

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1 2020, and ending JUN 30, 2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.****2020**

Name of exempt organization or person subject to tax

Taxpayer identification number

TOP JEWISH FOUNDATION, INC.

59-2053655

Name and title of officer or person subject to tax

ROCHELLE WALK
BOARD CHAIR**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	10,949,791.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize CHERRY BEKAERT LLP to enter my PIN 53655
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

5-15-2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59395517122

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

2022.05.11 15:01:21 -04'00'

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization TOP JEWISH FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 13009 COMMUNITY CAMPUS DRIVE City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33625 F Name and address of principal officer: ROCHELLE WALK SAME AS C ABOVE	D Employer identification number 59-2053655 E Telephone number 813-961-9090 G Gross receipts \$ 17,371,934. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.TOPJEWISHFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1980 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO SECURE THE FUTURE OF OUR COMMUNITY BY USING JEWISH-INSPIRED VALUES, INNOVATIVE PHILANTHROPY, 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 4,392,321. Current Year 6,933,255. 9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 964,929. 3,936,905. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,108. 79,631. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,406,358. 10,949,791.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,757,624. 5,615,511. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,725. 1,000,580. 1,102,758. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,758,204. 6,718,269. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -351,846. 4,231,522. 19 Revenue less expenses. Subtract line 18 from line 12	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 54,977,423. End of Year 66,534,235. 21 Total liabilities (Part X, line 26) 24,225,898. 29,441,787. 22 Net assets or fund balances. Subtract line 21 from line 20 30,751,525. 37,092,448.	

Part II Signature Block

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

Sign Here	Signature of officer ROCHELLE WALK, BOARD CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS <i>Amanda Adams</i> 2022.05.14 14:57:03 -04'00' Firm's name ▶ CHERRY BEKAERT LLP Firm's EIN ▶ 56-0574444 Firm's address ▶ 401 EAST JACKSON ST, SUITE 1200 TAMPA, FL 33602 Phone no. 813-251-1010	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1 Briefly describe the organization's mission:

TO SECURE THE FUTURE OF OUR COMMUNITY BY USING JEWISH-INSPIRED VALUES,
INNOVATIVE PHILANTHROPY, AND EXTRAORDINARY SERVICE.

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

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,101,991. including grants of \$ 5,615,511.) (Revenue \$)
FOUNDED IN 1980, TOP JEWISH FOUNDATION ADEPTLY MANAGES OVER 700 FUNDS
FOR INDIVIDUALS, FAMILIES, AND ORGANIZATIONS WITH THE GOAL OF ENHANCING
THE PHILANTHROPIC EXPERIENCE WHILE ENSURING OUR JEWISH FUTURE. WITH A
VALUES-DRIVEN MODEL, WE CONTINUE TO GROW AND DEVELOP, NOW SERVING
COMMUNITIES OUTSIDE OUR ORIGINAL CORE LOCALE.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,101,991.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
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.			

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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
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		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records **MAURICE HART - 813-961-9090**
13009 COMMUNITY CAMPUS DRIVE, TAMPA, FL 33625

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

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

☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELLEN WEISS EXECUTIVE DIRECTOR	40.00			X				123,221.	0.	9,903.
(2) CRAIG POLEJES BOARD CHAIR	0.50	X		X				0.	0.	0.
(3) ALAN SCHWARTZ SECRETARY	0.50	X		X				0.	0.	0.
(4) BONNIE WISE TREASURER	0.50	X		X				0.	0.	0.
(5) ADAM ABELSON VICE CHAIR INVESTMENTS	0.50	X		X				0.	0.	0.
(6) MICHAEL SCHWARTZ VICE CHAIR LEGAL	0.50	X		X				0.	0.	0.
(7) BURT CHASNOV TRUSTEE	0.50	X						0.	0.	0.
(8) ANDREW FEINBERG TRUSTEE	0.50	X						0.	0.	0.
(9) DAVID GEMUNDER TRUSTEE	0.50	X						0.	0.	0.
(10) GARY GOULD TRUSTEE	0.50	X						0.	0.	0.
(11) DANIELLE KRISE TRUSTEE	0.50	X						0.	0.	0.
(12) STEVE KLEIN TRUSTEE	0.50	X						0.	0.	0.
(13) JOE LAHAV TRUSTEE	0.50	X						0.	0.	0.
(14) ED MARKS TRUSTEE	0.50	X						0.	0.	0.
(15) JOEL PITELMAN AT-LARGE TRUSTEE	0.50	X						0.	0.	0.
(16) ELIZABETH SEMBLER TRUSTEE	0.50	X						0.	0.	0.
(17) BRIAN SIMON AT-LARGE TRUSTEE	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROCHELLE WALK TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								123,221.	0.	9,903.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								123,221.	0.	9,903.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	X	

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	425,634.			
	e	Government grants (contributions)	1e	52,594.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,455,027.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		6,933,255.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		829,386.			829,386.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)		3,107,519.			3,107,519.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
	11 a	RESERVE DISTRIBUTION	900099	27,214.			27,214.
	b						
	c						
	d	All other revenue	900099	52,417.			52,417.
e	Total. Add lines 11a-11d		79,631.				
12	Total revenue. See instructions		10,949,791.	0.	0.	4,016,536.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,615,511.	5,615,511.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	23,735.		23,735.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	640,585.	201,944.	438,641.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	30,725.			30,725.
13 Office expenses	24,820.	16,511.	8,309.	
14 Information technology				
15 Royalties				
16 Occupancy	13,200.	9,240.	3,960.	
17 Travel	2,114.	1,480.	634.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	9,213.	6,449.	2,764.	
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.)				
a SHARED SERVICES	355,352.	248,746.	106,606.	
b				
c				
d				
e All other expenses	3,014.	2,110.	904.	
25 Total functional expenses. Add lines 1 through 24e	6,718,269.	6,101,991.	585,553.	30,725.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	34,985.	1	74,189.
	2 Savings and temporary cash investments	4,420,819.	2	5,509,385.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 58,206.		
	b Less: accumulated depreciation	10b 58,206.	10c 0.	0.
	11 Investments - publicly traded securities	45,687,524.	11	56,444,603.
	12 Investments - other securities. See Part IV, line 11	3,973,327.	12	4,506,058.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	860,768.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	54,977,423.	16	66,534,235.	
Liabilities	17 Accounts payable and accrued expenses	1,527.	17	964.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	24,114,542.	21	29,388,292.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	52,150.	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	57,679.	25	52,531.
	26 Total liabilities. Add lines 17 through 25	24,225,898.	26	29,441,787.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,505,743.	27	24,053,825.
	28 Net assets with donor restrictions	11,245,782.	28	13,038,623.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	30,751,525.	32	37,092,448.
	33 Total liabilities and net assets/fund balances	54,977,423.	33	66,534,235.

Form 990 (2020)

Part XI Reconciliation of Net AssetsCheck 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	10,949,791.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,718,269.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,231,522.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,751,525.
5	Net unrealized gains (losses) on investments	5	2,109,401.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,092,448.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number

59-2053655

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8353975.	3199247.	4882688.	4392321.	6933255.	27761486.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	8353975.	3199247.	4882688.	4392321.	6933255.	27761486.
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)						2519339.
6 Public support. Subtract line 5 from line 4.						25242147.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8353975.	3199247.	4882688.	4392321.	6933255.	27761486.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	692,816.	774,277.	848,762.	826,656.	829,386.	3971897.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				49,108.	79,631.	128,739.
11 Total support. Add lines 7 through 10						31862122.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.22	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.88	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described in line 11a above?
- c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section 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 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**SETTLEMENT PROCEEDS**

2019 AMOUNT: \$ 29,403.

RESERVE DISTRIBUTION

2019 AMOUNT: \$ 19,705.

2020 AMOUNT: \$ 27,214.

OTHER INCOME

2020 AMOUNT: \$ 52,417.

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number

59-2053655

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

TOP JEWISH FOUNDATION, INC.

59-2053655

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,452,367.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,028,047.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>300,196.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>253,611.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

TOP JEWISH FOUNDATION, INC.

59-2053655

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 195,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 155,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 155,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

TOP JEWISH FOUNDATION, INC.

59-2053655

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

[illegible]

Name of organization

Employer identification number

TOP JEWISH FOUNDATION, INC.

59-2053655

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 info. once.) ► \$ _____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020
Open to Public
Inspection

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number
59-2053655

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	262	
2 Aggregate value of contributions to (during year)	5,698,964.	
3 Aggregate value of grants from (during year)	4,478,318.	
4 Aggregate value at end of year	19,150,745.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,899,014.	14,552,188.	13,869,465.	13,823,688.	10,368,126.
b Contributions	718,081.	703,741.	716,770.	417,618.	3,325,249.
c Net investment earnings, gains, and losses	2,837,410.	341,520.	732,512.	593,190.	861,979.
d Grants or scholarships	913,000.	512,005.	161,556.	314,094.	24,190.
e Other expenditures for facilities and programs	308,065.	186,430.	605,003.	650,937.	707,476.
f Administrative expenses					
g End of year balance	17,233,440.	14,899,014.	14,552,188.	13,869,465.	13,823,688.

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

a Board designated or quasi-endowment ☒ 24.3400 %

b Permanent endowment ☒ 4.4800 %

c Term endowment ☒ 71.1800 %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		46,961.	46,961.	0.
e Other		11,245.	11,245.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) STATE OF ISRAEL BONDS	2,904,723.	END-OF-YEAR MARKET VALUE
(B) PARTNERSHIP INVESTMENT -		
(C) REAL ESTATE	1,587,001.	END-OF-YEAR MARKET VALUE
(D) LIMITED PARTNERSHIP		
(E) INTEREST	14,334.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,506,058.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	
(3) OBLIGATIONS	52,531.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	52,531.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	13,057,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,109,401.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,109,401.
3	Subtract line 2e from line 1	3	10,948,558.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,233.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,233.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,949,791.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,717,036.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,717,036.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,233.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	1,233.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,718,269.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

TOP INVESTS ITS OWN FUNDS AND FUNDS HELD FOR THE BENEFIT OF OTHERS ON A POOLED OR SEGREGATED BASIS AS APPROPRIATE. TRANSFERS OF ASSETS TO TOP BY OTHERS WHO SPECIFY THEMSELVES OR THEIR AFFILIATES AS THE BENEFICIARIES ARE NOT CONSIDERED CONTRIBUTIONS AND ARE RECORDED AS A LIABILITY BY TOP.

FUNDS RECEIVED DIRECTLY FROM ALL FEDERATIONS AND CERTAIN FUNDS RECEIVED FROM OTHER NONPROFITS THAT SPECIFY THEMSELVES OR THEIR AFFILIATES AS BENEFICIARIES ARE CONSIDERED MANAGED FUNDS AND ARE CLASSIFIED AS A LIABILITY. IN ADDITION EACH OF THE FOUNDING FEDERATIONS (LISTED AS RELATED ORGANIZATIONS IN SCHEDULE R) HOLDS AN AGENCY FUND WITH TOP WHICH IS ALSO CLASSIFIED AS A LIABILITY.

Part XIII Supplemental Information *(continued)*

PART V, LINE 4:

ENDOWMENT FUNDS ARE USED TO SUPPORT SPECIFIC ORGANIZATIONS, SPECIFIC
FIELDS OF INTEREST OR TO ENDOW ANNUAL GIVING TO JEWISH FEDERATIONS.

THE PERCENTAGE REPORTED FOR PERMANENT ENDOWMENTS INCLUDES AMOUNTS THAT
MUST BE MAINTAINED IN PERPETUITY AS WELL AS ACCUMULATED EARNINGS ON SUCH
AMOUNTS THAT HAVE NOT YET BEEN APPROPRIATED FOR EXPENDITURE.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number
59-2053655

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

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

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY PREP CENTER OF ST. PETERSBURG, INC. - 2301 22ND AVENUE SOUTH - ST. PETERSBURG, FL 33712	59-3623000	501(C)(3)	24,180.	0.			GENERAL
AAVAS YISRAEL CHARITY FUND 115 SUDBROOK LANE, SUITE E BALTIMORE, MD 21208	52-1219478	501(C)(3)	10,000.	0.			GENERAL
ALEXANDER MUSS INSTITUTE FOR ISRAEL EDUCATION, INC. - 78 RANDALL AVENUE - ROCKVILLE CENTRE, NY 11570	59-0173782	501(C)(3)	32,500.	0.			GENERAL
ALZHEIMER'S ASSOCIATION ATTENTION; ELIZABETH HARDER 4600 PARK RD STE 250 - CHARLOTTE, NC 28209	13-3039601	501(C)(3)	10,000.	0.			GENERAL
AMERICAN HEART ASSOCIATION-HQ 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	5,250.	0.			GENERAL
AMERICAN ISRAEL EDUCATION FOUNDATION - 251 H STREET, NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	75,000.	0.			GENERAL

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

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

127.
0.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) TOP JEWISH FOUNDATION, INC.

59-2053655

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - TAMPA BAY CHAPTER - 3310 W. MAIN STREET - TAMPA, FL 33607	53-0196605	501(C)(3)	25,000.	0.			GENERAL
ANTI DEFAMATION LEAGUE 605 THIRD AVENUE NEW YORK, NY 10158	13-1818723	501(C)(3)	14,301.	0.			GENERAL
ANTI-DEFAMATION LEAGUE (CHICAGO) ATTN: DEVELOPMENT 120 S. LASALLE STREET, SUITE 1550 - CHICAGO, IL 60603	13-1818723	501(C)(3)	5,300.	0.			GENERAL
ANTI-DEFAMATION LEAGUE (DC) ATTN: KAY ERICSON 1100 CONNECTICUT AVE. NW #1020 - WASHINGTON, DC 20036	13-2887439	501(C)(3)	10,000.	0.			GENERAL
ARTS CONSERVATORY FOR TEENS PO BOX 35424 ST PETERSBURG, FL 33705	46-0918503	501(C)(3)	11,500.	0.			GENERAL
BAIS MENACHEM CHABAD 1319 W. NORTH B. ST TAMPA, FL 33606	26-0561982	501(C)(3)	10,400.	0.			GENERAL
BBO, INC. ATTN: DEVELOPMENT 800 8TH STREET NW WASHINGTON, DC 20001	31-1794932	501(C)(3)	10,360.	0.			GENERAL
BERKELEY PREPARATORY SCHOOL INC ATTN: LEANN COREY 4811 KELLY ROAD TAMPA, FL 33615	59-1292802	501(C)(3)	6,050.	0.			GENERAL
BETH EL HEBREW CONGREGATION 3830 SEMINARY RD. ALEXANDRIA, VA 22304-1733	54-0681891	501(C)(3)	5,275.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT ISRAEL FOUNDATION 711 3RD AVE 10TH FLOOR NEW YORK, NY 10017	13-4092050	501(c)(3)	8,160.	0.			GENERAL
CENTRAL FLORIDA HILLEL 3925 LOCKWOOD BLVD, SUITE 2001 OVIDO, FL 32765	52-1844823	501(c)(3)	30,700.	0.			GENERAL
CHABAD AT UNIVERSITY OF CENTRAL FLORIDA - 600 OAK CIRCLE - OVIDO, FL 32765	20-5758752	501(c)(3)	108,550.	0.			GENERAL
CHABAD HEBREW ACADEMY, INC., ATTN: RABBI DENBURG 1500 NORTH STAT MARGATE, FL 33063	20-5596977	501(c)(3)	13,300.	0.			GENERAL
CHABAD JEWISH CENTER OF GREATER ST. PETERSBURG - ATTN: RABBI ALTER KORF 4010 PARK STREET NORTH - ST, PETERSBURG, FL 33709-4034	54-2109799	501(c)(3)	11,800.	0.			GENERAL
CHABAD LUBAVITCH OF TAMPA BAY 14908 PENNINGTON ROAD TAMPA, FL 33624	81-4748064	501(c)(3)	35,741.	0.			GENERAL
CHABAD OF CORAL SPRINGS 3925 NORTH UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	27-0890485	501(c)(3)	16,570.	0.			GENERAL
CHABAD OF SOUTH TAMPA 606 S TAMPANIA AVE TAMPA, FL 33609	26-1576111	501(c)(3)	17,160.	0.			GENERAL
CLOTHES TO KIDS, INC. 1059 N. HERCULES AVE CLEARWATER, FL 33765	14-1849798	501(c)(3)	29,850.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY TAMPA BAY 2727 ULMERTON ROAD, SUITE 200 CLEARWATER, FL 33762	81-0675602	501(c)(3)	10,000.	0.			GENERAL
COMMUNITY TAMPA BAY 2727 ULMERTON ROAD SUITE 200 CLEARWATER, FL 33762	81-0675602	501(c)(3)	10,000.	0.			GENERAL
CONGREGATION AHAVAS ISRAEL 708 LAKE HOWELL ROAD MAITLAND, FL 32751	59-3222318	501(c)(3)	8,070.	0.			GENERAL
CONGREGATION BETH AM P.O. BOX 915756 LONGWOOD, FL 32791-5756	59-2678553	501(c)(3)	24,910.	0.			GENERAL
CONGREGATION BETH HA TEPHILA 43 NORTH LIBERTY STREET ASHVILLE, NC 28801	56-0611573	501(c)(3)	5,025.	0.			GENERAL
CONGREGATION BETH SHALOM 1325 SOUTH BELCHER ROAD CLEARWATER, FL 33764	59-1290855	501(c)(3)	30,286.	0.			GENERAL
CONGREGATION B'NAI ISRAEL ATTN: DOROTHY BROWSE 300 58TH STREET NORTH - ST. PETERSBURG, FL 33710	59-0747302	501(c)(3)	70,925.	0.			GENERAL
CONGREGATION KEHILATH JESHURUN 125 EAST 85TH STREET NEW YORK, NY 10028	13-1656644	501(c)(3)	5,250.	0.			GENERAL
CONGREGATION KOL AMI 3919 MORAN ROAD TAMPA, FL 33618	59-1803680	501(c)(3)	385,848.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION OF REFORM JUDAISM, INC. - ATTN: ACCOUNTING 928 MALONE DRIVE - ORLANDO, FL 32810	59-0882965	501(c)(3)	27,581.	0.			GENERAL
CONGREGATION OHEV SHALOM 613 CONCOURSE PKWY SOUTH MAITLAND, FL 32751	59-0874048	501(c)(3)	72,322.	0.			GENERAL
CONGREGATION RODEPH SHOLOM 2713 BAYSHORE BOULEVARD TAMPA, FL 33629	59-0872678	501(c)(3)	78,774.	0.			GENERAL
CONGREGATION SCHAARAI ZEDEK 3303 W. SWANN AVENUE TAMPA, FL 33609-4699	59-1394424	501(c)(3)	42,297.	0.			GENERAL
CURE ALZHEIMER'S FUND 34 WASHINGTON STREET SUITE 310 WELLESLEY HILLS, MA 02481	52-2396428	501(c)(3)	5,500.	0.			GENERAL
DRUG FREE AMERICA FOUNDATION, INC. 333 3RD AVE N STE 200A ST. PETERSBURG, FL 33701	59-1662427	501(c)(3)	67,300.	0.			GENERAL
EASTERN MUSIC FESTIVAL PO BOX 22026 GREENSBORO, NC 27420	56-0771005	501(c)(3)	20,000.	0.			GENERAL
FBG FOUNDATION 12520 ULMERTON ROAD LARGO, FL 33774	59-1230940	501(c)(3)	10,000.	0.			GENERAL
FEEDING TAMPA BAY (AKA FEEDING AMERICA TAMPA BAY) - 4702 TRANSPORT DRIVE, BUILDING 6 TAMPA, FL, FL 33605	59-2116576	501(c)(3)	6,110.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAG P.O. BOX 911 COLLEEVILLE, TX 76034	38-2896940	501(c)(3)	5,500.	0.			GENERAL
FLORIDA COUNCIL ON ECONOMIC EDUCATION INC. - 501 S. DAKOTA AVE - TAMPA, FL 33606	59-1643458	501(c)(3)	6,000.	0.			GENERAL
FOUNDATION FOR THE DEFENSE OF DEMOCRACIES - PO BOX 33249 - WASHINGTON, DC 20033	13-4174402	501(c)(3)	10,000.	0.			GENERAL
FREEFALL THEATRE, INC. ATTN CHERYL 6099 CENTRAL AVENUE ST. PETERSBURG, FL 33710	26-4251761	501(c)(3)	11,100.	0.			GENERAL
FRIENDS OF THE ISRAEL DEFENSE FORCES - PO BOX 4224 - NEW YORK, NY 10163	13-3156445	501(c)(3)	11,000.	0.			GENERAL
GESHER 10701 S.W. 25TH AVENUE PORTLAND, OR 97219	93-1065718	501(c)(3)	7,000.	0.			GENERAL
GREENSBORO JEWISH FEDERATION 5509C W FRIENDLY AVE GREENSBORO, NC 27410	23-7107693	501(c)(3)	10,000.	0.			GENERAL
GULF COAST JEWISH FAMILY AND COMMUNITY SERVICES, INC. - SUSAN FARLEY 14041 ICOT BOULEVARD - CLEARWATER, FL 33760	59-1229354	501(c)(3)	213,370.	0.			GENERAL
HADASSAH * THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - 40 WALL STREET 8TH FLOOR - NEW YORK, NY 10005	13-1656651	501(c)(3)	5,543.	0.			GENERAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

HADASSAH THE WOMENS ZIONIST ORGANIZATION OF AMERICA, INC. - C/O LAURIE REISKIND 1216 DARLINGTON OAK CIRCLE NE - ST	13-1656651	501(C)(3)	7,140.	0.			GENERAL
HANGER HALL SCHOOL INC 64 W. T. WEAVER BLVD ASHEVILLE, NC 28804	86-1145430	501(C)(3)	20,500.	0.			GENERAL
HILLEL SCHOOL OF TAMPA, INC. D/B/A HILLEL ACADEMY 2020 WEST FLETCHER AVENUE - TAMPA, FL 33612-1821	59-1292840	501(C)(3)	140,842.	0.			GENERAL
HILLELS OF THE FLORIDA SUNCOAST RABBI ED ROSENTHAL 13101 USF SYCAMORE DRIVE - TAMPA, FL 33620-3122	52-1844823	501(C)(3)	25,546.	0.			GENERAL
HILLEL - UF HILLEL UNIVERSITY OF FLORIDA HILLEL 2020 W. UNIVERSITY AVENUE - GAINESVILLE, FL 326	52-1844823	501(C)(3)	75,322.	0.			GENERAL
H. LEE MOFFITT CANCER CENTER & RESEARCH INSTITUTE FOUNDATION INC - ATTN: MARY COFFEEN 12902 MAGNOLIA DRIVE - TAMPA, FL	59-3238636	501(C)(3)	24,415.	0.			GENERAL
HOLOCAUST MEMORIAL RESOURCE AND EDUCATION CENTER - 851 NORTH MAITLAND AVENUE - MAITLAND, FL 32751	59-2219851	501(C)(3)	66,520.	0.			GENERAL
HOPE COMMUNITY CENTER INC 1016 N PARK AVE APOKA, FL 32712	56-2551312	501(C)(3)	6,000.	0.			GENERAL
ISRAEL TENNIS CENTERS FOUNDATION, INC. - 3275 WEST HILLSBORO BLVD STE 102 - DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	21,800.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH ACADEMY OF ORLANDO 851 NORTH MAITLAND AVENUE MAITLAND, FL 32751	59-1773811	501(C)(3)	94,036.	0.			GENERAL
JEWISH AGENCY FOR ISRAEL - NORTH AMERICAN COUNCIL - 633 THIRD AVENUE 21ST FLOOR - NEW YORK, NY 10017	23-0053483	501(C)(3)	8,615.	0.			GENERAL
JEWISH BURIAL SOCIETY OF PINELLAS COUNTY - DBA CHAPEL HILL MEMORIAL PARK PO BOX 40643 - ST PETERSBURG, FL 33743	27-3987885	501(C)(3)	31,000.	0.			GENERAL
JEWISH COMMUNITY CENTER OF GREATER ORLANDO - 851 N. MAITLAND AVENUE - MAITLAND, FL 32751	23-7448234	501(C)(3)	85,983.	0.			GENERAL
JEWISH FAMILY SERVICES OF GREATER ORLANDO - 2100 LEE ROAD - WINTER PARK, FL 32789	59-1873758	501(C)(3)	383,595.	0.			GENERAL
JEWISH FEDERATION OF GREATER NAPLES - 2500 VANDERBILT BEACH ROAD SUITE 2201 - NAPLES, FL 34109	59-2151725	501(C)(3)	6,269.	0.			GENERAL
JEWISH FEDERATION OF GREATER ORLANDO - 851 NORTH MAITLAND AVENUE - MAITLAND, FL 32751	59-0946923	501(C)(3)	154,894.	0.			GENERAL
JEWISH FEDERATION OF LEE & CHARLOTTE COUNTIES - 9701 COMMERCE CENTER COURT - FT. MYERS, FL 33908	59-2668992	501(C)(3)	78,650.	0.			GENERAL
JEWISH FEDERATION OF PINELLAS & PASCO COUNTIES - 13191 STARKEY ROAD SUITE 8 - LARGO, FL 33773	59-0697685	501(C)(3)	231,373.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH NATIONAL FUND ATTN: URI SMAJOVITZ, MARC SILVER P.O. BOX 971054 - BOCA RATON, FL 33497	13-1659627	501(C)(3)	59,525.	0.			GENERAL
JEWISH NATIONAL FUND (JNF) 78 RANDALL AVE ROCKVILLE CENTRE, NY 11570	13-1659627	501(C)(3)	59,910.	0.			GENERAL
JEWISH PAVILION OF CENTRAL FLORIDA, INC. - 421 MONTGOMERY ROAD SUITE 131 - ALTAMONTE SPRINGS, FL 32714	86-1082060	501(C)(3)	20,151.	0.			GENERAL
JEWISH THEOLOGICAL SEMINARY OF AMERICA - ATTN: LISA PAULE 3080 BROADWAY - NEW YORK, NY 10027-4650	13-0887640	501(C)(3)	12,500.	0.			GENERAL
JUST FOR GIRLS 3809 59TH STREET W. BRADENTON, FL 34209	59-1271332	501(C)(3)	7,500.	0.			GENERAL
KEYS JEWISH COMMUNITY CENTER INC PO BOX 1332 TAVERNIER, FL 33070	59-2427941	501(C)(3)	6,000.	0.			GENERAL
KINNERET COUNCIL ON AGING 515 S. DELANEY AVE ORLANDO, FL 32801	59-3408517	501(C)(3)	21,154.	0.			GENERAL
LOUIS D. BRANDEIS CENTER INC 1717 PENNSYLVANIA AVENUE, N.W. SUITE WASHINGTON, DC 20006	45-3204617	501(C)(3)	7,500.	0.			GENERAL
MACHON ALTE INC 1545 46TH STREET BROOKLYN, NY 11219	11-2683949	501(C)(3)	8,500.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLEAN HOSPITAL 115 MILL STREET MAIL STOP 126 BELMONT, MA 02478-1064	04-2697981	501(C)(3)	5,100.	0.			GENERAL
MENORAH MANOR FOUNDATION INC ATTN: JUDY LUDIN 255 59TH STREET NO ST. PETERSBURG, FL 33710	59-2653608	501(C)(3)	88,699.	0.			GENERAL
METROPOLITAN MINISTRIES 2002 N. FLORIDA AVENUE TAMPA, FL 33602	59-1477007	501(C)(3)	5,080.	0.			GENERAL
MORTON PLANT MEASE FOUNDATION MS. MICHELE SCHNEIDENBACH 1200 DUID ROAD SOUTH - CLEARWATER, FL 33756	59-1751535	501(C)(3)	13,252.	0.			GENERAL
MUSEUM OF FINE ARTS ATTN: DARYL DEBERRY 255 BEACH DRIVE NE - ST. PETERSBURG, FL 33701	59-0949278	501(C)(3)	17,650.	0.			GENERAL
NAMI PINELLAS COUNTY FLORIDA INC 8800 49TH STREET NORTH #302 PINELLAS PARK, FL 33782	59-2819044	501(C)(3)	125,000.	0.			GENERAL
NORTHEASTERN UNIVERSITY HILLEL 70 SAINT STEPHEN STREET BOSTON, MA 02115	04-2619659	501(C)(3)	22,550.	0.			GENERAL
OCA OPPORTUNITY COMMUNITY ABILITY INC. - 4917 ELI STREET - ORLANDO, FL 32804	26-4366486	501(C)(3)	7,500.	0.			GENERAL
PENNSYLVANIA STATE UNIVERSITY PHILANTHROPIC FUND - C/O MARY ANN AMATO 1419 TWELFTH AVENUE - ALTOONA, PA 16601	27-4628784	501(C)(3)	6,600.	0.			GENERAL

Schedule I (Form 990)

Schedule I (Form 990) TOP JEWISH FOUNDATION, INC.

59-2053655

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PINELLAS EDUCATION FOUNDATION 12090 STARKEY ROAD LARGO, FL 33773	59-2688253	501(C)(3)	29,950.	0.			GENERAL
PLANNED PARENTHOOD FEDERATION OF AMERICA - 123 WILLIAM ST - NEW YORK, NY 10038	13-1644147	501(C)(3)	6,300.	0.			GENERAL
POYNTER INSTITUTE FOR MEDIA STUDIES INC - 801 3RD STREET S - ST. PETERSBURG, FL 33701	59-1630423	501(C)(3)	20,250.	0.			GENERAL
PRAGER UNIVERSITY FOUNDATION 15021 VENTURA BLVD #552 SHERMAN OAKS, CA 91403	27-1763901	501(C)(3)	10,100.	0.			GENERAL
PURDUE RESEARCH FOUNDATION 403 W. WOOD STREET WEST LAFAYETTE, IN 47907	35-1052049	501(C)(3)	100,000.	0.			GENERAL
PURPLE PLAYAS FOUNDATION INC. 16608 LAKE HEATHER DRIVE TAMPA, FL 33618	61-1896617	501(C)(3)	8,500.	0.			GENERAL
RETURNING THE SPARKS INC. 20 LAKEVIEW GARDENS APARTMENT 814 NATICK, MA 01760	84-3118228	501(C)(3)	117,000.	0.			GENERAL
SEASIDE SEABIRD SANCTUARY INC 18328 GULF BOULEVARD INDIAN SHORES, FL 33785	81-3774704	501(C)(3)	10,000.	0.			GENERAL
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA - LANETTE JARVIS 411 MERCY DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	11,280.	0.			GENERAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHORECREST PREPARATORY SCHOOL ATTN: MICHAEL GILLIS 5101 FIRST STREET NORTHEAST - ST. PETERSBURG, FL 33703	23-7412158	501(C)(3)	13,150.	0.			GENERAL
ST. PETERSBURG FOUNDATION INC. 360 CENTRAL AVENUE #1490 ST. PETERSBURG, FL 33701	82-5222202	501(C)(3)	50,000.	0.			GENERAL
ST. PETERSBURG FREE CLINIC ATTN: DEVELOPMENT DIRECTOR 863 3RD AVENUE NORTH - ST. PETERSBURG, FL 33701	23-7208280	501(C)(3)	22,000.	0.			GENERAL
SYRACUSE UNIVERSITY ATTN: ADVANCEMENT SERVICES 640 SKYTOP ROAD 2ND FLOOR - SYRACUSE, NY 13244-51	15-0532081	501(C)(3)	10,000.	0.			GENERAL
TAMPA BAY JOB LINKS, INC. 1211 N. WEST SHORE BLVD SUITE 300 TAMPA, FL 33607	27-4629468	501(C)(3)	21,600.	0.			GENERAL
TAMPA BAY PERFORMING ARTS CENTER AKA STRAZ CENTER FOR PERFORMING ARTS 1010 NORTH W.C. MACINNES PLACE - TAMPA,	59-2037085	501(C)(3)	11,000.	0.			GENERAL
TAMPA JCCS/FEDERATION 13009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	23-7182057	501(C)(3)	50,100.	0.			GENERAL
TAMPA JEWISH FAMILY SERVICES 130009 COMMUNITY CAMPUS DRIVE TAMPA, FL 33625	59-1549670	501(C)(3)	33,826.	0.			GENERAL
TAMPA MUSEUM OF ART 120 W. GASPARILLA PLAZA TAMPA, FL 33602	59-1934721	501(C)(3)	342,500.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE AHAVAT SHALOM 1575 CURLEW ROAD PALM HARBOR, FL 34683	59-1848730	501(C)(3)	78,865.	0.			GENERAL
TEMPLE BETH EL MS. SARAH GOTLEIB, EXECUTIVE DIRECTOR 400 PASADENA AVENUE SOUTH - ST. PETERS	59-0711184	501(C)(3)	89,765.	0.			GENERAL
TEMPLE B'NAI ISRAEL 1685 SOUTH BELCHER ROAD CLEARWATER, FL 33764	59-1404489	501(C)(3)	46,104.	0.			GENERAL
TEMPLE ISRAEL ATTN: DR. HARRY REIN 50 SOUTH MOSS RD. - WINTER SPRINGS, FL 32708-3002	59-6014181	501(C)(3)	40,816.	0.			GENERAL
TEMPLE RODEF SHALOM 2100 WESTMORELAND STREET FALLS CHURCH, VA 22043	54-0733866	501(C)(3)	6,136.	0.			GENERAL
THE DALI MUSEUM ATTN: YVONNE DEMARRULLIER 1 DALI BL ST. PETERSBURG, FL 33701	59-2015192	501(C)(3)	44,075.	0.			GENERAL
THE FLORIDA HOLOCAUST MUSEUM ATT: DEBRA MARCUS 55 5TH STREET SOU ST. PETERSBURG, FL 33701	59-2981494	501(C)(3)	82,437.	0.			GENERAL
THE FLORIDA ORCHESTRA, INC. 244 2ND AVE N SUITE 420 ST. PETERSBURG, FL 33701	59-1223691	501(C)(3)	47,650.	0.			GENERAL
THE JAMES MUSEUM OF WESTERN & WILDLIFE ART - ATTN: DEBBIE SOKOLOV 150 CENTRAL AVE - ST PETERSBURG, FL 33701	47-4364053	501(C)(3)	11,100.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MIRYAM INSTITUTE 2 BANCROFT LANE KINGS POINT, NY 11024	80-0546666	501(C)(3)	10,000.	0.			GENERAL
THE WHITE HOUSE HISTORICAL ASSOCIATION - ATTN: DEVELOPMENT OFFICE PO BOX 27624 - WASHINGTON, DC 20038	52-0749685	501(C)(3)	25,000.	0.			GENERAL
UNITED ARTS OF CENTRAL FLORIDA, INC. - 216 PASADENA PLACE - ORLANDO, FL 32803	59-1166446	501(C)(3)	7,200.	0.			GENERAL
UNITED SYNAGOGUE YOUTH C/O JANET ROBLES 3080 BROADWAY NEW YORK, NY 10027	13-1659707	501(C)(3)	16,000.	0.			GENERAL
UNITED WAY OF TAMPA BAY 5201 WEST KENNEDY BLVD SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	29,995.	0.			GENERAL
UNIVERSITY OF FLORIDA FOUNDATION, INC. - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	8,000.	0.			GENERAL
UNIVERSITY OF MIAMI HILLEL 1100 STANFORD DR, CORAL GABLES, FL 33146	52-1758796	501(C)(3)	5,180.	0.			GENERAL
VANGUARD CHARITABLE PO BOX 9509 WARWICK, RI 02889-9509	23-2888152	501(C)(3)	6,356.	0.			GENERAL
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH STREET, N.W SUITE 500 - WASHINGTON, DC 20036	52-1376034	501(C)(3)	10,000.	0.			GENERAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATER 4 MERCY, INC. 3026 OAKMONT DRIVE CLEARWATER, FL 33761	83-1742012	501(c)(3)	28,100.	0.			GENERAL
WEDU FLORIDA WEST COAST PUBLIC BROADCASTING - 1300 N. BOULEVARD - TAMPA, FL 33607	59-0840626	501(c)(3)	15,473.	0.			GENERAL
WORLD CENTRAL KITCHEN INCORPORATED 655 NEW YORK AVE, NW 6TH FLOOR WASHINGTON, DC 20001	27-3521132	501(c)(3)	8,860.	0.			GENERAL

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number
59-2053655

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part III Supplemental Information

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

SCHEDULE J, PART II - COMPENSATION FROM UNRELATED ORGANIZATION

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. THE FOUNDATION HAD AN AGREEMENT WITH FRANKCRUM, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) TO PROVIDE CO-EMPLOYMENT SERVICES INCLUDING PAYROLL AND BENEFITS FOR ITS EMPLOYEES, INCLUDING THE FOUNDATION'S EXECUTIVE DIRECTOR. COMPENSATION PAID BY FRANKCRUM TO THE EXECUTIVE DIRECTOR FOR SERVICES RENDERED TO THE FOUNDATION HAS BEEN REPORTED AS COMPENSATION FROM THE FILING ORGANIZATION IN PART II. THIS IS IN ACCORDANCE WITH THE INSTRUCTIONS TO FORM 990 WHICH SAY TO REPORT COMPENSATION PAID BY UNRELATED ORGANIZATIONS FOR SERVICES RENDERED TO THE FILING ORGANIZATION AS IF THEY WERE PAID DIRECTLY BY THE FILING ORGANIZATION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number
59-2053655

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND EXTRAORDINARY SERVICE.

FORM 990, PART VI, SECTION A, LINE 6:

THE MEMBERSHIP OF THE FOUNDATION CONSISTS OF THREE MEMBERS, THE TAMPA CLASS, THE ORLANDO CLASS, AND THE PINELLAS CLASS. THE TAMPA CLASS MEMBER SHALL BE THE PERSON SERVING AS THE PRESIDENT OR EQUIVALENT OF THE TAMPA JCC FEDERATION OR HIS/HER DESIGNEE. THE ORLANDO CLASS MEMBER SHALL BE THE PERSON SERVING AS THE PRESIDENT OR EQUIVALENT OF THE JEWISH FEDERATION OF GREATER ORLANDO OR HIS/HER DESIGNEE. THE PINELLAS CLASS MEMBER SHALL BE THE PERSON SERVING AS THE PRESIDENT OR EQUIVALENT OF THE JEWISH FEDERATION OF PINELLAS AND PASCO COUNTIES OR HIS/HER DESIGNEE.

FORM 990, PART VI, SECTION A, LINE 7A:

FOR PURPOSE OF VOTING ON ANY MATTER, EACH MEMBER SHALL HAVE ONE VOTE. HOWEVER FOR PURPOSES OF ELECTING MEMBERS OF THE BOARD OF TRUSTEES, THE TAMPA CLASS MEMBER SHALL BE EXCLUSIVELY ENTITLED TO ELECT ALL TRUSTEES OF THE TAMPA CLASS, THE ORLANDO CLASS MEMBER SHALL BE EXCLUSIVELY ENTITLED TO ELECT ALL TRUSTEES OF THE ORLANDO CLASS, AND THE PINELLAS CLASS MEMBER SHALL BE EXCLUSIVELY ENTITLED TO ELECT ALL TRUSTEES OF THE PINELLAS CLASS.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ARTICLES OF INCORPORATION MAY ONLY BE AMENDED BY THE AFFIRMATIVE VOTE OF ALL OF THE MEMBERS AT ANY MEETING OF THE MEMBERS OR BY THE WRITTEN CONSENT THERETO BY ALL OF THE MEMBERS.

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number
59-2053655

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

THE ORGANIZATION'S FORM 990 IS SUBMITTED FOR REVIEW IN DRAFT FORM TO EACH MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS. THE FORM 990 IS ALSO REVIEWED IN GREATER DETAIL BY THE FOUNDATION'S AUDIT COMMITTEE, THE FOUNDATION'S AUDIT COMMITTEE CHAIR AND/OR THE FOUNDATION'S VICE CHAIR OF LEGAL.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS MONITORED BY ITS BOARD OF TRUSTEES, WHICH MEETS ON A REGULAR BASIS IF AND WHEN POTENTIAL CONFLICTS OF INTEREST ARE IDENTIFIED, SUCH POTENTIAL CONFLICTS OF INTEREST ARE PRESENTED, DISCUSSED AND ADDRESSED AT THE BOARD MEETINGS. DIFFICULT CONFLICT OF INTEREST ISSUES MAY BE SUBMITTED TO THE VICE CHAIR OF LEGAL AND/OR OUTSIDE COUNSEL FOR THEIR LEGAL OPINION AND GUIDANCE.

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

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. DURING THE FISCAL YEAR, IT HAD AN AGREEMENT WITH FRANKCRUM, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) TO PROVIDE CO-EMPLOYMENT SERVICES INCLUDING PAYROLL AND BENEFITS FOR ITS EMPLOYEES. THIS INCLUDES THE FOUNDATION'S EXECUTIVE DIRECTOR. IN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION, THE FOUNDATION'S TREASURER OBTAINED AND REVIEWED COMPARABILITY DATA AND THE FOUNDATION'S BOARD APPROVED OF THE COMPENSATION RECOMMENDED BY THE TREASURER BASED ON THAT DATA.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST TO ANYONE UPON SUCH

Name of the organization

TOP JEWISH FOUNDATION, INC.

Employer identification number

59-2053655

PERSON'S WRITTEN REQUEST RECEIVED AT THE ORGANIZATION'S ADMINISTRATIVE
OFFICE LOCATED IN TAMPA, FL.

FORM 990, PART VII, SECTION A:

THE FOUNDATION DOES NOT HAVE ANY EMPLOYEES. THE FOUNDATION HAS AN
AGREEMENT WITH FRANKCRUM, A PROFESSIONAL EMPLOYER ORGANIZATION (PEO) TO
PROVIDE CO-EMPLOYMENT SERVICES INCLUDING PAYROLL AND BENEFITS FOR ITS
EMPLOYEES, INCLUDING THE FOUNDATION'S EXECUTIVE DIRECTOR. COMPENSATION
PAID BY FRANKCRUM TO THE EXECUTIVE DIRECTOR FOR SERVICES RENDERED TO
THE FOUNDATION HAS BEEN REPORTED AS COMPENSATION FROM THE FILING
ORGANIZATION IN PART VII. THIS IS IN ACCORDANCE WITH THE INSTRUCTIONS
TO FORM 990 WHICH SAY TO REPORT COMPENSATION PAID BY UNRELATED
ORGANIZATIONS FOR SERVICES RENDERED TO THE FILING ORGANIZATION AS IF
THEY WERE PAID DIRECTLY BY THE FILING ORGANIZATION.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

		(a) Name of related organization		(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information

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