### **Return of Organization Exempt From Income Tax**

Form **990** 

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

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

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

OMB No. 1545-0047

20 19

Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year be	ginning 07	/01 <b>,2019</b> ,	<u>and endir</u>	ng		06/3	30 <b>,20</b> 2	0
<b>B</b> cr	neck if ap	oplicable:	C Name of organization BARRY & FLOR CENTER INC.	ENCE FRIEDBERG JEWISH CO	YTINUMMC			D Employer ide	entificat	ion number	,
	Addre		Doing Business As					11-2002	556		
	7 '	change	Number and street (or P.O. box if mai		E Telephone nu						
	Initial	return	15 NEIL COURT					(516) 76	6 – 43	41	
	Termi	inated	City or town, state or province, countr	y, and ZIP or foreign postal code	е						
	Amen		OCEANSIDE, NY 11572					<b>G</b> Gross receipt	s \$	10,82	21,095.
	Applic	cation	F Name and address of principal officer:	RONI KLEINMAI	N			H(a) Is this a grou		for Y	es X No
	_ penui	iiig	15 NEIL COURT, OCEAN	ISIDE, NY 11572				subordinates' <b>H(b)</b> Are all subordi		ded? Ye	es No
ī .	Tax-ex	empt st	atus: X 501(c)(3) 501(c)	( ) <b> </b>	4947(a)(1) d	or 52	7			see instruction	
J	Websi	ite: ►	WWW.FRIEDBERGJCC.ORG	( , , , , , , , , , , , , , , , , , , ,	(-)( )			H(c) Group exemp	otion num	ber	
ĸ	Form o	of organ	nization: X Corporation Trust	Association Other	<b>&gt;</b>	L Year o	of formati	ion: 1961 <b>M</b>			ile: NY
	art I		mmary							3	
			describe the organization's mission	or most significant activities	s TO PRO	OVIDE A	COMP	REHENSIVE	PROC	GRAM	
ю	-		ED ON JEWISH VALUES, T								
anc											
ern	2	Check	this box	discontinued its operation	ns or dispose	d of more th	 an 25%	of its net assets			
Governance			er of voting members of the governi						3		16.
⋖ర			er of independent voting members of						4		14.
Activities	5	Total	number of individuals employed in c	alendar vear 2019 (Part V. I	ine 2a)				5		814.
ivi			number of volunteers (estimate if nec						6		350.
Act			unrelated business revenue from Par						7a		0
			nrelated business taxable income fro						7b		0
_	- 5	ivet u	irelated business taxable income no	1111 OI111 990-1, III1e 34		<del></del>	<del></del>	Prior Year	7.5	Curren	t Year
	8	Contr	ibutions and grants (Part VIII line 1h)					4,120,16	8		47,183
nue	9	Drogr	ibutions and grants (Part VIII, line 1h)		COPY	Y FOR		8,197,27			45,086
Revenue	10	Progra	am service revenue (Part VIII, line 2g)	lines 2 4 and 7d\	PUBLIC IN	ISPECTION			5.	0,3	222
Re	10	IIIVESI	intent income (r art vin, column (A),	illies 5, 4, and ruj				175,98		1	24,180
			revenue (Part VIII, column (A), lines					12,493,69	_		16,671
_			revenue - add lines 8 through 11 (m					12,100,00	0.	10,0	10,071
			s and similar amounts paid (Part IX, o						0.		
			its paid to or for members (Part IX, c					8,398,91		7 0	90,603
Expenses			es, other compensation, employee b					0,350,51	0.	,,,	0,005
Den	Toa	Prores	ssional fundraising fees (Part IX, colu	mn (A), line 11e)	575 166						
Ex			fundraising expenses (Part IX, colum					5,081,03	1	1 6	53,024
	17	Other	expenses (Part IX, column (A), lines	11a-11d, 11f-24e)				13,479,94			43,627
			expenses. Add lines 13-17 (must eq		25)			-986,24	_		26,956
- S	19	Rever	nue less expenses. Subtract line 18 f	rom line 12		<u> </u>	Danin				
Net Assets or Fund Balances			(D + ) (   10 )				begini	ning of Current Y 9 , 276 , 72		End of	45,985
sse Bala	20										18,457
et A	21		liabilities (Part X, line 26)					6,714,32			27,528
			ssets or fund balances. Subtract line	21 from line 20		<u></u>		2,302,40	5.	/	27,320
	rt II		gnature Block	this vature including assesse							
true	e, corre	ect, and	of perjury, I declare that I have examined complete. Declaration of preparer (other t	han officer) is based on all infor	mation of which	ch preparer ha	as any kn	nowledge.	IIIy KIIC	owieuge and	i bellel, it is
Sig	n		Signature of officer					Date			
Her			Orginature of Officer					Date			
			Type or print name and title								
			Type or print name and title  Type preparer's name	Preparer's signature		Date			; PTI	N	
Paid	l		• • •	i reparer a signature		Date		Check	"		16
	oarer	AAR	, DVD IID				1	self-employe		013338	т р
•	Only		sname > BKD, LLP							160260	
		_	address 1155 AVENUE OF THE AM					Phone no.	Z12.8	867.400	70
			cuss this return with the preparer sh	·	s)					X Yes	No
For	Paper	rwork	Reduction Act Notice, see the sepa	rate instructions.						Form 9	90 (2019)

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Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
•	THE FRIEDBERG JEWISH COMMUNITY CENTER PROMOTES JEWISH LIFE AND
	VALUES BY PROVIDING PROGRAMS AND SERVICES IN A WARM AND CARING
	ENVIRONMENT FOR ALL PEOPLE IN EVERY STATE OF LIFE. WE BUILD
	COMMUNITY ONE MEMBER AT A TIME.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?X Yes
	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
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,992,176. including grants of \$ ) (Revenue \$ 2,863,425. )
	ATTACHMENT 1
4b	(Code:) (Expenses \$3,549,964. including grants of \$) (Revenue \$1,351,967)
	ATTACHMENT 2
4c	(Code: ) (Expenses \$ 1,049,785. including grants of \$ ) (Revenue \$ 558,226. )
	FITNESS CENTER-THE FRIEDBERG JCC'S WELLNESS, FITNESS AND SPORTS
	FACILITY IS DEDICATED TO MEETING THE FITNESS, RECREATIONAL AND
	WELLNESS NEEDS OF THE ENTIRE COMMUNITY. OUR PURPOSE IS TO PROVIDE
	INNOVATIVE PROGRAMS AND CLASSES FOR ALL AGES IN OUR MODERN HEALTH
	CLUB AND HEATED, INDOOR SWIMMING POOL WHICH ARE STAFFED BY
	CERTIFIED INSTRUCTORS AND LIFE GUARDS AT ALL TIMES. THEY WILL
	MONITOR YOUR PROGRESS, ENSURE YOUR SAFETY AND ARE AVAILABLE FOR
	PRIVATE ONE-ON-ONE TRAINING AND FITNESS EVALUATIONS. OUR AQUATICS
	CENTER FEATURES A 6 LANE/25 YARD-POOL, KEPT AT 84.5 DEGREES YEAR
	ROUND. OUR CENTER PROVIDES A SWIMMING EXPERIENCE FOR ALL TYPES OF
	SWIMMERS AND PEOPLE WHO ENJOY WATER EXERCISES.
4d	Other program services (Describe on Schedule O.) ATTACHMENT 3
_	(Expenses \$ 1,689,882. including grants of \$ ) (Revenue \$ 1,571,468. )
4e	Total program service expenses ► 10,281,807.

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Part IV Checklist of Required Schedules Page 3

Гα	Checklist of Required Schedules		V	NI -
			Yes	No
1	3			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5		•		
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	•	-		21
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40				
10		40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
		11e	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	- 21	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15		. 75		_
13		4.5		Х
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		21
16				37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19				
	If "Yes," complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
24-	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			77
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	"		
•	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	990	_

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 814			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а		7a	Х	
<b>L</b>	and services provided to the payor?	7b	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	70		
	ros, maisais inc names of rolling see your restriction of the second	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 <del>f</del>		X
				- 21
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
46	against amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ısa		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	140		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	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	4.5		Х
	excess parachute payment(s) during the year?	15		^
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	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

Sect	ion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year.			
Та	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	_		
h	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
2	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		X
	one or more members of the governing body?	- ru		<del></del>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
•	stockholders, or persons other than the governing body?	7.5		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	00	X	
a	The governing body?	8a 8b	X	-
b	Each committee with authority to act on behalf of the governing body?	90	21	-
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? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	_	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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			
·ou	with a taxable entity during the year?	16a		X
h	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			
<u></u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{NY}$ ,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request  Other (explain on Schedule O)	Γ (Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	oolicy,
	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 record BARRY BABICH 15 NEIL COURT OCEANSIDE, NY 11572	ls ▶		

Form **990** (2019)

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 th	is box if	neither	the organizati	ion nor an	v related	organization	compensated	l anv current	officer.	director, or tr	ustee.

(A) Name and title	(B) Average hours per week	box,	unles	(C) Position heck more than one ss person is both a d a director/trustee			an	(D)  Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOAN CENTER (THROUGH 11/2019)	40.00									
EXECUTIVE DIRECTOR	0.			Х				206,649.	0.	46,112
(2)BARRY BABICH	40.00									
CONTROLLER	0.					X		102,714.	0.	10,891
(3) RONI KLEINMAN (FROM 3/2020)	40.00									
EXECUTIVE DIRECTOR	0.			Х				92,692.	0.	13,125
(4) FRANK HASSID (THROUGH 3/2020)	40.00									
INTERIM EXECUTIVE DIRECTOR	0.			Х				15,480.	0.	0
(5) KASEY ZIFF	1.00									
BOARD CHAIR	0.	X		Х				0.	0.	0
(6)GILA KLEIN	1.00									
VICE CHAIR	1.00	X		Х				0.	0.	0
(7)BRUCE SOBEL	1.00									
VICE CHAIR	0.	X		Х				0.	0.	0
(8) ALLAN CARLTON	1.00									
TREASURER	0.	X		Х				0.	0.	0
(9) RICHARD FROMEWICK	1.00									
CORRESPONDING SECRETARY	0.	X		Х				0.	0.	0
(10) FRED RICHMAN	1.00									
TRUSTEE, IMMEDIATE PAST CHAIR	0.	X						0.	0.	0
(11) MICHELLE BUTLER	1.00									
TRUSTEE	0.	X						0.	0.	0
(12) GLENN FUCHS	1.00									
TRUSTEE	0.	X						0.	0.	0
(13) ANNORA GILMAN	1.00									
TRUSTEE	0.	Х						0.	0.	0
(14) HENRY GOLDBERG	1.00									
TRUSTEE	0.	X						0.	0.	0

Form 990 (2019)

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	olgr	vee	es,	and F	ligi	hest Compensat	ed Employees (co		age <b>8</b>
(A)	(B)				C)		9	(D)	(E)	(F)	
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	heck ss pe	rson	e than on one is or/trustree en is or/trustree en than one is or/trustree e	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations	
15) MICHAEL GREENSEID	1.00										
TRUSTEE	0.	X						0 .	0.		C
16) GARY HISIGER	1.00										
TRUSTEE	1.00	X						0.	0.		
17) BROOKE HOLT	1.00	37									_
TRUSTEE 18) HY KAPITO	1.00	X						0 .	0.		
TRUSTEE	0.	X						0.	0.		C
19) LAWRENCE LEVINE	1.00							0.	0.		
TRUSTEE	1.00	X						0	0.		C
20) THEODORE RICHMAN	1.00								0.		
TRUSTEE	1.00	Х						0.	0.		C
1b Sub-total							<b></b>	417,535.	0.	70,1	28.
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	0.	0.		0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	417,535.	0.	70,1	28.
Total number of individuals (including but not reportable compensation from the organization)			liste 2	d al	bov	e) who	re	eceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										Yes 3	No X
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	. It	"Yes	,"	complete Schedu	le J for such	4 X	
Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5	Х
Complete this table for your five highest com- compensation from the organization. Report of year.											

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

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

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#### Part VIII Statement of Revenue

(A) (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Federated campaigns 1,167,072 Membership dues 964,598 **c** Fundraising events 1c 26,386. d Related organizations 1,789,464. Government grants (contributions) . . 1e 186,374 All other contributions, gifts, grants, and similar amounts not included above ... 213,289 1f g Noncash contributions included in lines 1a-1f. 1g \$ Total. Add lines 1a-1f 4,347,183 **Business Code** Program Service Revenue INDIVIDUAL AND FAMILY SERVICE 624100 6,345,086 6,345,086 b d е All other program service revenue 6,345,086. Investment income (including dividends, interest, and 222 222 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (i) Real (ii) Personal 25,338. Gross rents 6a 1,343. 6b **b** Less: rental expenses 23,995. Rental income or (loss) 6c d Net rental income or (loss) . . 23,995 23,995. Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses . . 7b c Gain or (loss) . . . . 7c 0. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ \_\_ of contributions reported on line 17,317. 1c). See Part IV, line 18 8a 3,081 8b **b** Less: direct expenses 14,236. 14,236. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities.  $\triangleright$ Gross sales of inventory, less 10a returns and allowances Ω 0. b Less: cost of goods sold 10b Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous MISCELLANEOUS 900099 13,585 13,585 Revenue 11a 900099 CONCESSION 33,366 33,366. b UNEMPLOYMENT CONTRIBUTION 900099 38,998. 38,998. С All other revenue 85,949 Total. Add lines 11a-11d Total revenue. See instructions 124,402. 12 10,816,671. 6,345,086

11-2002556

### 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 resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	304,884.		304,884.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	6,080,661.	5,321,249.	656,188.	103,224.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	344,602.	315,240.	15,528.	13,834.
9	Other employee benefits	409,094.	360,766.	32,496.	15,832.
10	Payroll taxes	851,362.	731,052.	88,227.	32,083.
11	Fees for services (nonemployees):				
á	a Management	0.			
k	Legal	0.		22.522	
(	Accounting	38,688.		38,688.	
C	J Lobbying	0.			
•	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
ç	Other. (If line 11g amount exceeds 10% of line 25, column	111 025	15 001	06.156	
	(A) amount, list line 11g expenses on Schedule O.)	111,237.	15,081.	96,156.	
	Advertising and promotion	15,968.	4,951.	11,017.	4 000
13	Office expenses	703,527.	357,375.	341,224.	4,928.
14	3,	51,711.	4,019.	47,692.	
	Royalties	0.	1 021 540	40.000	1.4.500
	Occupancy	1,095,121.	1,031,548.	49,073.	14,500.
17	Travel	592,929.	571,557.	21,372.	
18	Payments of travel or entertainment expenses	0			
	for any federal, state, or local public officials	0.	0.105	1 645	
19	Conferences, conventions, and meetings	3,842.	2,195.	1,647.	1 600
20	Interest	47,600.	41,236.	4,667.	1,697.
21	,	0.	216 020	14 121	272 015
22		704,285.	316,239.	14,131.	373,915.
	Insurance	307,384.	269,904.	27,485.	9,995.
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.)	460.050	461 570	1 200	
_	PROGRAM OUTINGS	462,959.	461,570.	1,389.	
_	5FOOD	291,160.	283,325.	7,835.	E 1F0
	BAD DEBT	128,946.	109,604.	14,184.	5,158.
	MISCELLANEOUS	97,667.	84,896.	12,771.	
	All other expenses	12,643,627.	10 001 007	1 706 654	E7E 166
	Total functional expenses. Add lines 1 through 24e	14,043,047.	10,281,807.	1,786,654.	575,166.
∠0	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				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2019)

### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,128,526.	1	1,513,094.
	2	Savings and temporary cash investments	74,532.	2	74,732.
	3	Pledges and grants receivable, net	247,163.	3	241,636.
	4	Accounts receivable, net	76,355.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	574,354.	9	221,287.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 17,225,422.			
	b	Less: accumulated depreciation	6,752,907.	10c	6,180,265.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	422,892.	15	414,971.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	9,276,729.	16	8,645,985.
	17	Accounts payable and accrued expenses	562,330.	17	1,070,561.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	1,211,157.	19	528,798.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
G	22	Loans and other payables to any current or former officer, director,	•	Z 1	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ij		controlled entity or family member of any of these persons	250,000.	22	200,000.
Ë	23	Secured mortgages and notes payable to unrelated third parties	4,412,467.	23	4,299,777.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	1,778,889.
	25	Other liabilities (including federal income tax, payables to related third		27	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	278,370.	25	40,432.
	26	Total liabilities. Add lines 17 through 25	6,714,324.	26	7,918,457.
		Organizations that follow FASB ASC 958, check here ► X	77.2270221	20	.,,
Ses		and complete lines 27, 28, 32, and 33.			
<b>Fund Balances</b>	27	Net assets without donor restrictions	400,498.	27	-1,426,458.
Ba	28	Net assets with donor restrictions.	2,161,907.	28	2,153,986.
pu		Organizations that do not follow FASB ASC 958, check here ▶			
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
ٽِ ک	32	Total net assets or fund balances	2,562,405.	32	727,528.
Net	33	Total liabilities and net assets/fund balances	9,276,729.	33	8,645,985.
	<b>J</b> J	Total liabilities and het assets/fulld baldlices	7,410,149.	_ აა	Form <b>990</b> (2019)

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01111 3	(2010)				ıα	gc • =
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,8	16,6	571.
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,5	62,4	105.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-7,9	21.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		7	27,5	528.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits		3b		

### **SCHEDULE A** (Form 990 or 990-EZ)

**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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization CENTER INC.

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Employer identification number 11-2002556

Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	complete	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	section 1	70(b)(1)(A)(i).	
2		A school described in <b>secti</b>	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 o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in <b>sect</b>	tion 170(	b)(1)(A)(v).	
7		An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10	X	An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facent income and un	unctions - subject to on nrelated business tax	certain e able inco	exception ome (less	s, and (2) no more tha s section 511 tax) from	n 331/3% of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized	•	•				
		of one or more publicly su	pported organizati	ons described in sect	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а	L	<b>Type I.</b> A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted 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. <b>`</b>	You must complet	e Part IV, Sections A	and B.			
b	· L	<b>Type II.</b> A supporting org	•					
		control or management of			the sam	e persor	s that control or man	age the supported
	_	organization(s). You must	-					
С	L	Type III functionally integrated						ly integrated with,
		its supported organization		•				
d		Type III non-functionally			-			- ' '
		that is not functionally into		= -	-		•	d an attentiveness
		requirement (see instruct	•	-				
е	L	Check this box if the orga						I, Type III
	_	functionally integrated, or	• •		porting of	organizat	ion.	
ī		nter the number of supported						
9		ovide the following information					(.) A	(14) A
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Par	Support Schedule for Orga (Complete only if you checke						
	Part III. If the organization fai	ls to qualify u	nder the tests	listed below, p	olease comple	te Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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)  Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	(a) 2010	(5) 2010	(0) 2017	(4) 2010	(6) 2010	(i) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc. (s <b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax ye		
Sec	tion C. Computation of Public Sup	port Percenta	nge				
14	Public support percentage for 2019 (li			11, column (f)).		14	%
15	Public support percentage from 2018						%
	331/3% support test - 2019. If the org						
	box and <b>stop here.</b> The organization q						
b	331/3% support test - 2018. If the org	ganization did n	ot check a box	on line 13 or 16	a, and line 15 i	s 331/3 % or mo	re, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga-	anization meet	s the "facts-an	d-circumstances	test, check t	his box and <b>st</b>	op here.
18	Explain in Part VI how the organizati supported organization Private foundation. If the organization						▶ □

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page 3

#### Part III

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

Sec	tion A. Public Support			.,	•	,	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,419,589.	4,152,972.	4,271,178.	4,120,168.	4,347,183.	22,311,090.
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	7,386,831.	7,533,292.	8,208,388.	8,197,275.	6,345,086.	37,670,872.
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						0.
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						0.
6	Total. Add lines 1 through 5	12,806,420.	11,686,264.	12,479,566.	12,317,443.	10,692,269.	59,981,962.
	Amounts included on lines 1, 2, and 3	12,000,120.	11,000,204.	12,110,500.	12,311,113.	10,002,200.	35,50±,50Z.
ı a	received from disqualified persons						0.
b	Amounts included on lines 2 and 3						<u> </u>
	received from other than disqualified						
	persons that exceed the greater of \$5,000						0.
_	or 1% of the amount on line 13 for the year						0.
8	Add lines 7a and 7b						
Ŭ	line 6.)						59,981,962.
Sec	tion B. Total Support						33,7301,7302.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	12,806,420.	11,686,264.	12,479,566.	12,317,443.	10,692,269.	59,981,962.
	Gross income from interest, dividends,	, , , , , , ,	, ,	, ,	, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
	payments received on securities loans,						
	rents, royalties, and income from similar sources	39,426.	53,793.	36,626.	42,460.	25,560.	197,865.
b	Unrelated business taxable income (less	,	,		,	,	
_	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
c	Add lines 10a and 10b	39,426.	53,793.	36,626.	42,460.	25,560.	197,865.
11	Net income from unrelated business	57,1211	30,	33,123	,		
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						0.
40	• •						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.) ATCH 1	152,866.	106,277.	254,689.	109,491.	85,949.	709,272.
13	Total support. (Add lines 9, 10c, 11,	. ,	,	- ,	,	,	,
	and 12.)	12,998,712.	11,846,334.	12,770,881.	12,469,394.	10,803,778.	60,889,099.
14	First five years. If the Form 990 is for						
	organization, check this box and <b>stop here</b> .	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		•	nn (f))		15	98.51%
16	Public support percentage from 2018 Sche	, ,	•			16	98.32%
Sec	tion D. Computation of Investment					•	
17	Investment income percentage for 2019 (lin			3, column (f))		17	.33%
18	Investment income percentage from 2018 S				ì	18	.35%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than 331/3%, check				•		
20	Private foundation. If the organization d			•			H 1

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations		V	NI.
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
_				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
	on or type in outper inity or gain automotion		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	_		•
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)
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	1.4		
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Secti	Current Year			
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2019

Excess from 2019

Part V

Schedule A (Form 990 or 990-EZ) 2019

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.)

				ATT	FACHMENT 1	
SCHEDULE A, PART III	- OTHER INCOME					
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
CONCESSION INCOME	84,084.	66,721.	49,897.	47,380.	33,366.	281,448.
OVERHEAD REIMBURSEMENT	25,000.	25,000.	25,000.	25,000.		100,000.
UNEMPLOYMENT CONTRIBUTION					38,998.	38,998.
MISCELLANEOUS	43,782.	14,556.	179,792.	37,111.	13,585.	288,826.
TOTALS	152,866.	106,277.	254,689.	109,491.	85,949.	709,272.

## 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

2019

**Employer identification number** Name of the organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER INC. 11-2002556 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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). For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Name of organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER INC.

Employer identification number 11-2002556

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
1_		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER INC.

Employer identification number 11-2002556

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$1,789,464.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$1,167,072.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$32,019.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$125,000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY **Employer identification number** 11-2002556 CENTER INC.

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

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

Employer identification number

Name of organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

	CENTER INC.			11-2002556
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	e year from any one cons completing Part III, eryear. (Enter this informa	ontributor. Complete the total of ex	plete columns <b>(a)</b> through <b>(e) and</b> kclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of git		
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git		of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif		of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of git		o of transferor to transferee
		LII T 9	Keiationship	, or cansieror to cansieree

### SCHEDULE D (Form 990)

### Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY Employer identification number CENTER INC. 11-2002556 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

▶ \$

	rt    Organizations Maintaini	ing Collections of	Art Histori	ical Tre	acurac	or Other	Similar Assets	Continu		age Z
3	Using the organization's acquisition									of ite
5	collection items (check all that app		other records	o, cricci	ally of	inc ronow	ing that make sig	jiiiioani	use c	// ILO
а	Public exhibition	·'y).	d 🗌	Loan c	r evchan	ge prograi	m			
b	Scholarly research		e	Other	or exeriain	ge prograi	"			
C	Preservation for future gene	rations	•	Other.						
4	Provide a description of the organ		and evolai	n how t	hev furth	er the or	ranization's evem	nt nurno	se in	Part
7	XIII.	mzations collections	and explain	ii iiow t	iley fultii	or the or	ganization's exemp	or purpo	30 111	ı arı
5	During the year, did the organization	on solicit or receive d	lonations of	art histo	orical trea	sures or	other similar			
•	assets to be sold to raise funds rath							Yes		No
Pa	rt IV Escrow and Custodial A		aniou do pari	. 01 1110 0	r garnzan	0110 001101	,,,,,,,,			110
	Complete if the organiza		s" on Form	990. P	art IV. lir	ne 9. or r	eported an amou	ınt on F	orm	
	990, Part X, line 21.			, .	,	,				
1a	Is the organization an agent, truste	ee, custodian or othe	er intermedia	arv for co	ontributio	ns or othe	r assets not			
-	included on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement i									]
-				g			Amoun	ıt		
С	Beginning balance				1	С		· ·		
	Additions during the year					d				
е	Distributions during the year					e				
f	Ending balance									
2a	Did the organization include an am						account liability?	Yes	,	No
	If "Yes," explain the arrangement i						-			1
	rt V Endowment Funds.		<u>'</u>			•				
	Complete if the organiza	ation answered "Ye	s" on Form	n 990, F	art IV, lii	ne 10.				
	·	(a) Current year	(b) Prior			ears back	(d) Three years back	(e) Fou	r years	back
1 2	Beginning of year balance	46,649.	46	,649.	4	16,649.	46,649.		46,	649.
	Contributions									
	Net investment earnings, gains,									
C	and losses	6.		245.		526.	1,446.		1,	353.
٦	Grants or scholarships						-			
	Other expenditures for facilities									
-	and programs	6.		245.		526.	1,446.		1,	353.
f	. •						-			
	Administrative expenses End of year balance	46,649.	46	,649.		16,649.	46,649.		46,	649.
g 2	Provide the estimated percentage	L			column (	a)) hold as				
a	Board designated or quasi-endown		%	(iiiie ig,	COIGITITI (6	a)) Held as	•			
b	Permanent endowment ▶ 100.0		_							
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, a	- and 2c should equal 1	100%.							
3a	Are there endowment funds not in	the possession of th	ne organizati	ion that	are held	and admir	nistered for the			
	organization by:	•	J						Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate							3b		
4	Describe in Part XIII the intended u	uses of the organizat	tion's endow	ment fur	nds.					
Pa	rt VI Land, Buildings, and Equ	uipment.		200 5		4.4	. F D		4.0	
	Complete if the organize Description of property									<u>.                                    </u>
	Description of property	(a) Cost or (invest			r other basis her)		cumulated (eciation	( <b>d)</b> Book v	alue	
1a	Land			4	19,710			4	19,7	710.
b	Buildings			14,1	04,198	. 9,0	92,728.	5,0	11,4	70.
С	Leasehold improvements									
d	Equipment			2,3	60,901		44,971.	7	15,9	30.
_е	Other			3	40,613	. 3	07,458.		33,1	55.
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X	(, columr	(B), line	10c.)	▶	6,1	80,2	65.

· · · · · · · · · · · · · · · · · · ·		, Part IV, line 11b. See Form 990, Part X, line 12.
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII Investments - Program Related. Complete if the organization answer	ered "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	
Part IX Other Assets.		
Complete if the organization answer	ered "Yes" on Form 990.	, Part IV, line 11d. See Form 990, Part X, line 15.
(8	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.)	<b>•</b>
Part X Other Liabilities.	(=/	
	ered "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	escription of liability	(b) Book value
(1) Federal income taxes		(,,
		40,4
		· ·
(2) INTERCOMPANY PAYABLE		
(2) INTERCOMPANY PAYABLE (3)		
(2) INTERCOMPANY PAYABLE (3) (4)		
(2) INTERCOMPANY PAYABLE (3) (4) (5)		
(2) INTERCOMPANY PAYABLE (3) (4) (5) (6)		
(2) INTERCOMPANY PAYABLE (3) (4) (5) (6) (7)		
(2) INTERCOMPANY PAYABLE (3) (4) (5) (6) (7) (8)		
(2) INTERCOMPANY PAYABLE (3) (4) (5) (6) (7)	25)	▶ 40,4

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Page 4 Schedule D (Form 990) 2019

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.	'n.
1 Total revenue, gains, and other support per audited financial statements	1
e Add lines 2a through 2d	2e 3
b Other (Describe in Part XIII.)	4c 5 urn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	1 2e
3 Subtract line 2e from line 1 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  b Other (Describe in Part XIII.)  c Add lines 4a and 4b	3 4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	Part V, line 4; Part X, line mation.

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

THE CENTER'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND ASSETS TO BE HELD IN PERPETUITY. THE INCOME FROM THE ASSETS CAN BE USED TO SUPPORT THE CENTER'S SCHOLARSHIPS.

SCHEDULE D, PART X, LINE 2

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

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

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Inspection
Employer identification number

CENTER	INC.					11-2002556	
Part I	Fundraising Activities. Complete Form 990-EZ filers are not require				Yes" on Form 99	00, Part IV, line 1	7.
1 Ind	licate whether the organization raised	funds through	any of the	following	activities. Check a	ıll that apply.	
a	Mail solicitations	е	Solic	itation of r	non-government g	rants	
b	Internet and email solicitations	f	Solic	itation of g	government grants	3	
c	Phone solicitations	g	Spec	ial fundrai	ising events		
d	In-person solicitations						
2a Dic	the organization have a written or ora	al agreement w	vith any inc	lividual (in	cluding officers, d	irectors, trustees,	
	key employees listed in Form 990, Pa						Yes No
	Yes," list the 10 highest paid individua mpensated at least \$5,000 by the orga		(fundraise	rs) pursua	nt to agreements	under which the	fundraiser is to be
(	i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	I						
3 Lis	t all states in which the organization jistration or licensing.	is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2019

Page 2

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrated events with gross receipts greaters.	aising event contribut			
		3	(a) Event #1  5K RUN  (event type)	(b) Event #2 SPONSORSHIP (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	13,477.	10,000.		23,477
Re	2	Less: Contributions Gross income (line 1 minus line 2)		10,000.		23,477
	4	Cash prizes				
	5	Noncash prizes				
suses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	1,778.			1,778
	11	Direct expense summary. Add lin Net income summary. Subtract ling. Gaming. Complete if the org	ne 10 from line 3, colu	umn (d)	<u> </u>	1,778 -1,778 reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
Expenses	2	Cash prizes				
Expe		Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<b>&gt;</b>	
9 a k		Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gaming				Yes No

Sched	lule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
. b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Toolius.
	Name ▶
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year > \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	(555

Schedule G (Form 990 or 990-EZ) 2019

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** 

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER INC.

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Employer identification number 11-2002556

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  Compensation committee  X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_		Х
0	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		Λ
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	in Part III	0		21
3	Regulations section 53.4958-6(c)?	9		
				1

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

Schedule J (Form 990) 2019

11-2002556

Schedule J (Form 990) 2019

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

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

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

	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation			in column (B) reported as deferred on prior Form 990
JOAN CENTER (THROUGH 11 (i	206,649.	0.	0.	20,148.	25,964.	252,761.	
1EXECUTIVE DIRECTOR (iii	0.	0 .	0.	0.	0.	0.	
(i	)						
	i)						
(i)							
	i)						
(i)							
4 (ii							
į (i							
į (i							
į (i							
7 (ii							
(i)							
8 (ii							
(i							
9 (ii							
(i,							
10 (ii							
(i							
(i)							
12 (ii							
(i)							
13 (ii							
(i							
(i)							
15 (ii							
(i							
	i)						

Schedule J (Form 990) 2019

### Part | Supplemental Information

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

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

CENTER INC.

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization appropriate appropriate properties appropriate and the properties of the organization appropriate appropriate and the organization appropri

	Complete ii the organization ai	isweled 165 official 330, Fait IV, line 20	Ja 01 230, 01 1 01111 330-LZ, Fait V, IIIIE 400.									
1	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Cor	rected?							
'	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	No							
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year									
	under section 4958		▶ \$									
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.											

### Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person  ATTACHMENT 1	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) In o	default?		ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 200,000	•					

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of ization's nues?
				Yes	No
(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

Schedule L (Form 990 or 990-EZ) 2019 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1)					
_(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

ATTACHMENT

## SCHEDULE L, PART II

NAME	FRED RICHMAN
RELATIONSHIP WITH ORGANIZATION	BOARD MEMBER
PURPOSE OF LOAN	FINANCIAL SUPPORT
LOAN TO OR FROM THE ORG.?	X TO FROM
ORIGINAL PRINCIPAL AMOUNT	100,000.
BALANCE DUE	100,000.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	YES X NO
NAME	ALLAN CARLTON
RELATIONSHIP WITH ORGANIZATION	BOARD MEMBER
PURPOSE OF LOAN	FINANCIAL SUPPORT
LOAN TO OR FROM THE ORG.?	
ORIGINAL PRINCIPAL AMOUNT	100,000.
BALANCE DUE	100,000.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	YES X NO

# SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

20 19
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Employer ide

11-2002556

Name of the organization CENTER INC.

FORM 990, PART III, LINE 3

THE FRIEDBERG JCC MOVED MANY OF ITS PROGRAMS TO A VIRTUAL BASED PLATFORM
IN RESPONSE TO THE COVID PANDEMIC, AND IN ACCORDANCE WITH GUIDELINES FROM
THE STATE AND LOCAL GOVERNMENT.

FORM 990, PART VI, SECTION A, LINE 2

FRED RICHMAN AND THEODORE RICHMAN, TWO MEMBERS OF THE BOARD OF DIRECTORS, HAVE A FAMILY RELATIONSHIP.

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

THE CENTER'S BOARD MEMBERS REVIEW THE 990 PRIOR TO SUBMISSION FOR

ACCURACY WITH REGARD TO ALL ASPECTS OF THE INFORMATION PROVIDED. THIS

INCLUDES FINANCES, COMPENSATION, MISSION, PROGRAMS, BOARD MEMBER

INFORMATION, AND REQUIRED SCHEDULES. BOARD MEMBERS HAVE THE

OPPORTUNITY TO RAISE QUESTIONS AND TO DISCUSS ALL ASPECTS OF THE 990

FILING AND CAN RECOMMEND EDITS OR UPDATES AS NECESSARY. THE CENTER'S

BOARD OF DIRECTORS AS A FULL BODY, FORMALLY APPROVES THE FINAL

DOCUMENT BEFORE IT IS SUBMITTED TO THE IRS.

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

THE BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER, INC HAS A

CONFLICT OF INTEREST POLICY WHICH ALL BOARD MEMBERS AND EMPLOYEES ARE

REQUIRED TO SIGN ANNUALLY AS A CONDITION OF BEING ON THE BOARD.

MONITORING OF RECEIPT OF EACH POLICY IS ASSIGNED TO AN EMPLOYEE OF

Employer identification number

THE EXECUTIVE OFFICE WITH DILIGENT FOLLOW-UP TO AFFIRM THAT EACH BOARD MEMBER AND EMPLOYEE HAS SIGNED THE POLICY. WITH REFERENCE TO ANY CONFLICT OF INTEREST THAT MAY ARISE, FULL DISCLOSURE IS REQUIRED. THE AFFECTED BOARD MEMBER WILL REFRAIN FROM PARTICIPATING IN DELIBERATIONS OR VOTING ON APPROVAL OF SUCH TRANSACTION WHILE ADDITIONAL BIDS ARE REVIEWED AND COMPARED BY THE PRESIDENT AND CEO AND THE FINAL DETERMINATION IS BASED SOLELY ON THE BEST INTEREST OF THE AGENCY.

FORM 990, PART VI, SECTION B, LINE 15A THE JCC'S EXECUTIVE DIRECTOR HAS A CONTRACT THAT IS DECIDED ON BY A SPECIALLY APPOINTED EXECUTIVE PERSONNEL COMMITTEE OF THE BOARD, AND THEN BROUGHT TO THE FULL BOARD OF DIRECTORS FOR THEIR APPROVAL. COMPENSATION IS COMMENSURATE WITH EXPERIENCE, ACCOMPLISHMENTS, THE SIZE OF THE AGENCY AND COMPARATIVES WITH SIMILAR NOT-FOR-PROFITS OF SIMILAR SIZE AND LOCATION. A THREE YEAR CONTRACT SIGNED IN 2017 IS EFFECTIVE AS OF FEBRUARY 2018. SUBSEQUENTLY, A THREE YEAR CONTRACT WAS SIGNED IN 2020 AND IS EFFECTIVE AS OF MARCH 2021.

FORM 990, PART VI, SECTION C, LINE 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 CHANGE IN BENEFICIAL INTEREST IN TRUST: -7,921 Name of the organization CENTER INC.

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Employer identification number 11-2002556

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EARLY CHILDHOOD PROGRAM-THE BARRY AND FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER (JCC) IS PROUD OF OUR EARLY CHILDHOOD CENTERS' HIGH QUALITY PROGRAMMING AND EXCELLENT STAFF. OUR PROGRAMS, SERVING CHILDREN BIRTH TO 5 YEARS OLD AND THEIR FAMILIES, ARE LICENSED BY THE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES. EACH OF OUR FOUR EARLY CHILDHOOD CENTERS IN OCEANSIDE, LONG BEACH, LYNBROOK AND MERRICK IS DESIGNED TO FACILITATE THE GROWTH OF CHILDREN PHYSICALLY, SOCIALLY, AND COGNITIVELY. OUR JUDAIC AND SECULAR HOLIDAY AND ENRICHMENT PROGRAMS ADD AN EXTRA DIMENSION TO YOUR CHILD'S PRESCHOOL EXPERIENCE. AS LEADERS IN THE EARLY CHILDHOOD COMMUNITY, OUR YEAR-ROUND PROGRAMS EMBRACE DEVELOPMENTALLY APPROPRIATE PRACTICES AND UTILIZE DIFFERENTIATED TEACHING STYLES WITHIN OUR CURRICULUM. WE UNDERSTAND THAT EACH CHILD HAS AN INDIVIDUAL LEARNING STYLE. AS WELL AS A PERSONAL TIMETABLE FOR DEVELOPMENT IN OUR CHILD CENTERED CLASSROOMS, INDIVIDUAL INTERESTS ARE IDENTIFIED, AND ACTIVITIES ARE PLANNED THAT GIVE EACH CHILD AN OPPORTUNITY FOR EXPLORATION AND SELF-DIRECTION. OUR CHILDREN ACQUIRE SOCIAL COMPETENCE AND THE SKILLS THEY NEED TO SUCCEED AS LIFELONG LEARNERS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

CAMP OVERVIEW-OUR PROGRAMS ENCOURAGE CAMPERS TO DEVELOP THEIR

IMAGINATIONS AND INDIVIDUAL ABILITIES WHILE ENHANCING THEIR

Name of the organization BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY CENTER INC.

Employer identification number 11-2002556

ATTACHMENT 2 (CONT'D)

SELF-ESTEEM. CHILDREN LEARN NEW ACTIVITIES, TRAVEL TO EXCITING DESTINATIONS AND MAKE NEW FRIENDS. SUMMER CAMP PROVIDES CHILDREN WITH UNIQUE EXPERIENCES THAT HELP THEM GROW, LEARN, HAVE FUN AND BUILD LASTING RELATIONSHIPS. AT CAMP, WE FOSTER THE VALUES OF SPORTSMANSHIP, INTEGRITY, TOLERANCE, FRIENDSHIP, SENSITIVITY, HELPFULNESS, APPRECIATION AND RESPECT. THE FRIEDBERG JCC SUMMER DAY CAMP SERVICES CHILDREN AGES 2-15 WITHIN NINE DIFFERENT PROGRAMS. OUR PRE-SCHOOL CAMPS ARE LOCATED IN OUR MAIN FACILITY IN OCEANSIDE AS WELL AS OUR SATELLITE LOCATIONS IN LONG BEACH AND MERRICK. FOR GRADES K-6, OUR CAMPS ARE LOCATED IN THE NESTLED WOODS OF THE HENRY KAUFMANN CAMPGROUNDS WHICH FEATURES ACRES OF LUSH BALL FIELDS, A FULL SWIMMING COMPLEX WITH FOUR POOLS, A NATURE AND SCIENCE CENTER, AN ARTS AND CRAFTS CENTER, BASKETBALL COURTS, OUTDOOR CAMPSITE AREAS, PLAYGROUNDS, A DRIVING RANGE, HIKING TRAILS, A MINI-GOLF COURSE, A SPORTS COMPLEX OFFERING INSTRUCTIONAL CLINICS, AND MORE COMPLEMENTED BY A KALEIDOSCOPE OF PROGRAMMING. DAY AND OVERNIGHT TRIPS TO EXCITING DESTINATIONS ARE ALSO INCLUDED FOR THE OLDER CHILDREN. CAMPERS ENTERING GRADES 7-10 EXPERIENCE A TRAVEL CAMP OF FUN DAY TRIPS AS WELL AS 3-4 THRILLING WEEK-LONG TRIPS. OUR COUNSELOR-IN-TRAINING PROGRAM PROVIDES ON-THE-JOB TRAINING EXPERIENCE FOR A SELECT GROUP OF MATURE TEENS WHO ARE INTERESTED IN WORKING WITH CHILDREN. WE ALSO OFFER SPECIALIZED CAMPS INCLUDING CAMP ACHIEVE (FOR CHILDREN 6-12 ON THE AUTISM SPECTRUM) AND THEATRE CAMP. FINALLY, OUR SUNRISE DAY CAMP IS THE ONLY DEDICATED DAY CAMP IN THE NATION FOR CHILDREN WITH CANCER AND THEIR SIBLINGS. SUNRISE IS AFFILIATED WITH 11 AREA

Schedule O (Form 990 or 990-EZ) 2019 Page 2

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY Employer identification number Name of the organization CENTER INC. 11-2002556

ATTACHMENT 2 (CONT'D)

HOSPITALS, IS OFFERED COMPLETELY FREE OF CHARGE, AND HAS YEAR-ROUND PROGRAMMING, IN-CLINIC ACTIVITIES AND HOSPITAL VISITATION SERVICES.

FORM 990, PART III, LINE 4D - OTHER PROGRAM	SERVICES	ATTACHMENT 3	
DESCRIPTION	GRANTS	EXPENSES	REVENUE
AFTERSCHOOL		799,323.	1,230,803.
TEENS		116,850.	72,385.
ADULT AND FAMILY SERVICES		592,340.	218,737.
MEMBER SERVICES		181,369.	49,543.
TOTALS		1,689,882.	1,571,468.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

BARRY & FLORENCE FRIEDBERG JEWISH COMMUNITY

Employer identification number 11-2002556

CENTER INC.

Part I

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contri	g) 512(b)(13) rolled ity?
						Yes	No
(1) SUNRISE DAY CAMPS ASSOCIATION INC 46-5555854							
15 NEIL COURT OCEANSIDE, NY 11572	DAY CAMPS	NY	501(C)(3)	LINE 7	BFFJCC	X	
(2)							
(3)							
(4)							
(5)							
(6)							
<u>(7)</u>	_						

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part III Identification of Relabecause it had one or	ted Organizations more related org	s Taxable anization	e as a Partnersl as treated as a p	hip. Complete if the artnership during th	e organization a e tax year.	inswered "Yes'	on l	Forn	n 990, Part IV,	line	34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				36010113 312 - 314)			Yes	No		Yes	No	
(1)												
(2)												
(3)	_											
(4)	_											
(5)												
(6)												
(7)												

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

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 Schedule R (Form 990) 2019

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b		X				
С	Gift, grant, or capital contribution from related organization(s)				1c	X					
	Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e	X					
f	Dividends from related organization(s)				1f		X				
g	Sale of assets to related organization(s)				1g		X				
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
I	Performance of services or membership or fundraising solicitations for related organization(s)				1I 1m	X	_X				
m	m. communication of activities of membership of father and any foliation of garmanation (c), i.e. i.e. i.e. i.e. i.e. i.e. i.e. i.e										
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X					
0	Sharing of paid employees with related organization(s)				10	Х					
							Х				
р	Reimbursement paid to related organization(s) for expenses				1p	Х					
q	Reimbursement paid by related organization(s) for expenses				1q	Λ					
					4		Х				
r	Other transfer of cash or property to related organization(s)				1r 1s		X				
2	Other transfer of cash or property from related organization(s)	this line including cove	ered relationships and trans	action thre		 S					
	(a)	(b)	(c)		(d)						
	Name of related organization	Transaction	Amount involved	Method	of dete		g				
		type (a-s)		amou	ını inv	bivea					
(1)	SUNRISE DAY CAMPS ASSOCIATION	С	1,789,464.	CASH							
(2)											
(0)											
(3)											
(4)											
(+)											
(5)											
(6)											

JSA

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	i irom tax unger	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)	Yes				Yes	No	(1 01111 1000)	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													
			1							l .			m 000\ 2010

Schedule R (Form 990) 2019 Page 5

# Part VII Supplemental Information

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