A For the 2022 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

and ending

OMB No. 1545-0047 Inspection

A F	or th	e 202	2 calendar year, or tax year begin	ıning	07/01/202	22	and ending			06/30/	2023			
B c	heck if ap	pplicable:	C Name of organization DR. STA OF BROWARD COUNTY, IN		ND PEARL	GOODMAN	JFS		Employer ide	ntification	number			
	Addre		Doing Business As GOODMAN J	FS OF	BROWARD C	OUNTY			59-	099510	6			
	7 1	e change	Number and street (or P.O. box if mail is	not delivered	d to street address	s)	Room/suite	E	E Telephone number					
	Initial	l return	5980 S PINE ISLAND RO	DAD			20	01	(95	4)370-	-2140			
	Term	inated	City or town, state or province, country, a		reign postal code				,	,				
	Amer		DAVIE, FL 33328						Gross receipts	\$ 32	,077,2	39.		
		cation	F Name and address of principal officer:	RANI	Y COLMAN			Н	l(a) Is this a group	return for	Yes	X No		
	pendi	iiig	5980 S PINE ISLAND RI			[E. FL 3	3328	Н	subordinates? (b) Are all subordin		Yes	☐ No		
$\overline{}$	Tax-ex	empt st			insert no.)	4947(a)(1) o			If "No," attach	,	structions)			
J	Websi	ite: ►	WWW.JFSBROWARD.ORG			- (-)(-)-		Н	(c) Group exemp	tion number	•			
_				Association	Other ►		L Year of fo		n: 1963 M s		-	FL		
	art I		mmary						2000					
			y describe the organization's mission or	r most siar	ificant activities	· GOODM	AN JES OF	' BR(OWARD COL	NTY. I	NC. T			
ė	•		ICATED TO EMPOWERING IND	_								~		
anc			VULNERABLE AND HELPING											
ern	2		k this box					 25% o	f its net assets					
Governance			per of voting members of the governing		•				1	3		21		
જ	4	Numb	per of independent voting members of t	he govern	ing body (Part V	/L line 1b)				4		21		
ties	5	Total	number of individuals employed in cale	ndar vear	2022 (Part V. lir	ne 2a)				5		73		
Activities &	6		number of volunteers (estimate if necess							6		300		
Ac	7a	Total	unrelated business revenue from Part V	III. column	(C). line 12					7a		NONI		
			nrelated business taxable income from I							7b		NONE		
					.,				Prior Year		urrent Y			
	8	Contri	ibutions and grants (Part VIII, line 1h)					2	19,920,25	3.	31,811	.387.		
nue	9	Progra	am service revenue (Part VIII, line 2g)			COPY	FOR		361,65			2,773.		
Revenue	10	Invest	tment income (Part VIII, column (A), line	es 3, 4, and	d 7d)	PUBLIC IN	SPECTION		8,56			3,079.		
Ř	11		revenue (Part VIII, column (A), lines 5,						NC			NONE		
	12		revenue - add lines 8 through 11 (must		· ·			3	0,290,47	_	32,077			
	13		s and similar amounts paid (Part IX, colu						1,578,07		23,837			
	14	Benefits paid to or for members (Part IX, column (A), line 4)							NC			NONI		
s	15								5,130,73	_	5,738,407			
Expenses		a Professional fundraising fees (Part IX, column (A), line 11e)							NC		NON			
Бe	b	Total	fundraising expenses (Part IX, column (I	D). line 25)	> 3	01,134.								
ш			expenses (Part IX, column (A), lines 11						2,393,30	8.	2,794	1,183.		
			expenses. Add lines 13-17 (must equal					2	9,102,11		32,370			
			nue less expenses. Subtract line 18 from						1,188,35		-292	2,915.		
or			·						ng of Current Ye		End of Ye			
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)					1	2,340,75	6.	12,042	2,284.		
ASS	21	Total	liabilities (Part X, line 26)						6,735,65	2.	6,728	,951.		
E E	22		ssets or fund balances. Subtract line 21						5,605,10	4.	5,313	3,333.		
Pa	ırt II	Sig	gnature Block							·				
Un	der pei	nalties o	of perjury, I declare that I have examined thi	s return, in	cluding accompa	nying schedul	es and statemen	nts, and	to the best of	my knowle	dge and b	elief, it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is c	based on all inform	nation of whic	n preparer nas a	ny kno	wieage.					
٠.														
Sig			Signature of officer						Date					
He	re													
			Type or print name and title											
- ·		Print/	Type preparer's name	Preparer's	signature		Date		Check	if PTIN				
Paid		PAU	L HAMMERSCHMIDT	PAUL	HAMMERSCH	HMIDT	04/19/2	2024	self-employe	d P013	384178	<u> </u>		
	parer Only	Firm's	s name > BDO USA					F	irm's EIN 🕨	13-53	81590			
_	Cilly		s address > 200 PARK AVENUE, 381	'H FLOOR I	NEW YORK, NY	10166		F	hone no.	212-8	85-80	00		
May	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)	<u> </u>		<u> </u>	Х	Yes	No		
For	Pape	rwork	Reduction Act Notice, see the separat	e instructi	ons.						Form 99	0 (2022)		

Page 2 Form 990 (2022)

Pa	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?										
	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?										
1	Describe the organization's program service accomplishments for each of its three largest program services, as measured										
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.										
4a	(Code:) (Expenses \$30,866,795. including grants of \$23,837,564.) (Revenue \$182,773.)										
	GOODMAN JEWISH FAMILY SERVICES SUPPORTS THOSE WHO FACE DAILY										
	CHALLENGES, INCLUDING THE NORMAL TRANSITIONS OF LIFE, NEW AND										
	UNEXPECTED HARDSHIPS, AND IMMEDIATE CRISES. GOODMAN JFS PROGRAMS										
	PROVIDE COMPREHENSIVE PSYCHOLOGICAL SERVICES, COUNSELING, FOOD,										
	FINANCIAL ASSISTANCE, RESOURCES, AND REFERRALS. INDIVIDUALS AND										
	FAMILIES, SENIORS, HOLOCAUST SURVIVORS, FAMILIES, SURVIVORS OF										
	DOMESTIC ABUSE, PEOPLE WITH DEVELOPMENTAL DISABILITIES, AND THOSE										
	IN NEED OF MENTAL HEALTH SUPPORT ARE AMONG THE CLIENTS WE SERVE.										
	FOR THOSE WHO WANT TO GIVE BACK, VOLUNTEER OPPORTUNITIES ENABLE										
	INDIVIDUALS, GROUPS AND ORGANIZATIONS TO HAVE A DIRECT IMPACT IN										
	THEIR COMMUNITY WHILE HELPING TO EXPAND OUR SERVICES AND REACH.										
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4с	(Code:) (Expenses \$ including grants of \$) (Revenue \$)										
4 .	Other pregram consisce (Deceribe on Cabadula C.)										
4 0	Other program services (Describe on Schedule O.)										
_	(Expenses \$\frac{\text{including grants of \$}}{\text{Notice of \$}}\) (Revenue \$\text{Notice of \$}}										
4e	Total program service expenses 30,866,795.										

Form **990** (2022)

Form 990 (2022)

Part IV Checklist of Required Schedules

r ai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	i i		
-	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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
10	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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total 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
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		Х
h	Schedule D, Parts XI and XII	ıza		
J	"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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4.7		37
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		y
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		X
. 5	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

JSA 2E1021 1.000 Form 990 (2022)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		V	NI -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	37	
24.0	employees? If "Yes," complete Schedule J.	23	X	
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 through 24d and complete Schedule K. If "No," go to line 25a	24a		v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	204		
	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		Х
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
••	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3.7
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34	- V	
35.2	or IV, and Part V, line 1	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	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	005	- 21	
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			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	Х	

JSA 2E1030 2.000

Form **990** (2022)

Form 990 (2022) Page **5**

Par	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 73			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
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
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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		X
	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		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	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 10b			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	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	מדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

59-0995106 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management	• • •		<u> </u>		21
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur	nder t	he direct			
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
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	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			l		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
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	ion B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		NI -
					Yes	No
	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		-	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pro-	•		10b	- V	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling th	e form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests			12b	Х	
_	rise to conflicts?			120	21	
С	describe on Schedule O how this was done	-		12c	Х	
12	Did the organization have a written whistleblower policy?			13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review ar					
.5	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	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safe	guard the	16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedFL,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),		and 990-1	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on Sc	ply.				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents	nents,	conflict o	f inter	est p	olicy,
	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 I			s		

954-370-2140

Form **990** (2022)

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

(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)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) RANDY COLMAN	59.00									
PRESIDENT/CEO	1.00			X				303,719.	NONE	4,540.
(2) ERIC TROY	40.00							30371231	110112	175151
DIR. HOLOCAUST SURVIVORS PROG.	NONE					X		142,183.	NONE	2,070.
(3) BARBARA WELLTE-DI PIETRO	49.00									
CFO	1.00			Х				136,621.	NONE	1,734.
(4) JONATHAN FELIZ	39.00									
HUMAN RESOURCES MANAGER	1.00					Х		107,623.	NONE	1,623.
(5) JODI BERMAN	1.00									
BOARD CHAIR	1.00	Х		Х				NONE	NONE	NONE
(6) DOUGLAS JACOBS	1.00									
TREASURER/IMMEDIATE PAST CHAIR	3.00	Х		Х				NONE	NONE	NONE
(7) WENDI NORRIS	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(8) WILLIAM GROSS, ESQ.	1.00									
VICE CHAIR, GOVERNANCE	NONE	Х						NONE	NONE	NONE
(9) MARCY HOFFMAN	1.00									
VICE CHAIR, PERSONNEL	NONE	Х						NONE	NONE	NONE
(10) STEPHEN JACKMAN	1.00									
VICE CHAIR, DEVELOPMENT	3.00	Х						NONE	NONE	NONE
(11) BARBARA GOLDBERG	1.00									
VICE CHAIR AT LARGE	NONE	Х						NONE	NONE	NONE
(12) MICHAEL MASAREK	1.00									
VICE CHAIR AT LARGE	2.00	Х						NONE	NONE	NONE
(13) SHEA CIRIAGO	1.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(14) ABBY FREEDMAN	1.00									_
BOARD MEMBER (THRU 12/2022)	NONE	X						NONE	NONE	NONE

Form **990** (2022)

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Form 990 (2022) Page **8**

Part VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	ye	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe	erson	e than o is both or/trust	an	Reportable compensation from the	Reportable compensation from related organizations	am	timated nount of other pensatior	n
	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-MISC)	fro orga and	om the anization d related anizations	
15) BENJAMIN GENET	1.00											
BOARD MEMBER	NONE	X						NONE	NONE		N	ONE
(16) PEARL GOODMAN	1.00	_										
EMERITUS	1.00	X						NONE	NONE		N	ONE
17) DR. STANLEY GOODMAN EMERITUS	$\frac{1.00}{1.00}$	X						NONE	NONE		N	ONE
(18) LISA KASTEN	<u> 1.00</u>	-										
BOARD MEMBER	NONE	X						NONE	NONE		N	IONE
(19) LILI LOWELL	1.00							17017	17017			
BOARD MEMBER	NONE	X						NONE	NONE		N	IONE
(20) MARC LOWELL	1.00_	3.5						NONE	NONTE		3.7	CATE
BOARD MEMBER (21) JARED MOSKOWITZ	1.00	X						NONE	NONE		IV	IONE
BOARD MEMBER (THRU 12/2022)	NONE	x						NONE	NONE		N	IONE
22) RONIT NEUMAN	1.00	21						110111	IVOIVE			0111
BOARD MEMBER	NONE	X						NONE	NONE		N	IONE
(23) DR. SHELDON ROSS	1.00											
BOARD MEMBER	1.00	Х						NONE	NONE		N	ONE
24) ERIS SANDLER	1.00											
BOARD MEMBER	NONE	X						NONE	NONE		N	ONE
(25) DAVID SCHULMAN	1.00											
BOARD MEMBER	2.00	X						NONE				ONE
1b Sub-total								690,146.	NONE		9,9	
c Total from continuation sheets to Part VII, Se	-							NONE				ONE
d Total (add lines 1b and 1c)							<u> </u>	690,146.	NONE		9,9	67.
2 Total number of individuals (including but not I reportable compensation from the organization		nose	iiste	a a	DOV	e) who	э ге	eceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes	No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?) If	"Yes	3,"	complete Schedu	le J for such	4		
Did any person listed on line 1a receive or for services rendered to the organization? If "Yes Section B. Independent Contractors	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	5		

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 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 **990** (2022)

Form 990 (2022)	uotooo Va	F.				I	li ad	haat Campanaat	ad Emplaya		Page
Part VII Section A. Officers, Directors, Tr		y ⊑n	тріс			and i	ııgı	1	1	es (c	•
(A) Name and title	(B) Average hours per	(do i	not cl	Pos	C) sition more	e than c	ne	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
	week (list any hours for related	box,	unles	ss pe	rson lirect	is both or/trust	an ee)	from the organization	related organization (W-2/1099-M	ns	other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,		organization and related organizations
26) SHARON SCHWARTZ	1.00										
BOARD MEMBER	1.00	X						NONE	1	ONE	NC
27) SETH WISE	1.00										
BOARD MEMBER	NONE	X						NONE	1	ONE	NC
	<u> </u>										
1b Sub-total c Total from continuation sheets to Part VII, S	oction A						>				
d Total (add lines 1b and 1c)	-										
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of		
reportable compensation from the organizatio	n ►										
- Dild	ı. ,										Yes N
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											3
											3
4 For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	. If	"Yes	5,"				4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	fron	n any	un				5
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
(A) SEE SCHEDULE O Name and business add	dress							(B) Description of se	rvices	С	(C) ompensation

(A) SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 9

Form **990** (2022)

59-0995106

Part VIII Statement of Revenue

		Check if Schedule O	contains a respo	nse or note to ar	ny line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gift and similar amounts not inclue Noncash contributions inclines 1a-1f Total. Add lines 1a-1f	the second secon		31,811,387.			
				Business Code				
Se	2a	COUNSELING SERVICES		624100	182,773.	182,773.		
Program Service Revenue	b c d							
٦	f	All other program service r	evenue -					
	g	Total. Add lines 2a-2f			182,773.			
	3	Investment income (included other similar amounts). Income from investment of	luding dividends,	interest, and	77,850. NONE			77,850.
	5	Royalties			NONE			
	6a b	Gross rents 6a Less: rental expenses 6b		(ii) Personal				
	c	Rental income or (loss) 6c		E NONE				
	d	Net rental income or (loss)			NONE			
evenue	7a b	Gross amount from sales of assets other than inventory 7a Less: cost or other basis and sales expenses 7b	(i) Securities	(ii) Other				
š	С	Gain or (loss) 70						
∝	d				5,229.			5,229.
Other	8a	Gross income from events (not including \$ of contributions reported 1c). See Part IV, line 18 .	fundraising ed on line 8a	NONE NONE				
	b C	Less: direct expenses Net income or (loss) from			NONE			
	9a	Gross income from activities. See Part IV, line	gaming 19 9a	NONE				
		Less: direct expenses		NONE				
	с 10а	Net income or (loss) from Gross sales of inver returns and allowances •	ntory, less		NONE			
		Less: cost of goods sold . Net income or (loss) from s						
	- 6	TAGE HICOTHE OF (1088) HOTHS	saics of inventory.	Business Code	NONE			
neous iue	11a			Dusiless Code				
la Ven	b							
Miscellaneous Revenue	c d	All other revenue						
	е	Total. Add lines 11a-11d			NONE			
	12	Total revenue. See instruc	tions	<u> </u>	32,077,239.	182,773.		83,079.

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	Do not include amounts reported on lines 6h. 7h. (A) (B) (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	23,837,564.	23,837,564.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16	NONE						
4		NONE						
5	Compensation of current officers, directors,	400 103	200 000	60.014	01 000			
	trustees, and key employees	488,123.	397,889.	69,214.	21,020.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20,000.	20,000.					
7	Other salaries and wages	4,155,724.	3,387,501.	589,267.	178,956.			
8	Pension plan accruals and contributions (include	19,986.	15,341.	4,210.	435.			
0	section 401(k) and 403(b) employer contributions)			1,210.	133.			
9	Other employee benefits	637,143.	490,395.	129,782.	16,966.			
10	Payroll taxes	417,431.	324,213.	82,441.	10,777.			
11	Fees for services (nonemployees):				<u> </u>			
а	Management	NONE						
	Legal	66,794.	1,627.	65,167.				
c	Accounting	51,784.		51,784.				
d	Lobbying	NONE						
	Professional fundraising services. See Part IV, line 17.	NONE						
f	f Investment management fees	240.		240.				
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.)	820,978.	753,241.	42,070.	25,667.			
	Advertising and promotion	50,911.	40,722.	5,529.	4,660.			
13	Office expenses	215,862. NONE	159,434.	30,812.	25,616.			
14	Information technology	NONE						
15 16	Royalties	245,191.	221,387.	18,449.	5,355.			
17	Occupancy Travel Travel	32,627.	26,658.	5,815.	154.			
18	Payments of travel or entertainment expenses	32,027	20,70001	3,010.				
	for any federal, state, or local public officials	NONE						
19	Conferences, conventions, and meetings	26,396.	18,989.	6,666.	741.			
20	Interest	10,330.		10,330.				
21	Payments to affiliates	NONE						
22	Depreciation, depletion, and amortization	88,402.	48,029.	40,373.				
23	Insurance	163,224.	133,844.	22,035.	7,345.			
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.)	000 550	000 550					
	FOOD	888,772.	888,772.	20.042	2.466			
	DUES AND SUBSCRIPTIONS MISCELLANEOUS EXPENSES	38,669.	15,261. 85,928.	20,942.	2,466. 976.			
	MISCELLANEOUS EXPENSES	94,003.	05,926.	7,099.	9/6.			
d	All other expenses							
	Total functional expenses. Add lines 1 through 24e	32,370,154.	30,866,795.	1,202,225.	301,134.			
	Joint costs. Complete this line only if the	52,5,0,151.	30,000,733.	1,202,223.	301,131.			
	organization reported in column (B) joint costs from a combined educational campaign and							
	fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							
					- 000 (2222)			

Form **990** (2022)

Form 990 (2022) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,263,406.	1	4,644,604.
	2	Savings and temporary cash investments	180,209.	2	395,715.
	3	Pledges and grants receivable, net	4,881,216.	3	1,983,635.
	4	Accounts receivable, net	18,116.	4	46,315.
	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).	NONE	6	NONE
S	7	Notes and loans receivable, net	NONE		NONE
Assets	8	Inventories for sale or use	NONE		NONE
As	9	Prepaid expenses and deferred charges	46,579.	9	37,980.
	_	Land, buildings, and equipment: cost or other	2070.75		3.7500.
		basis. Complete Part VI of Schedule D 10a 870,776.			
	b	Less: accumulated depreciation	311,005.	10c	438,038.
	11	Investments - publicly traded securities	79,162.	11	81,275.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	3,561,063.	15	4,414,722.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	12,340,756.	16	12,042,284.
	17	Accounts payable and accrued expenses.	1,860,183.	17	2,659,445.
	18	Grants payable	NONE		
	19	Deferred revenue	NONE 733,998.	19	NONE
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
(O	22	Loans and other payables to any current or former officer, director,	NOINE	<u> </u>	NONE
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
įį		controlled entity or family member of any of these persons	NONE	22	NONE
L:	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NOINE	24	INOINE
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4,141,471.	25	4,069,506.
	26	Total liabilities. Add lines 17 through 25	6,735,652.	26	6,728,951.
	20	Organizations that follow FASB ASC 958, check here	0,733,032.	20	0,720,931.
Ses		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	4,828,370.	27	4,382,895.
Ва	28	Net assets with donor restrictions.	776,734.	28	930,438.
pu		Organizations that do not follow FASB ASC 958, check here	7707731.		330 / 130 :
Ţ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
1SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	5,605,104.	32	5,313,333.
ž	33	Total liabilities and net assets/fund balances	12,340,756.	33	12,042,284.
			, , , , , , , , , , ,		Form 990 (2022)

Form **990** (2022)

JSA

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Form 990 (2022) Page **12**

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:	2,0	77,	<u>239</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3:	2,3	70,	<u>154</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	92,	<u>915</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	Į	5,6	05,	<u>104</u> .
5	Net unrealized gains (losses) on investments	5			1,	<u>144</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	Į	5,3	13,	<u>333</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 d	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 audite	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 overs	sight	of			
	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 d	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	its -		3b	X	

Form **990** (2022)

JSA

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization DR. STANLEY AND PEARL GOODMAN JFS 59-0995106 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2022 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,251,171.	25,605,674.	28,722,427.	29,920,253.	31,811,387.	135,310,912.
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	19,251,171.	25,605,674.	28,722,427.	29,920,253.	31,811,387.	135,310,912.
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						135,310,912.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	19,251,171.	25,605,674.	28,722,427.	29,920,253.	31,811,387.	135,310,912.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	83,751.	27,162.	12,458.	895.	77,850.	202,116.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	178,526.	NONE	NONE	NONE	NONE	178,526.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						135,691,554.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	1,833,155.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>		, 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 2022 (lin		-			14	99.72 %
15	Public support percentage from 2021					15	99.68 %
16a	33 1/3% support test - 2022. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2021. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets			_			
L	organization						
D	10%-facts-and-circumstances test - 2	-	=				
	15 is 10% or more, and if the organization most						•
	in Part VI how the organization meets organization			_	-		
18	Private foundation. If the organization						
10	instructions						
							<u> </u>

18

Schedule A (Form 990) 2022 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						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(4) 2021	(a) 2022	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2019	(6) 2020	(d) 2021	(e) 2022	(I) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check			-			
20	Private foundation. If the organization	aid not check	a box on line 1	14 19a or 19h	check this bo	x and see instru	ictions

JSA 2E1221 1.000 Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
----------------	------------	----------------------

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10 a	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			

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b Schedule A (Form 990) 2022

10a

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990) 2022 Page **5**

Part	V Supporting Organizations (continued)			
			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		
	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, provide detail in Part VI.	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
2	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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	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 line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

59-0995106

Schedule A (Form 990) 2022 Page **6**

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ection 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					
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection 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	ited Type III supporting	g organization			
	(see instructions).	=	• • • •				

Schedule A (Form 990) 2022

22

59-0995106

 Schedule A (Form 990) 2022
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e.	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	Amounts paid to acquire exempt-use assets		4	4	
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 2022 from Section C, line 6				
10	Line 8 amount divided by line 9 amount		1	0	
		(i)	(ii)		(iii)

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

23

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Employer identification number

DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC. 59-0995106							
	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private for	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
Check if your organization is	is covered by the General Rule or a Special Rule .						
Note: Only a section 501(c) instructions.)(7), (8), or (10) organization can check boxes for both the General Rule and a	ı Special Rule. See					
General Rule							
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribey or property) from any one contributor. Complete Parts I and II. See instruct I contributions.	_					
Special Rules							
regulations under 16b, and that rece	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 seived from any one contributor, during the year, total contributions of the great ount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete F	0), Part II, line 13, 16a, or eater of (1) \$5,000; or					
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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
Caution: An organization tha	nat isn't covered by the General Rule and/or the Special Rules doesn't file So	chedule B (Form 990), but it					

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Schedule B (Form 990) (2022)

Name of organization 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 nee	led.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$24,071,187.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,894,845.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$733,429.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization 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
		\$	

Name of organization **Employer identification number** 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (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

Schedule B (Form 990) (2022)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC 59-0995106 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 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 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 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: (ii) Assets included in Form 990, Part X.....\$_ 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:

Schoo	dule D (Form 990) 2022 DR .	OMANT DV	AND DEADL O		TEG			F0 (0005106	Dona 2
	rt Organizations Maintainin		AND PEARL G			or Other	Similar A)995106 continue (
3	Using the organization's acquisition									
	collection items (check all that apply				•		J	Ū		
а	Public exhibition	,	d	Loan	or exchang	ge progra	m			
b	Scholarly research		е	Other	·					
С	Preservation for future genera	ations	_	_						
4	Provide a description of the organi	ization's col	lections and expl	ain how	they furthe	er the or	ganization's	s exemp	t purpose	in Part
	XIII.									
5	During the year, did the organization	n solicit or re	eceive donations	of art, hist	orical trea	sures, or	other simil	ar		
	assets to be sold to raise funds rather	er than to be	e maintained as p	art of the	organizatio	on's colle	ction?	[Yes	No
Pa	rt IV Escrow and Custodial Ar	rangemen	ts.							
	Complete if the organizat 990, Part X, line 21.	tion answe	red "Yes" on Fo	m 990, F	Part IV, lin	e 9, or r	eported a	n amoui	nt on For	m
1a	Is the organization an agent, truste	ee, custodia	an or other interr	nediary fo	or contrib	utions or	other asse	ets not		
	included on Form 990, Part X?							[Yes	No
b	If "Yes," explain the arrangement in	Part XIII ar	nd complete the fo	llowing tal	ble:					
								Amount		
С	Beginning balance				1	С				
d	Additions during the year				1	d				
е	Distributions during the year					е				
f	Ending balance									
	Did the organization include an amo								Yes	No No
	If "Yes," explain the arrangement in	Part XIII. C	theck here if the e	xplanation	has been	provided	on Part XIII			
Pa	rt V Endowment Funds.			000 [5 (N / . P .	. 40				
	Complete if the organizat									
	_	(a) Current		•	(c) Two ye		(d) Three ye		(e) Four y	
1a	Beginning of year balance	79,	160.	91,319.	79	,013.	7	77,868.	'	74,221.
b	Contributions									
С	Net investment earnings, gains,	-								0.645
	and losses	6,	132	12,159.	18	3,116.		1,145.		3,647.
	Grants or scholarships									
е	Other expenditures for facilities	4	0.20							
_	and programs	4,	020.			,810.				
	Administrative expenses	01	272.	79,160.		,319.	7	79,013.		77,868.
g			l .					9,013.		77,000.
2	Provide the estimated percentage of Board designated or quasi-endowned			e (line 1g.	, column (a)) neid as): -			
b	Permanent endowment		0000 70							
	Term endowment %	_ ′								
_	The percentages on lines 2a, 2b, ar	nd 2c should	d equal 100%.							
3a	Are there endowment funds not in the		-	ation that	are held a	ınd admi	nistered for	the		
-	organization by:	,							Y	es No
	(i) Unrelated organizations								3a(i)	Х
	(ii) Related organizations								3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related								3b	
4	Describe in Part XIII the intended us	ses of the o	•							<u> </u>
Pa	rt VI Land, Buildings, and Equi Complete if the organiza	ipment. tion answe	ered "Yes" on Fo	rm 990,	Part IV, li					
	Description of property	(a) Cost or other basis (investment)		or other basis other)		cumulated reciation	(c	d) Book valu	е
1a	Land		(III VOCATION)	1		аср	Joidholl			
	Ruildings	•••								

438,038. Schedule D (Form 990) 2022

182,204.

184,932.

70,902.

JSA 2E1269 1.000

c Leasehold improvements....

d Equipment.....

4182SO 702V 29

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

614,942.

70,902.

184,932.

266,877

138,337

27,524

Schedule D (Form 990) 2022 DR. STANLEY AN	<u>ND PEARL GOODMAN</u>	I JFS	59-09	95106	Page
Part VII Investments - Other Securities.					
Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11b. See Form 990, Par	t X, line	12.
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	ıe	
(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. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11c. See Form 990, Par	t X, line	13.
(a) Description of investment	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	ıe	
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6)					
<u>(7)</u>					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. Complete if the organization answered	d "Yes" on Form 990	, Part IV, line	11d. See Form 990, Par	t X, line	15.
(a) De	escription			(b) Book va	alue
(1)INVEST. IN JFS OF BROWARD FDN.				2,634,	847
(2)OPERATING LEASE ROU ASSET				1,224,	605.
(3)DUE FROM JFS OF BROWARD FDN.				473,	054
(4)BENEFICIAL INTEREST IN TRUST				61,	650
(5)SECURITY DEPOSITS				20,	566
<u>(6)</u>					
(7)					
(8)					
<u>(9)</u>					
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)			4,414,	722.
Part X Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990), Part IV, line	11e or 11f. See Form 99	0, Part)	Κ,
1. (a) Descri	ption of liability			(b) Book va	alue
(1) Federal income taxes					
(2)DUE TO JEWISH FAMILY HOMECARE				2,664,	
(3)OPERATING LEASE LIABILITY				1,249,	
(4)DUE TO JFS OF BROWARD FDN				155,	451.
(5)					
(6)					
(7)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . JSA 2E1270 1.000

(9)

4182SO 702V 30

Schedule D (Form 990) 2022

4,069,506.

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	
С	Recoveries of prior year grants	
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 VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
_ c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T T
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	
C	Other losses	
d		2e
e	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	
a b	Other (Describe in Part XIII.)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part	XIII Supplemental Information.	- 1
	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	
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, 2023.

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 2020.

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

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

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization DR. STANLEY AND PEA	Employer identification number						
OF BROWARD COUNTY, INC.	59-0995106						
Part I General Information on Grants a	nd Assistanc	e					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ints or assistan	ce?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
_(3)							
(4)							
(5)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations leads							

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

Schedule I (Form 990) 2022

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	720	21,355,134.		FMV	
THOROCAUST SURVIVORS FINANCIAL ASSISTANCE	720	21,333,134.		PPIV	
2 FINANCIAL ASSISTANCE	1,059	2,482,430.		FMV	
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 InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization DR. STANLEY AND PEARL GOODMAN JFS

OF BROWARD COUNTY, INC.

Part I Questions Regarding Compensation

Employer identification number

59-0995106

			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			
	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 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 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		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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		X
~	If "Yes" on line 5a or 5b, describe in Part III.	0.0		21
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		X
	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	_	37	
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			37
0	in Part III	8		X
9				
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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
RANDY COLMAN	(i)	276,469.	27,250.	NONE	4,540.	NONE	308,259.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)			_	_			
	(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:

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 59-0995106

OI.	BROWARD COUNTY, INC.				
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 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
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	Х	367	888,772.	MARKET QUOTATION
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	
	which the organization completed I	Form 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, line	s 1 through
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required
	to be used for exempt purposes for	the entire h	olding period?		30a X
b	If "Yes," describe the arrangement i	in Part II.			
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard
	contributions?				31 X
32a	Does the organization hire or use				
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column (a) is checked,

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Schedule M (Form 990) 2022

38

describe in Part II.

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Schedule M (Form 990) (2022)

JSA

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

2022

Open to Public Inspection

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 I, LINE 1:

AND WITH DIGNITY IN THEIR HOMES BY PROVIDING INNOVATIVE SOCIAL SERVICES

AND PROGRAMS TO THE BROWARD COMMUNITY. SERVICES PROVIDED BY GOODMAN JFS

ARE BASED ON JEWISH VALUES TO IMPROVE QUALITY OF LIFE REGARDLESS OF RACE,

RELIGION, ETHNIC BACKGROUND, SEXUAL ORIENTATION, AND/OR GENDER IDENTITY.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS, DR. STANLEY GOODMAN AND PEARL GOODMAN HAS A FAMILY RELATIONSHIP.

BOARD MEMBERS, LILI LOWELL AND MARC LOWELL HAS A FAMILY RELATIONSHIP.

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:

JSA 2E1227 1.000

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

DR. STANLEY AND PEARL GOODMAN JFS

59-0995106

COMPENSATION OF THE CEO/CFO FOR GOODMAN JEWISH FAMILY SERVICES OF BROWARD IS DETERMINED BY THE BOARD OF DIRECTORS (BOD) 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 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 AND EVALUATES THE PERFORMANCE OF THE CEO/CFO BASED ON THE PRIOR 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.

Name o	of the organization	Employer identification number
DR	STANLEY AND PEARL GOODMAN JES	59-0995106

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMFORTS OF HOME		
10400 GRIFFIN ROAD #210		
COOPER CITY, FL 33328	HOME CARE SERVICES	959,896.
SILVER OAKS HOMEHEALTH CARE, INC.		
290 NW 165TH STREET, SUITE P-100		
NORTH MIAMI BEACH, FL 33162	HOME CARE SERVICES	947,351.
THE KEY CARE OF FLORIDA, LLC		
P.O BOX 736438		
DALLAS, TX 75373	HOME CARE SERVICES	793,507.
ALTERNATIVE HOME HEALTH CARE		
16847 NW 67TH AVENUE		
HIALEAH, FL 33015	HOME CARE SERVICES	774,359.
ULTIMATE HOMECARE SERVICES		
1250 E. HALLANDALE BEACH BOULEVARD		
HALLANDALE, FL 33009	HOME CARE SERVICES	657,395.

Schedule O (Form 990 or 990-EZ) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
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2022
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Inspection

Employer identification number Name of the organization DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC. 59-0995106

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity			(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) 2022

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

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

59-0995106

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

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		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
d	Loans or loan guarantees to or for related organization(s)	1d	Х	
е	Loans or loan guarantees by related organization(s)	1e	Х	
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h		1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j		1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
n		1n		Х
o	Sharing of paid employees with related organization(s)	10	Х	
	3 (, , , , , , , , , , , , , , , , , , ,			
р	Reimbursement paid to related organization(s) for expenses	1p		Х
a		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	holds	3.	

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

Name of related organization	Transaction type (a - s)	Amount involved	Method of determining amount involved
(1) JFS OF BROWARD FOUNDATION, INC.	С	430,234.	COST
(2) JEWISH FAMILY HOMECARE, INC.	С	113,905.	COST
(3) JFS OF BROWARD FOUNDATION, INC.	D	2,634,847.	COST
(4) JFS OF BROWARD FOUNDATION, INC.	D	473,054.	COST
(5) JEWISH FAMILY HOMECARE, INC.	Е	2,664,163.	COST
(6) JFS OF BROWARD FOUNDATION, INC.	E	155,451.	COST

Schedule R (Form 990) 2022

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more related	ed organizations liste	ed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b	Gift, grant, or capital contribution to related organization(s)				1b	
	Gift, grant, or capital contribution from related organization(s)				1c	
	Loans or loan guarantees to or for related organization(s)				1d	
	Loans or loan guarantees by related organization(s)				1e	
f	Dividends from related organization(s)				1f	
a					1g	
-	Purchase of assets from related organization(s)				1h	
i	Exchange of assets with related organization(s)				1i	
i	Lease of facilities, equipment, or other assets to related organization(s)				1j	
•	(-)					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	
	Sharing of paid employees with related organization(s)				10	
	3 1 1 7 3 (7 11 11 11 11 11 11 11 11 11 11 11 11 11					
р	Reimbursement paid to related organization(s) for expenses				1p	
	Reimbursement paid by related organization(s) for expenses				1q	
·						
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covere	ed relationships and transa	action thres	sholds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Mothod	(d) of determini	ina
	Name of related organization	type (a - s)	Amount involved		nt involved	iiig
(1)	JEWISH FAMILY HOMECARE, INC.	M	15,354,859.	COST		
رم،						
(2)						
(2)						
(3)						
(4)						
(4)						
(5)						
(5)						
(6)						
			Sch	edule R (F	orm 990)	2022
JSA				•	,	

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)		partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
				sections 512 - 514)	Yes	No			Yes	No	(1 01111 1 0 0 0)	Yes	No	
<u>(1)</u>														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

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