		
	included on Form 990, Part X?						Γ	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and	complete the fo	ollowing tab	ole:				
	, , , , , , , , , , , , , , , , , , ,		,	3			Amount		
С	Beginning balance				1c				
d	A 1 11:1 1 1 1								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an am					stodial account	liability?	Yes	No
	If "Yes," explain the arrangement in							 	
	rt V Endowment Funds.								
	Complete if the organiza	ation answere	d "Yes" on Fo	rm 990, P	art IV, line	10.			
		(a) Current ye	ar <b>(b)</b> Pri	or year	(c) Two years	back (d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance	91,31	.9.	79,013.	77,8	68.	74,221.	6	59,783.
	Contributions								
	Net investment earnings, gains,								
	and losses	-12,15	9.	18,116.	1,1	45.	3,647.		4,438.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses			5,810.					
	End of year balance	79,16	50.	91,319.	79,0	13.	77,868.	-	74,221.
2	Provide the estimated percentage			ce (line 1g,	column (a)) I	neld as:			
а	Board designated or quasi-endown	nent ▶ 100.0	0000_%						
b	Permanent endowment	%							
С	Term endowment ▶	.%							
	The percentages on lines 2a, 2b, a		•						
32	Are there endowment funds not in	the possession	n of the organiz	ation that	are held and	l administered for	or the	-	
Ja	Are there endowment runds not in							Y	es No
Ja	organization by:								-
Ja								3a(i)	Х
	organization by: (i) Unrelated organizations (ii) Related organizations							3a(ii)	X
	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related	ed organization	s listed as requi	ed on Sch	edule R?			<u> </u>	
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations.	ed organization	s listed as requi	ed on Sch	edule R?			3a(ii)	
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related bescribe in Part XIII the intended until VIII Land. Buildings, and Equ	ed organization uses of the org	s listed as requir anization's endo	ed on Schoowment fur	edule R?			3a(ii) 3b	X
b 4	organization by:  (i) Unrelated organizations  (ii) Related organizations  If "Yes" on line 3a(ii), are the related organizations.	ed organization uses of the org uipment. ation answere	s listed as requir anization's endo	red on Schoowment fur orm 990, F	edule R?		m 990, Pa	3a(ii) 3b	10.

456,313.

180,528.

18,500.

 229,822.
 226,491.

 102,622.
 77,906.

 11,892.
 6,608.

 .....▶
 311,005.

Schedule D (Form 990) 2021

c Leasehold improvements

d Equipment.....

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2021 DR. STANLEY AND	D PEARL GOODMAN	JFS 5	9-0995106	Page
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 valua Cost or end-of-year mark		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	"Vaa" on Farm 000	Dort IV line 11e Coe Form 000	Dort V line	10
Complete if the organization answered	i	•		13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark		
(4)		Cook of Cita of your main		
(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) Des	scription		(b) Book va	alue
(1)INVEST. IN JFS OF BROWARD FDN.			2,634,	,847
(2)DUE FROM JFS OF BROWARD FDN.				,820.
(3)BENEFICIAL INTEREST IN TRUST			61,	,650
(4)SECURITY DEPOSITS			21	,746
(=)			1	

(a) Description	(b) Book value
(1)INVEST. IN JFS OF BROWARD FDN.	2,634,847.
(2)DUE FROM JFS OF BROWARD FDN.	842,820.
(3)BENEFICIAL INTEREST IN TRUST	61,650.
(4)SECURITY DEPOSITS	21,746.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	3,561,063.

#### 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)DUE TO JEWISH FAMILY HOMECARE	3,956,820.
(3)DUE TO JFS OF BROWARD FDN	181,426.
(4)DUE TO NURSING PLUS BROWARD	3,225.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,141,471.

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
C	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form</i> 990, <i>Part I, line 12.</i> )	5
Part		irn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.) 4b	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5
	XIII Supplemental Information.	
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F : XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	

#### Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO GENERATE REVENUES TO SUPPORT VARIOUS PROGRAMS.

PART X, LINE 2:

DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC. IS A NON-PROFIT CORPORATION WHICH IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA.

THE ORGANIZATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON INTEREST EXPENSE, RESPECTIVELY. THE ORGANIZATION DID NOT INCUR ANY TAX EXPENSES DURING THE YEAR ENDED JUNE 30, 2022.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE ORGANIZATION FILES INCOME TAX RETURNS. ADDITIONALLY, THE ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2019.

# 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.

Name of the organization DR STANLEY AND PEARL GOODMAN ITES

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

OMB No. 1545-0047

**Open to Public** Inspection

Schedule I (Form 990) 2021

Name of the organization DR. STANLEY AND PEA	RL GOODMAN	I JFS				Employer identification	on number
OF BROWARD COUNTY, INC.						59-0995106	
Part I General Information on Grants a	nd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistandedures for mo	ce?	of grant funds in th	e United States.			X Yes No
Part IV, line 21, for any recipient		-					50
(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations li	•	•					

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HOLOCAUST SURVIVORS FINANCIAL ASSISTANCE	785	20,143,350.			
2 FINANCIAL ASSISTANCE	2,191	1,434,721.			
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.

PART X, LINE 2:

FINANCIAL AID EVALUATES THE REQUEST AND FUNDS. THE DIRECTOR OF FINANCE
THEN APPROVES IT BEFORE GOING TO APPROVAL AND SIGNATURE OF THE CHIEF
OPERATING & HR OFFICER OR CEO.

#### **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OF BROWARD COUNTY,

INC

DR. STANLEY AND PEARL GOODMAN JFS

Employer identification number 59-0995106

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2021

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

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

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 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
DAVID MALCUN (THRU 5/2	(i)	148,269.	80,621.	NONE	1,577.	12,089.	242,556.	NONE	
1 CHIEF OPERATING & HR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
CLAUDIA WELSH (THRU 3/	(i)	149,999.	3,750.	1,479.	1,298.	8,282.	164,808.	NONE	
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
ERIC TROY	(i)	130,000.	15,000.	3,800.	1,690.	8,729.	159,219.	NONE	
3 DIR. HOLOCAUST SURV A	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
_13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

#### Part | Supplemental Information

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

PART I, LINE 7:

COLUMN (B)(II).

DISCRETIONARY BONUSES ARE PAID TO CERTAIN STAFF MEMBERS BASED ON ANNUAL PERFORMANCE AND ARE BOARD APPROVED. THE BONUSES ARE REPORTED ON PART II,

#### **SCHEDULE M** (Form 990)

**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 instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DR. STANLEY AND PEARL GOODMAN JFS

Employer identification number

OF	BROWARD COUNTY, INC.				59-(	0995106			
Par	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	no	Method of ncash cont		_	_
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								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
• •	or trust interests								
12	Securities - Miscellaneous				_				
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
•	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory		427	528,784	. MAI	RKET OU	OTAT	'ION	
20	Drugs and medical supplies			, -			_		
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►()								
26	Other ►()								
27	Other ►()								
28									
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	or				
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	_ 29				
								Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I,	ines 1	through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and whic	h isn't	required			
	to be used for exempt purposes for	the entire h	olding period?				30a		Х
b	If "Yes," describe the arrangement i	n Part II.							
31	Does the organization have a		tance policy that require	es the review of an	y nons	standard			
	contributions?				-		31	Х	
32a	Does the organization hire or use								
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an describe in Part II.	amount in o	column (c) for a type of pro	perty for which columr	(a) is c	:hecked,			

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

Schedule M (Form 990) 2021

Part II Suppleme

**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.

PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

## SCHEDULE O (Form 990 or 990-EZ)

#### 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

DR. STANLEY AND PEARL GOODMAN JFS

59-0995106

#### FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 WAS REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE, AND IS CIRCULATED TO THE FULL BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

#### FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS CIRCULATED ANNUALLY TO BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES.

#### FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

COMPENSATION OF THE CEO/CFO/CHIEF OPERATING & HR OFFICER FOR GOODMAN

JEWISH FAMILY SERVICES OF BROWARD IS DETERMINED BY THE BOARD OF DIRECTORS

AFTER REVIEW OF INFORMATION PROVIDED BY THE HUMAN RESOURCE

REPRESENTATIVE, AND THE CHAIRMAN OF THE PERSONNEL COMMITTEE OF THE BOD,

AND MEMBERS OF THE ADVISORY BOARD. THEY ARE OR HAVE BEEN MEMBERS OF THE

COMMUNITY. THE HUMAN RESOURCE REPRESENTATIVE REVIEWS THE TOTAL

COMPENSATION OF THE CEO/CFO/COHRO PER REGULATIONS/GUIDELINES ESTABLISHED

BY THE IRS AND INDUSTRY BEST PRACTICES AND MARKET VALUE OF THE POSITION

BASED ON THE CANDIDATE'S EXPERIENCE. DATA REGARDING OTHER DIRECTORS'

SALARIES (CEO/CFO) AT ORGANIZATIONS OF SIMILAR SIZE IS ALSO REVIEWED BY

THE PERSONNEL COMMITTEE OF THE BOD AND PRESENTED TO THE EXECUTIVE BOARD

FOR APPROVAL. THE BOARD OF DIRECTORS, WITH ADVICE FROM THE PERSONNEL

COMMITTEE, ALSO ESTABLISHES GOALS AND OBJECTIVES FOR THE CEO/CFO/COHRO

AND EVALUATES THE PERFORMANCE OF THE CEO/CFO/COHRO BASED ON THE PRIOR

## SCHEDULE O (Form 990 or 990-EZ)

#### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

YEAR'S GOALS AND OBJECTIVES. PERFORMANCE REVIEW 360-DEGREE EVALUATION FOR THE CEO/CFO/COHRO WITHIN SIX MONTHS OF INTRODUCTION CONDUCTED TWICE DURING THIS PERIOD AND THEN YEARLY BY AN INDEPENDENT CONTRACTOR RETAINED BY THE BOD.

#### FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND CONSOLIDATED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON ITS OWN WEBSITE AND TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### FORM 990, PART VI, LINE 3 AND PART VII, SECTION A, LINES 26 & 27:

THE ORGANIZATION'S (2) CONTRACTED INTERIM CFOS PERFORMED THE MANAGEMENT FUNCTIONS FOR THE REPORTING ORGANIZATION, WITH SUPPORT FROM THE REPORTING ORGANIZATION'S CONTRACTED MANAGEMENT SERVICES PROVIDER, POTOTSKY AND ASSOCIATES, P.A.

CONTRACTED INTERIM CFO STEPHANIE PAPPAS (EFFECTIVE JULY 1, 2021 THRU JULY 31, 2021) AND INTERIM CFO WOMESH SAYWACK (EFFECTIVE AUGUST 1, 2021 THRU JUNE 30, 2022) WERE COMPENSATED BY THE MANAGEMENT COMPANY WHICH WAS NOT DISCLOSED TO THE REPORTING ORGANIZATION. THE PAYMENT OF COMPENSATION TO POTOTSKY AND ASSOCIATES, P.A. IS REPORTED ON FORM 990, PART VII, SECTION B, LINE 2 AS INCLUDED IN THE TOTAL NUMBER OF INDEPENDENT CONTRACTORS (8) THAT RECEIVED MORE THAN \$100,000 OF COMPENSATION FROM THE ORGANIZATION.

Name of the organization						Employer identification number	
DR.	STANLEY	AND	PEARL	GOODMAN	JFS	59-0995106	

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHE	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ALTERNATIVE HOME HEALTH CARE 16847 NW 67TH AVENUE HIALEAH, FL 33015	HOME HEALTH CARE SVC	1,200,504.
COMFORTS OF HOME 10400 GRIFFIN ROAD, #210 COOPER CITY, FL 33328	HOME HEALTH CARE SVC	623,560.
SILVER OAKS HOMEHEALTH CARE, INC. 290 NW 165TH STREET, SUITE P-100 NORTH MIAMI BEACH, FL 33162	HOME HEALTH CARE SVC	556,405.
AFFORDABLE MEDICAL 7138 N. UNIVERSITY DRIVE TAMARAC, FL 33321	MEDICAL SUPPLIES	163,601.
O'CONNELL & GOLDBERG, INC. 1955 HARRISON STREET, SUITE 100 HOLLYWOOD, FL 33020	PUBLIC RELATIONS	147,463.

#### SCHEDULE R (Form 990)

Department of the Treasury

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Internal Revenue Service

Some of the organization

Name of the organization

OMB No. 1545-0047
2021

Open to Public Inspection

Name of the organization DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC.

Employer identification number 59-0995106

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

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					

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

(a) Name, address, and EIN of related organization	<b>(b)</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	Section 5	g) 512(b)(13) rolled tity?
						Yes	No
(1) JFS OF BROWARD FOUNDATION, INC. 46-5507093							
5890 S PINE ISLAND ROAD DAVIE, FL 33328	FUNDRAISING	FL	501(C)(3)	12	GOODMAN JFS	х	
(2) JEWISH FAMILY HOMECARE, INC. 47-3467060							
5890 S PINE ISLAND RD STE #200 DAVIE, FL 33328	ELDERLY CARE	FL	501(C)(3)	12	GOODMAN JFS	х	
_(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

**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. Part III

٨	(a) lame, address, and EIN of related organization	(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 t income		(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		oounity)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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. Part IV

<i>,</i>				<u> </u>			
(a) Name, address, and EIN of related organization	<b>(b)</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	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	<u> </u>
	Loans or loan guarantees to or for related organization(s)	1d	_	
	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m		1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		Х
·				
r	Other transfer of cash or property to related organization(s)	1r		Х
s		1s		Х
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thres	shold	S.	

(a) (b) (c) (d)

(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) JFS OF BROWARD FOUNDATION, INC.	С	2,466,464.	COST
(2) JFS OF BROWARD FOUNDATION, INC.	D	2,634,847.	COST
(3) JFS OF BROWARD FOUNDATION, INC.	D	842,820.	COST
(4) JEWISH FAMILY HOMECARE, INC.	E	3,956,820.	COST
(5) JFS OF BROWARD FOUNDATION, INC.	E	181,426.	COST
(6) JEWISH FAMILY HOMECARE, INC.	М	15,359,020.	COST

Schedule R (Form 990) 2021

## 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.

	anationa F10 F14)		ations?	assets			Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ner?	(k) Percentage ownership
	from tax under sections 512 - 514)	Yes	No		Yes	No	(1 01111 1000)	Yes	No	

59-0995106