

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection****A** For the 2023 calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

1 HARVARD CIRCLE100

City or town, state or province, country, and ZIP or foreign postal code

WEST PALM BEACH, FL 33409**F** Name and address of principal officer: MICHAEL HOFFMAN1 HARVARD CIRCLE, STE 100, WEST PALM BEACH, FL 33409**D** Employer identification number59-0948696**E** Telephone number(561) 478-0700**G** Gross receipts \$ 65,392,991.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.JEWISHFPB.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1962 **M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>60</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>59</u>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>5</u> <u>134</u>
Revenue	6	Total number of volunteers (estimate if necessary) <u>6</u> <u>2,000</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <u>771,503.</u>
	7b	Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>34,188.</u>
Expenses	8	Contributions and grants (Part VIII, line 1h) <u>35,878,453.</u> <u>36,817,105.</u>
	9	Program service revenue (Part VIII, line 2g) <u>6,821,301.</u> <u>9,762,133.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>1,378,740.</u> <u>2,462,896.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>2,056,910.</u> <u>346,034.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>46,135,404.</u> <u>49,388,168.</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>19,666,353.</u> <u>26,489,210.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4) <u>NONE</u> <u>NONE</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>9,152,620.</u> <u>10,915,843.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e) <u>NONE</u> <u>NONE</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,749,485.</u>
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>8,463,691.</u> <u>6,437,653.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>37,282,664.</u> <u>43,842,706.</u>
	19	Revenue less expenses. Subtract line 18 from line 12 <u>8,852,740.</u> <u>5,545,462.</u>
	20	Total assets (Part X, line 16) <u>189,518,360.</u> <u>202,916,594.</u>
21	Total liabilities (Part X, line 26) <u>42,186,928.</u> <u>38,902,048.</u>	
22	Net assets or fund balances. Subtract line 21 from line 20. <u>147,331,432.</u> <u>164,014,546.</u>	

Part II Signature Block

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

Sign Here	Signature of officer <u>Michael Hoffman, CEO</u>	Date <u>4/8/2025</u>
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<u>PAUL HAMMERSCHMIDT</u>	<u>PAUL HAMMERSCHMIDT</u>	<u>03/31/2025</u>		<u>P01384178</u>
	Firm's name ▶ <u>BDO USA</u>	Firm's EIN ▶ <u>13-5381590</u>	Firm's address ▶ <u>200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166</u>	Phone no. <u>212-885-8000</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

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

1 Briefly describe the organization's mission:

THE JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING
ORGANIZATION OF THE JEWISH COMMUNITY. OUR MISSION IS TO STRENGTHEN
JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING
HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses \$ 5,079,564. including grants of \$ NONE) (Revenue \$ 9,223,775.)

JEWISH COMMUNITY ENGAGEMENT - ENGAGING OPPORTUNITIES IN SUPPORT OF
JEWISH EDUCATION, COMBATING ANTISEMITISM, AND VOLUNTEER
OPPORTUNITIES THROUGH THE KOHL JEWISH VOLUNTEER CENTER.

4b (Code:) (Expenses \$ 3,235,294. including grants of \$ NONE) (Revenue \$ 308,427.)

FEDERATION OPERATING PROGRAMS - THE JEWISH FEDERATION OF PALM
BEACH RUNS PROGRAMMING TO EDUCATE THE COMMUNITY ON A VARIETY OF
CAUSES. PROGRAMMING IS CONTINUOUSLY EVOLVING BASED ON THE PRESSING
NEEDS OR OPPORTUNITIES THAT ARISE. INCLUDED IN SUCH PROGRAMMING IS
MOSAIC, WHICH PRODUCES A TELEVISION SHOW HIGHLIGHTING LOCAL,
NATIONAL AND INTERNATIONAL JEWISH ISSUES AND THEIR IMPACT ON THE
LOCAL JEWISH COMMUNITY. IN ADDITION, THE FEDERATION DEVELOPS
MISSIONS TO PROVIDE CONTENT RICH TRAVEL EXPERIENCES THAT HIGHLIGHT
THE BREADTH AND DEPTH OF THE PROJECTS AND PROGRAMS THAT THE
FEDERATION SUPPORTS IN ISRAEL AND OVERSEAS.

4c (Code:) (Expenses \$ 3,060,663. including grants of \$ 1,645,920.) (Revenue \$ 5,000.)

AGENCY SERVICES AND CAMPUS OPERATIONS:

AGENCY SERVICES - THE AGENCY SERVICES PROGRAM PROVIDES SUPPORT FOR
THE MANDEL JEWISH COMMUNITY CENTERS AND THE ARTHUR I. MEYER JEWISH
ACADEMY.

CAMPUS OPERATIONS - THE CAMPUS OPERATIONS MAINTAINS THE REAL
ESTATE AND FACILITIES OWNED BY THE FEDERATION, WHICH INCLUDES
LAND, BUILDING, AND SECURITY FOR THE MANDEL JCC AND THE ARTHUR I.
MEYER JEWISH ACADEMY.

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

(Expenses \$ 25,514,022. including grants of \$ 24,843,290.) (Revenue \$ 224,931.)

4e Total program service expenses 36,889,543.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	85	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	134
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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 ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	60	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent.	59	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
LEAH HOLCZER, CFO, 1 HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL 33409

561-478-0700

Form 990 (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HOFFMAN CHIEF EXECUTIVE OFFICER	53.00 2.00			X				377,630.	NONE	60,207.
(2) MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFFICER	43.00 2.00				X			311,272.	NONE	58,759.
(3) KATHY SIGALL CHIEF FINANCIAL OFFICER	43.00 2.00			X				233,301.	NONE	20,535.
(4) MINDY HANKEN CHIEF PROGRAM OFFICER	43.00 2.00				X			208,591.	NONE	28,045.
(5) SARAH ROGERS SENIOR VP, DEVELOPMENT	43.00 2.00					X		165,395.	NONE	35,052.
(6) RACHEL BERG EXECUTIVE DIRECTOR, MJCF	43.00 2.00					X		153,726.	NONE	45,464.
(7) ELAINE ARONOFF VICE PRESIDENT, MJCF	43.00 2.00					X		178,752.	NONE	18,434.
(8) LEAH HOLCZER SENIOR VP, FINANCE	43.00 2.00					X		149,768.	NONE	44,352.
(9) JEFF TRYNZ SENIOR VP, EXTERNAL AFFAIRS	43.00 2.00					X		168,939.	NONE	14,430.
(10) SUSAN SHULMAN PERTNOY BOARD CHAIR	10.00 4.00	X		X				NONE	NONE	NONE
(11) BARRY BERG BOARD CHAIR - ELECT	2.00 4.00	X		X				NONE	NONE	NONE
(12) STEVE ELLISON VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(13) ARTHUR LORING VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(14) RONALD PERTNOY VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE

Form 990 (2023)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LYNN PESECKIS VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(16) BERYL SIMONSON TREASURER	2.00 4.00	X		X				NONE	NONE	NONE
(17) MARK LEVY SECRETARY	2.00 4.00	X		X				NONE	NONE	NONE
(18) KEITH BRAUN JEWISH COMMUNITY FOUND. CHAIR	2.00 NONE	X						NONE	NONE	NONE
(19) CHARLES GOTTESMAN DEVELOPMENT AND CAMPAIGN CHAIR	2.00 NONE	X						NONE	NONE	NONE
(20) ROSLYN LEOPOLD COMMUNITY STRATEGY & PLANNING	2.00 NONE	X						NONE	NONE	NONE
(21) VIVIAN LIEBERMAN WOMEN'S PHILANTHROPY CAMPAIGN	2.00 NONE	X						NONE	NONE	NONE
(22) BRIAN SEYMOUR ISRAEL & OVERSEAS CHAIR	2.00 NONE	X						NONE	NONE	NONE
(23) DEBBIE SHAPIRO HUMAN RESOURCES AND LEADERSHIP	2.00 NONE	X						NONE	NONE	NONE
(24) HOPE SILVERMAN IMMEDIATE PAST BOARD CHAIR	2.00 NONE	X						NONE	NONE	NONE
(25) RONDA STARR WOMEN'S PHILANTHROPY CHAIR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,947,374.	NONE	325,278.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,947,374.	NONE	325,278.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **16**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOEL YUDENFREUND JEWISH COMMUNITY FOUND. CHAIR	2.00 NONE	X						NONE	NONE	NONE
(27) IRA M. GERSTEIN MEMBER-AT-LARGE	2.00 NONE	X						NONE	NONE	NONE
(28) JULIANA GENDELMAN MEMBER-AT-LARGE	2.00 NONE	X						NONE	NONE	NONE
(29) RICHARD BAER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(30) JIM BALDINGER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(31) DONALD BERG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(32) RICHARD N. BERNSTEIN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(33) SANDRA BORNSTEIN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(34) JONATHAN CHANE BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(35) PAMELA COMITER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(36) RICHARD COMITER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		
4		
5		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) LINDA GELLER-SCHWARTZ BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(38) STEPHANIE GITLIN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(39) RAYMOND GOLDEN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(40) ROBERT GORDON BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(41) ALAN HASPEL BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(42) RON HERMAN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(43) DIANE HERZOG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(44) SCOTT HOLTZ BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(45) ADAM JACKOWITZ BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(46) HERBERT JAVIER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(47) MICHAEL KOHNER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) PAUL KOZLOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(49) ARTIE LEHRHOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(50) PATTI LEHRHOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(51) BRIAN LEMELMAN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(52) GARY LESSER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(53) SYNDIE LEVIEN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(54) STACEY LEVY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(55) SAM LIEBOVICH BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(56) ZELDA MASON BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(57) ROBERT NAFTALY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(58) CAROLINE CUMMINGS RAFFERTY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)****2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization****3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual****4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual****5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person**

Yes No

3

4

5

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) RABBI MOSHE SCHEINER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(60) CINDY SCHLOSSBERG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(61) KEVIN SHAPIRO BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(62) BETSY SHEERR BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(63) SHAYNE SILVER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(64) SYDELLE SONKIN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(65) WARREN SPECTOR BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(66) AMY TERWILLEGER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(67) BETH WAYNE BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(68) PENNI WEINBERG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
(69) DAVID WINDREICH BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE

1b Sub-total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

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

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

6

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	25,703,818.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	11,113,287.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 4,700,812.			
	h	Total. Add lines 1a-1f			36,817,105.		
Program Service Revenue	2a	DESIGNATED PROGRAM REVENUE	Business Code	900099	9,762,133.	9,762,133.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			9,762,133.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,407,960.		771,503.
4		Income from investment of tax-exempt bond proceeds . . .		NONE			
5		Royalties		NONE			
6a		Gross rents	6a				
b		Less: rental expenses	6b				
c		Rental income or (loss)	6c	NONE	NONE		
d		Net rental income or (loss)		NONE			
7a		Gross amount from sales of assets other than inventory	7a	(i) Securities 16,358,547.	(ii) Other		
b		Less: cost or other basis and sales expenses	7b	15,303,611.			
c		Gain or (loss)	7c	1,054,936.			
d		Net gain or (loss)		1,054,936.			1,054,936.
8a		Gross income from fundraising events (not including \$ NONE of contributions reported on line 1c). See Part IV, line 18	8a	285,084.			
b		Less: direct expenses	8b	701,212.			
c		Net income or (loss) from fundraising events		-416,128.			-416,128.
9a		Gross income from gaming activities. See Part IV, line 19	9a	NONE			
b		Less: direct expenses	9b	NONE			
c		Net income or (loss) from gaming activities		NONE			
10a		Gross sales of inventory, less returns and allowances	10a	NONE			
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory		NONE				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	762,162.		762,162.
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			762,162.		
	12	Total revenue. See instructions			49,388,168.	9,762,133.	771,503.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,489,210.	26,489,210.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,457,869.	510,933.	662,409.	284,527.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	7,199,443.	4,020,214.	1,052,343.	2,126,886.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	408,262.	242,760.	35,344.	130,158.
9 Other employee benefits	1,247,347.	705,530.	162,465.	379,352.
10 Payroll taxes	602,922.	329,815.	117,063.	156,044.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	59,009.	35,833.	13,847.	9,329.
c Accounting	101,866.		101,866.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	78,522.		78,522.	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	600,842.	426,710.	63,035.	111,097.
12 Advertising and promotion	NONE			
13 Office expenses	423,895.	162,575.	75,752.	185,568.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	8,063.	901.	7,162.	
17 Travel	62,857.	41,503.	14,374.	6,980.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	2,136,211.	2,021,048.	106,710.	8,453.
20 Interest	601,306.	514,029.	87,277.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,019,232.	763,632.	132,250.	123,350.
23 Insurance	65,935.	10,072.	55,863.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a STAFF. & EMPLOYEE RELOCATION	532,317.	197,377.	202,234.	132,706.
b REPAIRS AND MAINTENANCE	305,717.	148,538.	80,177.	77,002.
c SECURITY	55,776.	47,641.	1,642.	6,493.
d BAD DEBT EXPENSE	21,451.		21,451.	
e All other expenses	364,654.	221,222.	131,892.	11,540.
25 Total functional expenses. Add lines 1 through 24e	43,842,706.	36,889,543.	3,203,678.	3,749,485.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	54,188.	1	325,990.
	2 Savings and temporary cash investments.	7,292,595.	2	9,810,350.
	3 Pledges and grants receivable, net	25,023,778.	3	29,752,918.
	4 Accounts receivable, net	371,110.	4	286,289.
	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	58,579.	5	58,579.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net.	5,359,567.	7	1,823,866.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	269,978.	9	305,084.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,789,246.		
	b Less: accumulated depreciation.	10b 9,766,195.		
		26,594,056.	10c	26,023,051.
	11 Investments - publicly traded securities.	29,888,391.	11	33,462,242.
	12 Investments - other securities. See Part IV, line 11.	91,180,607.	12	97,530,621.
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	3,425,511.	15	3,537,604.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	189,518,360.	16	202,916,594.	
Liabilities	17 Accounts payable and accrued expenses.	755,804.	17	1,503,741.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	31,628.	19	NONE
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	10,789,474.	23	10,263,158.
	24 Unsecured notes and loans payable to unrelated third parties.	2,826,596.	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	27,783,426.	25	27,135,149.
	26 Total liabilities. Add lines 17 through 25.	42,186,928.	26	38,902,048.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	74,575,077.	27	71,779,253.
	28 Net assets with donor restrictions.	72,756,355.	28	92,235,293.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	147,331,432.	32	164,014,546.
33 Total liabilities and net assets/fund balances.	189,518,360.	33	202,916,594.	

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	49,388,168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,842,706.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,545,462.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,331,432.
5	Net unrealized gains (losses) on investments	5	9,811,930.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O).	9	1,325,722.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	164,014,546.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .		

Form **990** (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Employer identification number
59-0948696

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

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

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

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

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

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,226,075.	33,661,530.	27,215,822.	35,668,069.	36,810,651.	156,582,147.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	23,226,075.	33,661,530.	27,215,822.	35,668,069.	36,810,651.	156,582,147.
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).						4,038,732.
6 Public support. Subtract line 5 from line 4						152,543,415.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	23,226,075.	33,661,530.	27,215,822.	35,668,069.	36,810,651.	156,582,147.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,911,194.	2,180,080.	1,500,624.	1,191,123.	636,457.	7,419,478.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-215,187.	NONE	NONE	NONE	34,188.	-180,999.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,412,182.	1,157,427.	191,290.	525,373.	762,162.	4,048,434.
11 Total support. Add lines 7 through 10						167,869,060.
12 Gross receipts from related activities, etc. (see instructions)					12	20,145,240.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	90.87 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.51 %
16a 33 1/3 % support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . .		<input type="checkbox"/>
b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . .		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
MISCELLANEOUS INCOME	1,088,660.	501,490.	191,290.	525,373.	762,162.	3,068,975.
ADMIN FEES	323,522.	479,937.	NONE	NONE	NONE	803,459.
SPONSORSHIP INCOME	NONE	176,000.	NONE	NONE	NONE	176,000.
TOTALS	1,412,182.	1,157,427.	191,290.	525,373.	762,162.	4,048,434.

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Employer identification number

59-0948696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization **JEWISH FEDERATION OF PALM BEACH COUNTY, INC.**

Employer identification number
59-0948696

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	N/A	\$ 1,775,493.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,675,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,150,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 750,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number	59-0948696
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Part II

[illegible]

Name of organization **JEWISH FEDERATION OF PALM BEACH COUNTY, INC.**

Employer identification number
59-0948696

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	NONE	
2 Aggregate value of contributions to (during year)	NONE	
3 Aggregate value of grants from (during year)	NONE	
4 Aggregate value at end of year.	23,731,980.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X. \$ _____

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

Schedule D (Form 990) 2023

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a ☐ Public exhibition d ☐ Loan or exchange program
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 67,805,019. | 62,788,376. | 73,224,574. | 54,130,485. | 53,873,681. |
| b Contributions | 2,560,550. | 3,886,199. | 1,464,632. | 4,960,804. | 1,937,629. |
| c Net investment earnings, gains, and losses | 7,404,329. | 4,945,348. | -8,361,402. | 17,166,472. | 1,434,353. |
| d Grants or scholarships | 3,615,175. | 3,580,779. | 3,279,941. | 2,800,468. | 2,906,196. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 246,190. | 234,125. | 259,487. | 232,719. | 208,982. |
| g End of year balance | 73,908,533. | 67,805,019. | 62,788,376. | 73,224,574. | 54,130,485. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 26.7100 %
- b Permanent endowment 62.0700 %
- c Term endowment 11.2200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

- | Description of property | (a) Cost or other basis (Investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 5,827,000. | | 5,827,000. |
| b Buildings | | 25,187,697. | 9,699,351. | 15,488,346. |
| c Leasehold improvements | | 3,573,172. | NONE | 3,573,172. |
| d Equipment | | 1,165,777. | 66,844. | 1,098,933. |
| e Other | | 35,600. | NONE | 35,600. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 26,023,051. |

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) EQUITY MUTUAL FUNDS	54,822,264.	FMV
(B) PRIVATE EQUITY	22,568,255.	FMV
(C) BOND MUTUAL FUNDS	10,217,334.	FMV
(D) MULTI-ASSET/OPPORTUNISTIC	6,032,208.	FMV
(E) REAL ASSET FUNDS	3,790,560.	FMV
(F) STATE OF ISRAEL BONDS	100,000.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .	97,530,621.	

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OBLIGATIONS TO AFFILIATED AGENCIES	8,124,327.
(3) DUE TO AFFILIATES	7,135,779.
(4) ALLOCATIONS PAYABLE - JFNA	4,368,101.
(5) ALLOCATIONS PAYABLE - OTHER	3,749,293.
(6) DESIGNATED GIFTS PAYABLE	2,348,245.
(7) SPLIT INTEREST AGREEMENTS	1,409,404.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)).	27,135,149.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE INTENDED USE OF THE ENDOWMENT FUNDS IS TO PROVIDE FOR LONG-TERM GROWTH OF PRINCIPAL AND INCOME WITHIN REASONABLE RISK TOLERANCES ENABLING THE ORGANIZATION TO MAKE GRANTS TO VARIOUS FUNDS HELD FOR SUPPORTED ORGANIZATIONS ON A CONTINUING AND CONSISTENT BASIS.

SCHEDULE D, PART X, LINE 2:

THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. THE FEDERATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FEDERATION DID NOT INCUR ANY TAX EXPENSES DURING THE YEAR ENDED JUNE 30, 2024.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. ADDITIONALLY, THE FEDERATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. THE FEDERATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2024, THE FEDERATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2023

Open to Public
Inspection

Name of the organization
INC.

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 PHILANTHROPY (event type)	(b) Event #2 HIGH RIDGE GOLF (event type)	(c) Other events 6 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	111,000.	64,896.	109,188.	285,084.
	2 Less: Contributions	NONE	NONE	NONE	NONE
	3 Gross income (line 1 minus line 2)	111,000.	64,896.	109,188.	285,084.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,880.		4,040.	6,920.
	6 Rent/facility costs	122,742.		34,600.	157,342.
	7 Food and beverages	150,147.		68,020.	218,167.
	8 Entertainment	170,130.		11,419.	181,549.
	9 Other direct expenses	32,882.	54,822.	49,530.	137,234.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				701,212.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-416,128.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer
☐ Employee
☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Name of the organization **JEWISH FEDERATION OF PALM BEACH COUNTY, INC.**

Employer identification number

59-0948696

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 92ND STREET Y 1395 LEXINGTON AVE, NEW YORK, NY 10130	13-1624229	501(C)(3)	25,000.				GENERAL SUPPORT
(2) ACADIA CENTER/ENVIRONMENT NORTHEAST P.O. BOX 583 ROCKPORT, ME 04856	01-0518193	501(C)(3)	10,000.				GENERAL SUPPORT
(3) ACTIVE MINDS, INC.							
2001 S ST, STE 700 WASHINGTON, DC 20009	20-0587172	501(C)(3)	10,000.				GENERAL SUPPORT
(4) AID TO VICTIMS OF DOMESTIC ABUSE, INC. P.O. BOX 6161 DELRAY BEACH, FL 33482	59-2486620	501(C)(3)	10,000.				GENERAL SUPPORT
(5) ALEF PRESCHOOL OF PALM BEACH, INC. 165 BRADLEY PL PALM BEACH, FL 33480	87-1791618	501(C)(3)	21,429.				GENERAL SUPPORT
(6) ALZHEIMER'S DRUG DISCOVERY FOUNDATION 57 W. 57TH ST, STE 904 NEW YORK, NY 10019	20-1082179	501(C)(3)	10,000.				GENERAL SUPPORT
(7) AMERICAN CIVIL LIBERTIES UNION FOUNDATION 9450 SW GEMINI DR BEAVERTON, OR 97008-7105	13-6213516	501(C)(3)	10,000.				GENERAL SUPPORT
(8) AMERICAN COMM FOR WEIZMANN INS OF SCI, INC. 633 3RD AVE, 20TH FLOOR NEW YORK, NY 10017	13-1623886	501(C)(3)	10,000.				GENERAL SUPPORT
(9) AMERICAN FRDS OF THE TEL AVIV UNIV., INC. 8 W 40TH ST, FL 8 NEW YORK CITY, NY 10018	13-1996126	501(C)(3)	5,700.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF BETH HAEFETSOT 633 THIRD AVE, 21ST FL NEW YORK, NY 10017	13-2928469	501(C)(3)	25,360.				GENERAL SUPPORT
(11) AMERICAN FRIENDS OF MAGEN DAVID ADOM 20 W 36 ST, STE 1100 NEW YORK, NY 10018	13-1790719	501(C)(3)	154,880.				GENERAL SUPPORT
(12) AMERICAN FRIENDS OF OGEN, INC. 2330 MILTON RD UNIVERSITY HEIGHTS, OH 44118	13-3691494	501(C)(3)	17,000.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **194**

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Employer identification number

59-0948696

OMB No. 1545-0047

2023

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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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(1) AMERICAN FRIENDS OF SHALVA 315 FIFTH AVE, 6TH FL NEW YORK, NY 10016	13-3590026	501(C)(3)	19,000.				GENERAL SUPPORT
(2) AMERICAN FRIENDS OF SHEBA MEDICAL CENTER 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	13-3733541	501(C)(3)	50,000.				GENERAL SUPPORT
(3) AMERICAN FRIENDS OF THE HEBREW UNIV., INC. 199 WATER ST, 11TH FL NEW YORK, NY 10038	13-1568923	501(C)(3)	13,300.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF THE ISRAELI DEMOCRACY 3282 NORTHSIDE PARKWAY ATLANTA, GA 30327	13-3348313	501(C)(3)	50,000.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF THE ISRAELI MUSEUM 545 FIFTH AVE, STE 920 NEW YORK, NY 10017	23-7182582	501(C)(3)	66,000.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF THE ISRAELI PHILHARMONIC 122 E 42ND ST, STE 4507 NEW YORK, NY 10168	23-7183563	501(C)(3)	116,500.				GENERAL SUPPORT
(7) AMERICAN ISRAELI EDUCATION FDN, INC. 251 H STREET, NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	100,000.				GENERAL SUPPORT
(8) AMERICAN JEWISH JOINT DISTR. COMMITTEE 220 E. 42ND ST, STE 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	312,330.				GENERAL SUPPORT
(9) AMERICANS FOR BEN-GURION UNIVERSITY P.O. BOX 7410310 CHICAGO, IL 60674-0310	23-7270753	501(C)(3)	10,000.				GENERAL SUPPORT
(10) ANTI-DEFAMATION LEAGUE 5295 TOWN CENTER RD, BOCA RATON, FL 33486	13-1818723	501(C)(3)	319,385.				GENERAL SUPPORT
(11) ARTHUR I. MEYER JEWISH ACADEMY, INC. 5225 HOOD ROAD PALM BEACH GARDENS, FL 33418	59-1491258	501(C)(3)	984,987.				GENERAL SUPPORT
(12) ARTIS CONTEMPORARY ISRAELI ART FUND, INC. P.O. BOX 1536 NEW YORK, NY 10276	26-4184988	501(C)(3)	10,000.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) 2023

JSA

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SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Employer identification number

59-0948696

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1) BALLEENISLES CHARITIES FOUNDATION, INC. 303 BALLEENISLES DR PLM BCH GARDEN, FL 33418	45-2653459	501(C)(3)	6,000.				GENERAL SUPPORT
(2) BALLEET PALM BEACH 10357 IRONWOOD RD PLM BCH GARDEN, FL 33410	82-0569013	501(C)(3)	12,000.				GENERAL SUPPORT
(3) BIRTHRIGHT ISRAEL FOUNDATION 500 S AUSTRALIAN AVE W PALM BEACH, FL 33401	13-4082050	501(C)(3)	434,640.				GENERAL SUPPORT
(4) BOCA RATON REGIONAL HOSPITAL FDN, INC. 745 MEADOWS ROAD BOCA RATON, FL 33486	59-2406425	501(C)(3)	20,000.				GENERAL SUPPORT
(5) BOYNTON BEACH ORTHODOX ASSOCIATION, INC. 10683 EL CLAIR RANCH BYNTON BCH, FL 33437	16-1741241	501(C)(3)	21,429.				GENERAL SUPPORT
(6) BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 126 WALTHAM, MA 02453	04-2103552	501(C)(3)	38,430.				GENERAL SUPPORT
(7) CAMP RAMAH DAROM 6400 POWERS FERRY RD NW ATLANTA, GA 30339	58-2146741	501(C)(3)	7,900.				GENERAL SUPPORT
(8) CARE 151 ELLIS STREET NE ATLANTA, GA 30303	13-1685039	501(C)(3)	20,000.				GENERAL SUPPORT
(9) CENTRAL FUND OF ISRAEL 461 CENTRAL AVE CEDARHURST, NY 11516	13-2982985	501(C)(3)	60,000.				GENERAL SUPPORT
(10) CENTRAL SYNAGOGUE 123 E 55TH STREET NEW YORK, NY 10022-3502	13-1628161	501(C)(3)	15,368.				GENERAL SUPPORT
(11) CHABAD JEWISH CENTER OF JUPITER, INC. 107 VIA VERACRUZ JUPITER, FL 33458	20-0186163	501(C)(3)	21,429.				GENERAL SUPPORT
(12) CHABAD JEWISH CENTER OF ROYAL PALM BEACH 129 SPARROW DR ROYAL PALM BEACH, FL 33411	26-3077456	501(C)(3)	21,429.				GENERAL SUPPORT

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

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Schedule I (Form 990) 2023

SCHEDULE I
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**Grants and Other Assistance to Organizations,
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INC.

Employer identification number

59-0948696

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) CHABAD JEWISH CTR OF MARTIN ST LUCIE CNTY 2809 SW SUNSET TRL PALM CITY, FL 34990	65-0896121	501(C)(3)	21,429.				GENERAL SUPPORT
(2) CHABAD LUBAVITCH OF W. BOYNTON BEACH, INC. 9406 BYNTON BEACH BLVD BYNTON BCH, FL 33472	26-4098856	501(C)(3)	21,429.				GENERAL SUPPORT
(3) CHABAD LUBAVITCH OF WELLINGTON, INC. 1755 GRANTHAM DR WELLINGTON, FL 33414	65-0911952	501(C)(3)	21,429.				GENERAL SUPPORT
(4) CHABAD OF LAKE WORTH 5801 COLBRIGHT RD LAKE WORTH, FL 33467	41-2216661	501(C)(3)	23,929.				GENERAL SUPPORT
(5) CHABAD OF PALM BEACH GARDENS, INC. 6100 PGA BLVD. PALM BEACH GARDENS, FL 33418	20-5197484	501(C)(3)	21,529.				GENERAL SUPPORT
(6) CHABAD OF SINGER ISLAND & BEACHES, INC. 1051 BIMINI LANE SINGER ISLAND, FL 33404	83-0863042	501(C)(3)	21,429.				GENERAL SUPPORT
(7) CHABAD OF SOUTH PALM BEACH, INC. 224 SOUTH OCEAN BLVD. LANTANA, FL 33462	57-1240142	501(C)(3)	24,149.				GENERAL SUPPORT
(8) CHESAPEAKE BAY TRUST 108 SEVERN AVENUE ANNAPOLIS, MD 21403	52-1454182	501(C)(3)	6,000.				GENERAL SUPPORT
(9) CITY YEAR, INC. 606 SOUTH OLIVE ST, LOS ANGELES, CA 90014	22-2882549	501(C)(3)	50,000.				GENERAL SUPPORT
(10) COMBAT HATE FOUNDATION P.O. BOX 957 MOUNDRIDGE, KS 67107	84-2208774	501(C)(3)	15,000.				GENERAL SUPPORT
(11) COMFORT FOOD OF WASHINGTON COUNTY P.O. BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	10,500.				GENERAL SUPPORT
(12) COMMUNITY CHEST OF PORT WASHINGTON, INC. 382 MAIN STREET PORT WASHINGTON, NY 11050	11-1614994	501(C)(3)	15,000.				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2023

JSA

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SCHEDULE I
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Grants and Other Assistance to Organizations,
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(1) COMMUNITY FOUNDATION OF NORTH CENTRAL FL 3919 NEWBERRY RD GAINESVILLE, FL 32607	59-3532330	501(C)(3)	36,075.				GENERAL SUPPORT
(2) CONG CHABAD LUBAVITCH OF GRTR BOYNTON, INC. 10655 EL CLAIR RANCH BYNTON BOH, FL 33437	65-0855215	501(C)(3)	21,429.				GENERAL SUPPORT
(3) CONSERVATION COLORADO EDUCATION FUND 303 E 17TH AVE, STE 400 DENVER, CO 80203	84-0614285	501(C)(3)	10,000.				GENERAL SUPPORT
(4) DAUGHTERS OF SARAH FOUNDATION 180 WASHINGTON AVE ALBANY, NY 12203-5398	14-1344803	501(C)(3)	10,000.				GENERAL SUPPORT
(5) DIA CENTER FOR THE ARTS, INC. 535 W 22ND ST, FL 4 NEW YORK, NY 10011	23-7397946	501(C)(3)	25,000.				GENERAL SUPPORT
(6) DIRECT RELIEF 6100 WALLACE BECKWELL ST BARBARA, CA 93117	95-1831116	501(C)(3)	10,000.				GENERAL SUPPORT
(7) DONORSCHOOSE, INC. 213 WEST 35TH ST NEW YORK, NY 10001	13-4129457	501(C)(3)	10,000.				GENERAL SUPPORT
(8) EARLY CHILDHOOD CTR OF GRTR BOYNTON, INC. 10655 EL CLAIR RANCH BYNTON BOH, FL 33437	26-0338732	501(C)(3)	21,429.				GENERAL SUPPORT
(9) ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVE WASHINGTON, DC 20005	20-1326922	501(C)(3)	10,000.				GENERAL SUPPORT
(10) FEEDING SOUTH FLORIDA 4925 PKR RIDGE BLVD BOYNTON BEACH, FL 33426	59-2097520	501(C)(3)	5,354.				GENERAL SUPPORT
(11) FERD & GLADYS ALPERT JEWISH FMLY SVC, INC. P.O. BOX 220627 WEST PALM BEACH, FL 33422	59-1520581	501(C)(3)	1,722,013.				GENERAL SUPPORT
(12) FOCUSING PHILANTHROPY, INC. 1637 16TH ST SANTA MONICA, CA 90404	45-2405071	501(C)(3)	30,000.				GENERAL SUPPORT

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INC.

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(1) FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE, DENVER, CO 80239	84-0772672	501 (C) (3)	50,000.				GENERAL SUPPORT
(2) FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE, SANTA BARBARA, CA 93110	77-0169214	501 (C) (3)	25,000.				GENERAL SUPPORT
(3) FORT LAUDERDALE INDP. TRAINING & EDU CTR 5201 NW 33RD AVE, FORT LAUDERDALE, FL 33309	26-4155794	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) FOODN FOR THE DEFENSE OF DEMOCRACIES, INC. P.O. BOX 33249, WASHINGTON, DC 20033	13-4174402	501 (C) (3)	17,000.				GENERAL SUPPORT
(5) FRDS OF BEZALEL ACAD OF ARTS & DESIGN, INC. 244 FIFTH AVE, STE 2734, NEW YORK, NY 10001	13-2952614	501 (C) (3)	50,000.				GENERAL SUPPORT
(6) FRIENDS OF ETHIOPIAN JEWS, INC. P.O. BOX 960659, BOSTON, MA 02196-0059	06-1512486	501 (C) (3)	39,000.				GENERAL SUPPORT
(7) FRIENDS OF ISRAEL DEFENSE FORCES P.O. BOX 4224, NEW YORK, NY 10163	13-3156445	501 (C) (3)	77,030.				GENERAL SUPPORT
(8) FRIENDS OF ISRAEL SCI-TECH SCHOOLS, INC. 25 W. 45TH ST, STE 1405, NEW YORK, NY 10036	26-0492682	501 (C) (3)	10,000.				GENERAL SUPPORT
(9) FRIENDS OF JCC KRAKOW 74 LAFAYETTE AVE, SUFFERN, NY 10901	46-5714234	501 (C) (3)	13,600.				GENERAL SUPPORT
(10) GARDENS JEWISH EXPERIENCE 10800 MILITARY TRAIL, PALM BEACH, FL 33410	35-2417359	501 (C) (3)	28,592.				GENERAL SUPPORT
(11) GIFT OF LIFE MARROW REGISTRY 5901 BROKEN SOUND PKY, BOCA RATON, FL 33487	22-3131232	501 (C) (3)	10,000.				GENERAL SUPPORT
(12) GLOBALGIVING FOUNDATION 1 THOMAS CIR, NW, WASHINGTON, DC 20005	30-0108263	501 (C) (3)	20,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

JSA

3E1288 1.000

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(1) GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BOULEVARD MIAMI, FL 33137	59-0624404	501(C)(3)	21,466.				GENERAL SUPPORT
(2) HATIFA FOUNDATION (NORTH AMERICA), INC. 40 GATE GOLDSTEIN ROSLYN, NY 11576	13-3278992	501(C)(3)	7,000.				GENERAL SUPPORT
(3) HAROLD GRINSPOON FOUNDATION 67 HUNT ST, STE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	55,000.				GENERAL SUPPORT
(4) HASBARA FELLOWSHIPS 228 PARK AVE S #94319 NEW YORK, NY 10003	20-1651102	501(C)(3)	8,400.				GENERAL SUPPORT
(5) HILLEL OF BROWARD AND PALM BEACH 777 GRADES RD BOCA RATON, FL 33431	56-2472825	501(C)(3)	29,500.				GENERAL SUPPORT
(6) HILLEL: THE FOUNDATION 800 EIGHTH ST, NW WASHINGTON, DC 20001	52-1844823	501(C)(3)	238,800.				GENERAL SUPPORT
(7) HILLEL: UF HILLEL 2020 W UNIVERSITY AVE GAINESVILLE, FL 32603	65-1090524	501(C)(3)	11,500.				GENERAL SUPPORT
(8) HISTORICAL SOCIETY OF PALM BEACH COUNTY 300 N DIXIE HWY WEST PALM BEACH, FL 33401	59-6158821	501(C)(3)	26,000.				GENERAL SUPPORT
(9) HOLD ON TO YOUR MUSIC, INC. 2128 DUXBURY CIR LOS ANGELES, CA 90034	55-0822285	501(C)(3)	25,000.				GENERAL SUPPORT
(10) HOSPITAL FOR SPECIAL SURGERY FUND, INC. P.O. BOX 30610 NEW YORK, NY 10087	13-6714749	501(C)(3)	7,500.				GENERAL SUPPORT
(11) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI MT. SINAI HEALTH SYSTEM NEW YORK, NY 10029	13-6171197	501(C)(3)	21,200.				GENERAL SUPPORT
(12) INSIGHT THROUGH EDUCATION, INC. P.O. BOX 33054 PALM BEACH GARDENS, FL 33420	27-3388434	501(C)(3)	102,500.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

OMB No. 1545-0047

2023

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Employer identification number
59-0948696

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INST. FOR THE ADVANCEMENT OF EDU. IN JAFFA 297 S WASHINGTON AVE BERGENFIELD, NJ 07621	11-2697261	501(C)(3)	8,000.				GENERAL SUPPORT
(2) INTERFAITH NUTRITION NETWORK 211 FULTON AVE, 2ND FL HEMPSTEAD, NY 11550	11-2676892	501(C)(3)	10,000.				GENERAL SUPPORT
(3) ISLAND HARVEST, LTD. 126 SPAGNOLI ROAD MELVILLE, NY 11747	11-3136350	501(C)(3)	10,000.				GENERAL SUPPORT
(4) ISRAELI (US) GLOBAL HUMANITARIAN ASSISTANCE P.O. BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)(3)	59,000.				GENERAL SUPPORT
(5) ISRAELI EMERGENCY ALLIANCE P.O. BOX 811355 BOCA RATON, FL 33481	01-0566033	501(C)(3)	27,500.				GENERAL SUPPORT
(6) ISRAELI POLICY FORUM 355 LEXINGTON AVENUE NEW YORK, NY 10017	90-0653286	501(C)(3)	100,000.				GENERAL SUPPORT
(7) ISRAELI TENNIS CENTERS FOUNDATION 3275 W HILLSBORO DERFELD BCH, FL 33442	13-2961273	501(C)(3)	23,180.				GENERAL SUPPORT
(8) JAZZ AT ASPEN SNOWMASS 110 EAST HALLAM, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	7,250.				GENERAL SUPPORT
(9) JEWISH AGENCY FOR ISRAEL 533 3RD AVE, 21ST FLOOR NEW YORK, NY 10017	23-7254561	501(C)(3)	152,860.				GENERAL SUPPORT
(10) JEWISH AGENCY FOR ISRAEL NORTH AMERICA 533 THIRD AVE, 32ND FL NEW YORK, NY 10017	23-0053483	501(C)(3)	115,000.				GENERAL SUPPORT
(11) JEWISH COMM. CTR OF GRTR ALBUQUERQUE, INC. 5520 WYOMING BLVD, NE ALBUQUERQUE, NM 87109	85-0457178	501(C)(3)	20,000.				GENERAL SUPPORT
(12) JEWISH COMMUNITY SYNAGOGUE 844 PROSPERITY FARMS N PALM BCH, FL 33408	84-4962676	501(C)(3)	21,429.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Go to www.irs.gov/Form990 for the latest information.

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,

INC.

Employer identification number

59-0948696

OMB No. 1545-0047

2023

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Inspection**

Part I General Information on Grants and Assistance

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(1) JEWISH FEDERATION COUNCIL OF GREATER LA 6505 WILSHIRE BLVD LOS ANGELES, CA 90048	95-1643388	501(C)(3)	15,200.				GENERAL SUPPORT
(2) JEWISH FEDERATION OF GREATER CHARLOTTE 5007 PROVIDENCE RD CHARLOTTE, NC 28226	56-1951745	501(C)(3)	20,000.				GENERAL SUPPORT
(3) JEWISH FEDERATION OF GREATER SANTA BARBARA 524 CHAPALA STREET SANTA BARBARA, CA 93101	23-7354759	501(C)(3)	20,000.				GENERAL SUPPORT
(4) JEWISH FEDERATION OF METROPOLITAN DETROIT 6735 TELEGRAPH RD BLOOMFIELD HILL, MI 48301	38-1359214	501(C)(3)	5,500.				GENERAL SUPPORT
(5) JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY 9901 DONNA KLEIN BLVD BOCA RATON, FL 33428	59-1945109	501(C)(3)	64,000.				GENERAL SUPPORT
(6) JEWISH FUNDERS NETWORK 150 W 30TH ST, STE 900 NEW YORK, NY 10001	23-2742482	501(C)(3)	58,000.				GENERAL SUPPORT
(7) JEWISH HOME LIFECARE MANHATTAN 120 WEST 106TH STREET NEW YORK, NY 10025	13-1624033	501(C)(3)	50,000.				GENERAL SUPPORT
(8) JEWISH NATIONAL FUND 42 EAST 69TH STREET NEW YORK, NY 10021-5093	13-1659627	501(C)(3)	10,000.				GENERAL SUPPORT
(9) JEWISH YOUTH, INC. 844 PROSPERITY FARMS N PALM BEACH, FL 33408	47-5138112	501(C)(3)	21,429.				GENERAL SUPPORT
(10) JUPITER MEDICAL CENTER FOUNDATION, INC. 1210 S OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406	501(C)(3)	27,500.				GENERAL SUPPORT
(11) JUPITER STADIUM, LTD. 4751 MAIN STREET JUPITER, FL 33458	65-0737707		6,000.				GENERAL SUPPORT
(12) JUVENILE DIABETES RESRCH FDN INTERNATIONAL 555 CROTON RD KING OF PRUSSIA, PA 19406	23-1907729	501(C)(3)	6,000.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

JSA

3E1288 1.000

SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2023

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Department of the Treasury
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Employer identification number

59-0948696

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(1) KAVOD-ENSURING DIGNITY FOR HOLOCAUST SURV. 1779 KIRBY PARKWAY MEMPHIS, TN 38120	47-5495289	501(C)(3)	206,390.				GENERAL SUPPORT
(2) KENT STATE UNIVERSITY FOUNDATION 900 EAST SUMMIT STREET KENT, OH 44242	34-6576307	501(C)(3)	7,500.				GENERAL SUPPORT
(3) KRAMER SENIOR SERVICES AGENCY, INC. 4847 DAVID MACK WEST PALM BEACH, FL 33417	90-0730105	501(C)(3)	858,845.				GENERAL SUPPORT
(4) LANDMARK ON MAIN STREET 232 MAIN ST, PORT WASHINGTON, NY 11050	11-2444833	501(C)(3)	6,000.				GENERAL SUPPORT
(5) LEADING EDGE ALLIANCE, INC. 85 BROAD ST, 16TH FL NEW YORK, NY 10004	81-2625263	501(C)(3)	10,000.				GENERAL SUPPORT
(6) LEVINE JEWISH RESIDENTIAL & FAMILY SRVCS 5841 CORPORATE WAY WEST PLM BEACH, FL 33407	65-0737159	501(C)(3)	122,377.				GENERAL SUPPORT
(7) LEWY BODY DEMENTIA ASSOCIATION, INC. 912 KILLIAN HILL RD, SW LILBURN, GA 30047	05-0577683	501(C)(3)	10,000.				GENERAL SUPPORT
(8) LUBAVITCH OF WEST PALM BEACH 2112 N JOG RD, WEST PALM BEACH, FL 33411	20-8128398	501(C)(3)	21,429.				GENERAL SUPPORT
(9) MANDEL JEWISH COMMUNITY CENTER 8500 JOG ROAD BOYNTON BEACH, FL 33472	59-1582799	501(C)(3)	1,901,239.				GENERAL SUPPORT
(10) MANNA FOOD CENTER, INC. P.O. BOX 1196 DURANGO, CO 81302	84-1004473	501(C)(3)	10,000.				GENERAL SUPPORT
(11) MIAMI CITY BALLET 2200 LIBERTY AVE MIAMI BEACH, FL 33139-9824	59-2578534	501(C)(3)	10,000.				GENERAL SUPPORT
(12) MORSE LIFE FOUNDATION, INC. 4847 DAVID S MACK DR W PALM BEACH, FL 33417	59-2774476	501(C)(3)	345,572.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

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(1) NATIONAL ABORTION FEDERATION 1090 VERMONT AVE, NW WASHINGTON, DC 20005	43-1097957	501 (C) (3)	20,000.				GENERAL SUPPORT
(2) NATIONAL CENTER FOR HEBREW LANGUAGE 729 7TH AVE, 9TH FLOOR NEW YORK, NY 10019	26-4077251	501 (C) (3)	18,000.				GENERAL SUPPORT
(3) NATIONAL INSTITUTE FOR REPRODUCTIVE HEALTH 14 WALL ST, STE 3B NEW YORK, NY 10005	13-3030257	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) NATIONAL PUBLIC RADIO, INC. P.O. BOX 791490 BALTIMORE, MD 21279-1490	52-0907625	501 (C) (3)	7,500.				GENERAL SUPPORT
(5) NEW ISRAEL FUND P.O. BOX 70358 PHILADELPHIA, PA 19176-0358	94-2607722	501 (C) (3)	11,000.				GENERAL SUPPORT
(6) NORTON MUSEUM OF ART 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432	501 (C) (3)	18,345.				GENERAL SUPPORT
(7) OCEAN FOUNDATION 1320 19TH STREET, NW WASHINGTON, DC 20036	71-0863908	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) ONE TABLE 228 PARK AVE, STE 77191 NEW YORK, NY 10003	46-4715368	501 (C) (3)	32,300.				GENERAL SUPPORT
(9) OPPORTUNITY, INC. 4171 WESTGATE AVE WEST PALM BEACH, FL 33409	59-0624429	501 (C) (3)	10,000.				GENERAL SUPPORT
(10) P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 3RD AVE, STE 1501 NEW YORK, NY 10017	13-6104086	501 (C) (3)	496,200.				GENERAL SUPPORT
(11) PALM BEACH CIVIC ASSOCIATION 139 N CNTY RD, STE 33 PALM BEACH, FL 33480	59-0542089	501 (C) (3)	15,000.				GENERAL SUPPORT
(12) PALM BEACH JEWISH CENTER, INC. 361 S COUNTY RD PALM BEACH, FL 33480	26-2697228	501 (C) (3)	21,429.				GENERAL SUPPORT

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Schedule I (Form 990) 2023

SCHEDULE I
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Grants and Other Assistance to Organizations,
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Department of the Treasury
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Part I General Information on Grants and Assistance

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(1) PALM BEACH OPERA, INC. 425 24TH STREET WEST PALM BEACH, FL 33407	59-1060864	501(C)(3)	23,500.				GENERAL SUPPORT
(2) PALM BEACH ORTHODOX SYNAGOGUE 120 N COUNTY ROAD PALM BEACH, FL 33480	65-0478910	501(C)(3)	96,082.				GENERAL SUPPORT
(3) PHYSICIANS FOR HUMAN RIGHTS, INC. 520 8TH AVE, STE 2301 NEW YORK, NY 10018	22-2488437	501(C)(3)	6,000.				GENERAL SUPPORT
(4) PLANNED PARENTHOOD OF GREATER NEW YORK 26 BLECKER ST NEW YORK, NY 10012	13-2621497	501(C)(3)	20,000.				GENERAL SUPPORT
(5) PLANNED PARENTHOOD OF S. EAST & N. FLORIDA 2300 N FL. MANGO WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	33,850.				GENERAL SUPPORT
(6) PLM BCH FELLOWSHIP OF CHRISTIANS & JEWS, INC. 6 VIA SUNSET PALM BEACH, FL 33480	65-0482614	501(C)(3)	15,000.				GENERAL SUPPORT
(7) PROMISE FUND OF FLORIDA, INC. 340 ROYAL PW PALM BEACH, FL 33480	83-0535519	501(C)(3)	40,000.				GENERAL SUPPORT
(8) RAYMOND F KRAVIS CTR FOR PERFORMING ARTS 701 OKEECHOBEE BLVD W PALM BEACH, FL 33401	59-2245054	501(C)(3)	52,800.				GENERAL SUPPORT
(9) RICHARD DAVID KANN MELANOMA TSK FORCE, INC. 2751 S DIXIE HWY WEST PALM BEACH, FL 33405	65-0653295	501(C)(3)	6,200.				GENERAL SUPPORT
(10) ROADRUNNER FOOD BANK, INC. 5840 OFFICE BLVD, NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	50,000.				GENERAL SUPPORT
(11) SOCIETY FOR HUMANISTIC JUDAISM 28611 W 12 MILE RD FARMINGTON HILL, MI 48334	38-2221910	501(C)(3)	10,000.				GENERAL SUPPORT
(12) SOLOMON R. GUGGENHEIM FOUNDATION 1071 FIFTH AVENUE NEW YORK, NY 10128	13-5562233	501(C)(3)	10,000.				GENERAL SUPPORT

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Department of the Treasury
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(1) SOME, INC.							
71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501 (C) (3)	10,000.				GENERAL SUPPORT
(2) SOUTH FLORIDA PBS							
P.O. BOX 140999 CORAL GABLES, FL 33114-9821	59-0737868	501 (C) (3)	10,000.				GENERAL SUPPORT
(3) SOUTHERN POVERTY LAW CENTER, INC.							
400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501 (C) (3)	10,000.				GENERAL SUPPORT
(4) STUDENTS SUPPORTING ISRAEL							
3131 FERNBROOK LN MINNEAPOLIS, MN 55447	46-5347153	501 (C) (3)	33,000.				GENERAL SUPPORT
(5) THE TREE OF LIFE, INC.							
0 WOODLAND RD PITTSBURGH, PA 15232	88-1323223	501 (C) (3)	10,000.				GENERAL SUPPORT
(6) TBA FUND, INC.							
690 MAIN ST # 27, SAFETY HARBOR, FL 34695	85-2493274	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) TEMPLE BEIT HA YAM, INC.							
951 SE MONTEREY COMM BLVD STUART, FL 34996	65-0433492	501 (C) (3)	21,429.				GENERAL SUPPORT
(8) TEMPLE BETH AM							
2250 CENTRAL BOULEVARD JUPITER, FL 33458	59-2248680	501 (C) (3)	28,089.				GENERAL SUPPORT
(9) TEMPLE BETH DAVID							
4657 HOOD ROAD PALM BEACH GARDENS, FL 33418	51-0164241	501 (C) (3)	22,429.				GENERAL SUPPORT
(10) TEMPLE BETH SHALOM OF VERO BEACH, INC.							
365 43RD STREET VERO BEACH, FL 32961	59-1923761	501 (C) (3)	21,429.				GENERAL SUPPORT
(11) TEMPLE BETH TORAH OF PALM BEACH COUNTY, INC.							
900 BIG BLUE TRACE WELLINGTON, FL 33414	59-1946310	501 (C) (3)	30,629.				GENERAL SUPPORT
(12) TEMPLE B'NAI JACOB OF WELLINGTON							
12794 FORST HILL BLVD WELLINGTON, FL 33414	65-0188628	501 (C) (3)	21,429.				GENERAL SUPPORT

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JSA

3E1288 1.000

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Department of the Treasury
Internal Revenue Service

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(1) TEMPLE EMANU-EL OF PALM BEACH, INC., 190 NORTH COUNTY RD PALM BEACH, FL 33480	59-1027143	501(C)(3)	109,504.				GENERAL SUPPORT
(2) TEMPLE ISRAEL 2323 FREMONT AVE S MINNEAPOLIS, MN 55405	41-0705807	501(C)(3)	14,561.				GENERAL SUPPORT
(3) TEMPLE ISRAEL OF WEST PALM BEACH 1901 N FLAGLER DR WEST PALM BEACH, FL 33407	59-0696295	501(C)(3)	22,429.				GENERAL SUPPORT
(4) TEMPLE JUDEA OF PALM BEACH COUNTY, INC. 4311 HOOD ROAD PALM BEACH GARDENS, FL 33410	59-2100649	501(C)(3)	70,046.				GENERAL SUPPORT
(5) TEMPLE MICAH 2829 WISCONSIN AVE, NW WASHINGTON, DC 20007	52-0845118	501(C)(3)	24,000.				GENERAL SUPPORT
(6) TEMPLE SHABREI SHALOM 9085 HAGEN RANCH RD BOYNTON BEACH, FL 33437	65-0347907	501(C)(3)	26,429.				GENERAL SUPPORT
(7) TEMPLE TORAT EMET 8600 JOG ROAD BOYNTON BEACH, FL 33472	65-0148458	501(C)(3)	22,179.				GENERAL SUPPORT
(8) THE ART GUILD OF PORT WASHINGTON 200 FRT WASHINGTON BLVD MANHASSET, NY 11030	11-3532550	501(C)(3)	20,000.				GENERAL SUPPORT
(9) THE AVALON THEATER PROJECT, INC. 5612 CONNECTICUT AVE WASHINGTON, DC 20015	52-2360410	501(C)(3)	10,000.				GENERAL SUPPORT
(10) THE BERKSHIRE TAICONIC COMMUNITY FDN, INC. 800 N MAIN ST SHEFFIELD, MA 01257	06-1254469	501(C)(3)	37,160.				GENERAL SUPPORT
(11) THE BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVENUE NEW YORK, NY 10017	26-3733917	501(C)(3)	127,850.				GENERAL SUPPORT
(12) THE BREAST CANCER RESEARCH FOUNDATION, INC. 28 WEST 44TH ST, STE 609 NEW YORK, NY 10036	13-3727250	501(C)(3)	51,000.				GENERAL SUPPORT

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

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

Employer identification number
59-0948696

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE COMMUNITY SYNAGOGUE-TEMPLE BETH AM 160 MIDDLE NECK RD PRT WASHINGTON, NY 11050	11-1992681	501(C)(3)	10,000.				GENERAL SUPPORT
(2) THE DEFIANT REQUIEM FOUNDATION 5506 CONNECTICUT AVE WASHINGTON, DC 20015	26-3238489	501(C)(3)	10,000.				GENERAL SUPPORT
(3) THE FUND FOR WEST PALM BEACH POLICE, INC. 600 BANYAN BLVD, WEST PALM BEACH, FL 33401	59-2293239	501(C)(3)	12,000.				GENERAL SUPPORT
(4) THE ISRAEL BRIDGE 209 COCONUT KEY DR PIM BCH GARDEN, FL 33418	01-0848028	501(C)(3)	10,000.				GENERAL SUPPORT
(5) THE JEWISH FED. OF GREATER LOS ANGELES 6505 WILSHIRE BLVD, LOS ANGELES, CA 90048	95-1643388	501(C)(3)	20,000.				GENERAL SUPPORT
(6) THE JEWISH FED. OF NORTH AMERICA, INC. 25 BRDWAY, STE 1700 NEW YORK, NY 10004	13-1624240	501(C)(3)	10,351,602.				GENERAL SUPPORT
(7) THE JEWISH PEOPLEHOOD ALLIANCE, INC. 445 PARK AVENUE NEW YORK, NY 10022	93-3859068	501(C)(3)	250,000.				GENERAL SUPPORT
(8) THE LORD'S PLACE, INC. 2808 N AUSTRALIAN AVE W PIM BEACH, FL 33407	59-2240502	501(C)(3)	13,490.				GENERAL SUPPORT
(9) THE MIRASOL FOUNDATION, INC. 11600 MIRASOL WAY PIM BCH GARDEN, FL 33418	81-2776188	501(C)(3)	5,350.				GENERAL SUPPORT
(10) THE SOCIETY OF THE FOUR ARTS, INC. 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	10,000.				GENERAL SUPPORT
(11) THE UNITED JEWISH COMMUNITY OF BROWARD CO 5990 S PINE ISLAND RD DAVIE, FL 33328	59-0967823	501(C)(3)	50,000.				GENERAL SUPPORT
(12) THE WOMEN'S ZIONIST ORG OF AMERICA, INC. 40 WALL STREET, 8TH FL NEW YORK, NY 10005	13-1656651	501(C)(3)	6,000.				GENERAL SUPPORT

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

59-0948696

INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET PHILADELPHIA, PA 19107	23-1352651	501 (C) (3)	27,500.				GENERAL SUPPORT
(2) TOWN OF PALM BEACH UNITED WAY, INC. 44 COCONUT ROW PALM BEACH, FL 33480	59-0637885	501 (C) (3)	47,600.				GENERAL SUPPORT
(3) UJA FEDERATION OF NEW YORK P.O. BOX 4227 NEW YORK, NY 10261	51-0172429	501 (C) (3)	151,000.				GENERAL SUPPORT
(4) UNION OF ORTHODOX CONG. OF AMERICA/NCSS 40 RECTOR STREET, 4TH FL NEW YORK, NY 10006	13-5623717	501 (C) (3)	75,360.				GENERAL SUPPORT
(5) UNITED NATIONS WATCH 525 29TH ST, NW WASHINGTON, DC 20007	45-1683502	501 (C) (3)	20,000.				GENERAL SUPPORT
(6) UNIVERSITY OF MISSISSIPPI FOUNDATION 406 UNIVERSITY AVE OXFORD, MS 38655	23-7310293	501 (C) (3)	10,000.				GENERAL SUPPORT
(7) URJ CAMP COLEMAN 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143	501 (C) (3)	22,500.				GENERAL SUPPORT
(8) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET, NW WASHINGTON, DC 20036	52-1376034	501 (C) (3)	98,000.				GENERAL SUPPORT
(9) WITHINREACH FOUNDATION, INC. P.O. BOX 256 PORT WASHINGTON, NY 11050	46-0874626	501 (C) (3)	20,000.				GENERAL SUPPORT
(10) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE WASHINGTON, DC 20001	27-3521132	501 (C) (3)	11,180.				GENERAL SUPPORT
(11) WORLD JEWISH CONGRESS AMERICAN SECT, INC. 501 MADISON AVE, 9TH FL NEW YORK, NY 10022	13-1790756	501 (C) (3)	50,250.				GENERAL SUPPORT
(12) ZECHER AVROHOM, INC. 1715 51ST STREET BROOKLYN, NY 11204	26-3744898	501 (C) (3)	100,000.				GENERAL SUPPORT

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

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

Schedule I (Form 990) 2023

JSA

3E1288 1.000

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

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

Employer identification number

59-0948696

OMB No. 1545-0047

2023

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HILLEL INTERNATIONAL 800 8TH STREET NW WASHINGTON, DC 20001	52-1844823	501 (C) (3)	110,000.				GENERAL SUPPORT
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	65-0006250	501 (C) (3)	4,444,391.				GENERAL SUPPORT
(3) NORTH PALM BEACH COUNTY JEWISH COMMUNITY 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	46-1245509	501 (C) (3)	229,529.				GENERAL SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2023

JSA

3E1288 1.000

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2:

WHEN FUNDS ARE GRANTED FOR A SPECIFIC PROJECT, THERE IS USUALLY A GRANT AGREEMENT OR LETTER OF DIRECTION WHICH INCLUDES REPORTING REQUIREMENTS. FOR GENERAL SUPPORT GRANTS, THERE ARE NO REPORTING REQUIREMENTS. THE TAX STATUS AND PUBLIC CHARITY CLASSIFICATION OF ALL GRANTEEES IS VERIFIED. GRANTS FOR GENERAL ASSISTANCE IS MONITORED BY THE PLANNING AND ALLOCATIONS DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA INDICATING HOW FUNDS ARE UTILIZED.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

JEWISH FEDERATION OF PALM BEACH COUNTY, INC. REPORTS GRANTS ON SCHEDULE I

TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3)

DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCY, THE

AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) FILES A SEPARATE FORM

990 AND DETAILED SCHEDULE F.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2023

Open to Public
Inspection

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

INC.

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL HOFFMAN	(i) 353,630.	(ii) 15,000.	(iii) 9,000.	(C) 25,842.	(D) 34,365.	(E) 437,837.	(F) NONE
1 CHIEF EXECUTIVE OFFICER	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
MATTHEW KERNKRAUT	(i) 299,579.	(ii) NONE	(iii) 11,693.	(C) 24,429.	(D) 34,330.	(E) 370,031.	(F) NONE
2 CHIEF DEVELOPMENT OFFICER	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
KATHY SIGALL	(i) 233,301.	(ii) NONE	(iii) NONE	(C) 18,220.	(D) 2,315.	(E) 253,836.	(F) NONE
3 CHIEF FINANCIAL OFFICER	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
MINDY HANKEN	(i) 203,191.	(ii) NONE	(iii) 5,400.	(C) 15,991.	(D) 12,054.	(E) 236,636.	(F) NONE
4 CHIEF PROGRAM OFFICER	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
SARAH ROGERS	(i) 158,897.	(ii) NONE	(iii) 6,498.	(C) 13,226.	(D) 21,826.	(E) 200,447.	(F) NONE
5 SENIOR VP, DEVELOPMENT	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
RACHEL BERG	(i) 144,146.	(ii) NONE	(iii) 9,580.	(C) 12,340.	(D) 33,124.	(E) 199,190.	(F) NONE
6 EXECUTIVE DIRECTOR, MJCF	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
ELAINE ARONOFF	(i) 178,752.	(ii) NONE	(iii) NONE	(C) 9,175.	(D) 9,259.	(E) 197,186.	(F) NONE
7 VICE PRESIDENT, MJCF	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
LEAH HOLCZER	(i) 131,479.	(ii) NONE	(iii) 18,289.	(C) 11,341.	(D) 33,011.	(E) 194,120.	(F) NONE
8 SENIOR VP, FINANCE	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
JEFF TRYNZ	(i) 163,539.	(ii) NONE	(iii) 5,400.	(C) 12,915.	(D) 1,515.	(E) 183,369.	(F) NONE
9 SENIOR VP, EXTERNAL AFFAIRS	(ii) NONE	(ii) NONE	(iii) NONE	(C) NONE	(D) NONE	(E) NONE	(F) NONE
10	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
11	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
12	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
13	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
14	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
15	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)
16	(i)	(ii)	(iii)	(C)	(D)	(E)	(F)

Schedule J (Form 990) 2023

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7:

SCHEDULE J, PART II, COLUMN (B) (II) REPORTS PERFORMANCE BASED BONUSES
THAT WERE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE.

SCHEDULE L
(Form 990)

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

2023

**Open To Public
Inspection**

Name of the organization **JEWISH FEDERATION OF PALM BEACH COUNTY, INC.** Employer identification number **59-0948696**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				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	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL HOFFMAN	CEO	SEE PART V		X	115,000.	58,579.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 58,579.						

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) 2023

Part IV Business Transactions Involving Interested Persons.

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	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRUCE GENDELMAN INSURANCE SVCS	SEE PART V	542,761.	SEE PART V		X
(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).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

MICHAEL HOFFMAN, CHIEF EXECUTIVE OFFICER, RECEIVED A LOAN FROM THE ORGANIZATION IN THE AMOUNT OF \$115,000 TO PURCHASE A HOME DUE TO RELOCATION. THE BALANCE DUE ON THE LOAN IS \$58,579.

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

FEDERATION PURCHASES LIABILITY INSURANCE FROM BRUCE GENDELMAN INSURANCE SERVICES, WHICH IS OWNED BY BRUCE GENDELMAN, FATHER OF BOARD MEMBER, JULIANA GENDELMAN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Employer identification number

59-0948696

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	134	4,700,812.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

JSA

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

FORM 990, PART III, LINE 4D:

1) COMMUNITY PROGRAM CENTER - THE JEWISH FEDERATION OF PALM BEACH HAS
IN-HOUSE PROGRAMS SERVICING THE PALM BEACH JEWISH COMMUNITIES MOST
PRESSING NEEDS. PROGRAMMING INCLUDES: (1) PALM BEACH CENTER TO COMBAT
ANTISEMITISM AND HATRED AND THE JEWISH COMMUNITY RELATIONS COUNCIL, WHICH
PROMISES A SECURE JEWISH COMMUNITY, LOCALLY AND OVERSEAS; COMBATS
ANTISEMITISM, DISCRIMINATION, AND BIGOTRY; AND CHAMPIONS A JUST AND
PLURALISTIC SOCIETY, (2) MANDEL CENTER FOR LEADERSHIP DEVELOPMENT, WHICH
DEVELOPS STRONG COMMUNITIES THROUGH INVESTING IN PEOPLE (PROFESSIONALS
AND LAY LEADERSHIP), AND (3) CAREER CONNECTIONS AND RESOURCES, WHICH
ASSISTS LOCAL RESIDENTS WITH CAREER COUNSELING AND JOB-SEEKING SUPPORT.

EXPENSES: \$670,732. GRANTS: \$NONE. REVENUE: \$224,931.

2) ALLOCATIONS AND DISTRIBUTIONS - PROVIDES FINANCIAL SUPPORT TO AGENCIES
AND ORGANIZATIONS THAT SUPPORT JEWISH SOCIAL SERVICE, CULTURAL AND
EDUCATIONAL PROGRAMS. WORKS WITH LOCAL AFFILIATED AGENCIES, NATIONAL AND
REGIONAL ORGANIZATIONS TO IDENTIFY ANY SERVICES AND PROGRAMS REQUIRED FOR
THE MAINTENANCE, GROWTH AND DEVELOPMENT OF THE JEWISH COMMUNITY OF THE
GREATER PALM BEACHES.

EXPENSES: \$24,843,290. GRANTS: \$24,843,290. REVENUE: \$NONE.

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

- BARRY BERG, BOARD CHAIR-ELECT AND RACHEL BERG, EXECUTIVE DIRECTOR, MJCF
HAVE A FAMILY RELATIONSHIP.

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

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JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

- RONALD PERTNOY, VICE CHAIR AND SUSAN SHULMAN PERTNOY, BOARD CHAIR HAVE
A FAMILY RELATIONSHIP.

- PAMELA COMITER, BOARD OF DIRECTOR AND RICHARD COMITER, BOARD OF
DIRECTOR HAVE A FAMILY RELATIONSHIP.

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH
THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 WAS REVIEWED BY THE
AUDIT COMMITTEE. THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE
AVAILABLE ONLY TO THE VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE FORM
990 IS POSTED ON THIS SECURE PORTAL, AND BOARD MEMBERS ARE NOTIFIED THAT
THE COMPLETED FORM 990 IS AVAILABLE FOR THEIR REVIEW BEFORE IT IS FILED
WITH THE IRS.

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

EMPLOYEES ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY AND ASKED
TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM WHEN FIRST
HIRED AND THEN ANNUALLY AFTER THAT. RETURN OF SIGNED FORMS IS MONITORED
AND INDIVIDUAL FOLLOW UP IS DONE FOR 100% COMPLIANCE.

MEMBERS OF THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF
INTEREST POLICY AND ASKED TO COMPLETE AND SIGN A CONFLICT OF INTEREST
DISCLOSURE FORM ANNUALLY. AT A BOARD MEETING THE BOARD CHAIR REVIEWS WHY
IT IS NECESSARY FOR ALL BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE THE
CONFLICT OF INTEREST DISCLOSURE FORM. RETURN OF SIGNED FORMS IS MONITORED
AND INDIVIDUAL FOLLOW UP IS DONE BY MAIL AND AT BOARD MEETINGS.

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FOR CEO
COMPENSATION COMPILED BY AN INDEPENDENT NATIONAL HR CONSULTING FIRM,
INCLUDING DATA FROM THE OTHER LARGE CITY JEWISH FEDERATIONS AND EXTERNAL
MARKET DATA FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. THE
COMPENSATION COMMITTEE DOCUMENTS ITS DECISIONS IN A LETTER SIGNED BY THE
FEDERATION BOARD CHAIR AS CHAIR OF THE COMPENSATION COMMITTEE. THE CEO IS
PROVIDED WITH AN EMPLOYMENT CONTRACT, AND THE TERMS ARE REPORTED TO THE
FEDERATION EXECUTIVE COMMITTEE IN EXECUTIVE SESSION.

FOR OTHER SENIOR MANAGEMENT COMPENSATION DECISIONS, THE COMPENSATION
COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FROM OTHER JEWISH
FEDERATIONS.

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

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

FORM 990, PART XI, LINE 9:

ON OCTOBER 4, 2023 HERIZON, INC.,

A 501(C)(3) ORGANIZATION, MERGED INTO

AND TRANSFERRED ALL OF ITS ASSETS TO

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.....\$ 2,345,791.

BAD DEBT FROM UNCOLLECTIBLE PLEDGES.....\$(1,020,069.)

TOTAL.....\$ 1,325,722.

Name of the organization

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TACTICAL SECURITY CONSULTANTS, INC. 1402 CLYDESDALE DRIVE LOXAHATCHEE, FL 33470	SECURITY	1,081,776.
UNITED TALENT AGENCY, LLC 888 7TH AVENUE, SUITE 922 NEW YORK, NY 10106	SPEAKER FEES	175,000.
COMMERCIAL LANDSCAPE PROFESSIONALS, INC. P.O. BOX 8699, 1880 EASTWEST PARKWAY FLEMING ISLAND, FL 32006	LANDSCAPE SERVICES	131,309.
BDO USA 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166	AUDIT & TAX	104,600.
PARAGON EVENTS, INC. 352 NE 3RD AVENUE DELRAY BEACH, FL 33444	PRODUCTION FEES	102,945.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

INC.

Employer identification number

59-0948696

OMB No. 1545-0047

2023

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

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

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.

(1) Name, address, and EIN of related organization	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Exempt Code section	(5) Public charity status (if section 501(c)(3))	(6) Direct controlling entity	(7) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 65-0006250 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501 (C) (3)	7	JFPBC		X
(2) NORTH PALM BEACH COUNTY JEWISH COMMUNITY 46-1245509 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501 (C) (3)	7	JFPBC		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2023

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		X
b Gift, grant, or capital contribution to related organization(s).	X	
c Gift, grant, or capital contribution from related organization(s).		X
d Loans or loan guarantees to or for related organization(s).		X
e Loans or loan guarantees by related organization(s).		X
f Dividends from related organization(s).		X
g Sale of assets to related organization(s).		X
h Purchase of assets from related organization(s).		X
i Exchange of assets with related organization(s).		X
j Lease of facilities, equipment, or other assets to related organization(s).		X
k Lease of facilities, equipment, or other assets from related organization(s).		X
l Performance of services or membership or fundraising solicitations for related organization(s).		X
m Performance of services or membership or fundraising solicitations by related organization(s).		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
o Sharing of paid employees with related organization(s).		X
p Reimbursement paid to related organization(s) for expenses.		X
q Reimbursement paid by related organization(s) for expenses.		X
r Other transfer of cash or property to related organization(s).		X
s Other transfer of cash or property from related organization(s).		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	B	4,444,391.	CASH
(2)	NORTH PALM BEACH COUNTY JEWISH COMMUNITY	B	229,529.	CASH
(3)				
(4)				
(5)				
(6)				

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

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

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

Schedule R (Form 990) 2023

Part VII**Supplemental Information**

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