MORRISON BROWN ARGIZ & FARRA, LLC
225 NE MIZNER BLVD. SUITE 685
BOCA RATON, FL 33432

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.
ONE HARVARD CIRCLE , NO. 100
WEST PALM BEACH, FL 33409

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CLIENT'S COPY

UNRELATED BUSINESS INCOME

# CARRYOVER DATA TO 2017

| Name | Employer Identification Number |
|---|---|
| JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | 59-0948696 |

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

| | |
|---|---|
| FEDERAL NET OPERATING LOSS | 211,980. |
| FEDERAL AMT NET OPERATING LOSS | 145,753. |
| FL NET OPERATING LOSS | 300,347. |

619341
04-01-16

MBAF
MORRISON BROWN ARGIZ & FARRA, LLC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

May 8, 2018

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.
One Harvard Circle No. 100
WEST PALM BEACH, FL 33409

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.:

Enclosed are the organization's 2016 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2018.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before May 15, 2018.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Morrison, Brown, Argiz & Farra, LLC

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30 , 2017

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at *www.irs.gov/form8879eo.***

OMB No. 1545-1878

**2016**

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

**Employer identification number**
59-0948696

Name and title of officer
KATHY G. SIGALL
SENIOR VICE PRESIDENT OF FINANCE

## Part I Type of Return and Return Information (Whole Dollars Only)

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

| | | | |
|---|---|---|---|
| 1a Form 990 check here ▶ [X] | b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | 33,218,164. |
| 2a Form 990-EZ check here ▶ [ ] | b **Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here ▶ [ ] | b **Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here ▶ [ ] | b **Tax based on investment income** (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ [ ] | b **Balance Due** (Form 8868, line 3c) | 5b | |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

[X] I authorize MORRISON BROWN ARGIZ & FARRA, LLC to enter my PIN 48696
ERO firm name
Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 65061320052
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

**2016**

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ 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
ONE HARVARD CIRCLE 100

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: KATHY G. SIGALL
SAME AS C ABOVE

D Employer identification number
59-0948696

E Telephone number
561-478-0700

G Gross receipts $ 40,177,146.

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.JEWISHPALMBEACH.ORG

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: THE JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING ORGANIZATION OF THE JEWISH

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 46 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 44 |
| 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 91 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 748 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 20,205. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | -145,753. |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 22,583,747. | 28,162,240. |
| | 9 Program service revenue (Part VIII, line 2g) | 124,465. | 330,022. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,614,801. | 3,102,121. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,179,292. | 1,623,781. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 25,502,305. | 33,218,164. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 15,868,032. | 15,917,464. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,401,702. | 6,094,948. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,185,866. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,211,753. | 3,686,049. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 24,481,487. | 25,698,461. |
| | 19 Revenue less expenses. Subtract line 18 from line 12 | 1,020,818. | 7,519,703. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 143,548,035. | 154,155,873. |
| | 21 Total liabilities (Part X, line 26) | 41,022,767. | 38,784,443. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 102,525,268. | 115,371,430. |

## 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 Date

▶ KATHY G. SIGALL, SENIOR VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

| Print/Type preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| DAVID HOLLANDER | | | ☐ | P00646430 |

Firm's name ▶ MORRISON BROWN ARGIZ & FARRA, LLC Firm's EIN ▶ 01-0720052

Firm's address ▶ 225 NE MIZNER BLVD. SUITE 685
BOCA RATON, FL 33432 Phone no. 561-909-2100

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



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III ..... X

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 MEET 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 $ 866,515. including grants of $ ) (Revenue $ )
HOOD ROAD CAMPUS - MAINTAINS THE REAL ESTATE AND FACILITIES OWNED BY THE FEDERATION IN PALM BEACH GARDENS, WHICH INCLUDES LAND AS WELL AS THE BUILDING FOR THE ARTHUR I. MEYER JEWISH ACADEMY.

4b (Code: ) (Expenses $ 517,164. including grants of $ ) (Revenue $ )
ISRAEL & OVERSEAS - THE ISRAEL & OVERSEAS DEPARTMENT OF THE FEDERATION OVERSEES AND EVALUATES A COMPREHENSIVE SPECTRUM OF PARTNERSHIP PROGRAMS THAT DIRECTLY IMPACT AND BENEFIT THE LIVES OF THOUSANDS OF JEWS THROUGHOUT THE WORLD. SPECIFICALLY, THE FEDERATION PROVIDES FUNDING, OVERSIGHT AND DIRECT INVOLVEMENT IN THE FOLLOWING PARTNERSHIPS: IN THE TZAHAR (TZFAT, HATZOR AND ROSH PINA) REGION IN ISRAEL THROUGH PROGRAMS FOCUSING ON ECONOMIC DEVELOPMENT, EDUCATION, AND ASSISTANCE FOR AT-RISK YOUTH (YOUTH FUTURES); IN THE CITY OF RAMLA, ISRAEL THROUGH PACT (PARENTS AND CHILDREN TOGETHER) AND ENP (ETHIOPIAN NATIONAL PROJECT) OFFERING AFTER-SCHOOL ENRICHMENT PROGRAMS; AND IN ST. PETERSBURG, RUSSIA THROUGH AN ARRAY OF WELFARE AND JEWISH RENEWAL INITIATIVES. ALSO, THE VOLUNTEER SHALIACH'S (EMISSARY FROM ISRAEL) GOAL IS TO WORK

4c (Code: ) (Expenses $ 516,174. including grants of $ ) (Revenue $ 10,000.)
OUTREACH - THE OUTREACH PROGRAM SERVES AS THE EDUCATION AND ENGAGEMENT ARM OF THE FINANCIAL RESOURCE DEVELOPMENT DEPARTMENT BY OFFERING PROGRAMS AND EVENTS THAT HIGHLIGHT THE FEDERATION'S MISSION. FUNDRAISING IS NOT PART OF THESE PROGRAMS; RATHER THE GOAL IS SHARE THE REASONS WHY IS IT IMPORTANT TO BE INVOLVED WITH FEDERATION.

4d Other program services (Describe in Schedule O.)
(Expenses $ 18,277,824. including grants of $ 15,917,464.) (Revenue $ 320,022.)

4e Total program service expenses ▶ 20,177,677.

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

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III* | 22 | | 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* | 23 | 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* | 24a | X | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| 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? | 24c | | X |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 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* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II* | 26 | X | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28a | X | |
| b | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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* | 35b | 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* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 53 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | X | |
| 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 | 91 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X | |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in 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 | | X | |
| 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 | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | X |
| 10 | **Section 501(c)(7) organizations.** Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | 14b | | | |

**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 in 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 ..... | 1a | 46 | | |
| | 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 in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent ..... | 1b | 44 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... | 2 | | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? ..... | 5 | | | X |
| 6 | Did the organization have members or stockholders? ..... | 6 | | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... | 7a | | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... | 7b | | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? ..... | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? ..... | 8b | | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* ..... | 9 | | | 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? ..... | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* ..... | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... | 12b | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* ..... | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? ..... | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? ..... | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official ..... | 15a | X | |
| b | Other officers or key employees of the organization ..... | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... | 16a | | 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? ..... | 16b | | |

## 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 (or 1024 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.

X Own website X Another's website X Upon request ☐ Other *(explain in Schedule O)*

19 Describe in 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: ▶
KATHY SIGALL, SENIOR VICE PRESIDENT OF FINANCE/CFO - 561-478-0700
ONE HARVARD CIRCLE, WEST PALM BEACH, FL 33409

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) IRA GERSTEIN | 2.00 | | | | | | | | | |
| BOARD CHAIR ELECT | 2.00 | X | | | | | | 0. | 0. | 0. |
| (2) PAUL R. FINE | 2.00 | | | | | | | | | |
| ANNUAL CAMPAIGN CHAIR | | X | | | | | | 0. | 0. | 0. |
| (3) JUDY FISH | 2.00 | | | | | | | | | |
| WOMEN'S PHILANTHROPY BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (4) SHERYL DAVIDOFF | 2.00 | | | | | | | | | |
| WOMEN'S PHILANTHROPHY CAMPAIGN CHAIR | | X | | | | | | 0. | 0. | 0. |
| (5) MICHAEL KOHNER | 2.00 | | | | | | | | | |
| AMFOC CHAIR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (6) ANDREW R. COMITER | 2.00 | | | | | | | | | |
| COMMUNITY PLANNING & INVESTMENTS CHA | | X | | | | | | 0. | 0. | 0. |
| (7) STEVE ELLISON | 2.00 | | | | | | | | | |
| HUMAN RESOURCES COMMITTEE CHAIR | | X | | | | | | 0. | 0. | 0. |
| (8) THOMAS R. DAVIDOFF | 2.00 | | | | | | | | | |
| ISRAEL & GLOBAL INITIATIVES CHAIR | | X | | | | | | 0. | 0. | 0. |
| (9) RICHARD B. COMITER | 2.00 | | | | | | | | | |
| JEWISH COMMUNITY FOUNDATION CHAIR | | X | | | | | | 0. | 0. | 0. |
| (10) STACEY LEVY | 2.00 | | | | | | | | | |
| MARKETING CHAIR | | X | | | | | | 0. | 0. | 0. |
| (11) RICHARD BAER | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) SANFORD BAKLOR | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (13) JIM BALDINGER | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (14) CYNTHIA R. BROWN | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (15) JAN BURKE | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (16) STACEY ELLISON | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (17) BARRY FEINBERG | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) LIBBY FISHMAN<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (19) ROBERT C. GORDON<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (20) CHARLES GOTTESMAN<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (21) JOEL B. HART<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) LYNN KASTON<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (23) GARY LESSER<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) VIVIAN F. LIEBERMAN<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (25) MORTON L. MANDEL<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (26) JUSTIN PAUL<br>MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total ▶ | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A ▶ | | | | | | | | 1,194,292. | 0. | 180,361. |
| d Total (add lines 1b and 1c) ▶ | | | | | | | | 1,194,292. | 0. | 180,361. |

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 ▶ 7

| | | 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* | 3 | | 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* | 4 | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* | 5 | | X |

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| KENES TOURS GLOBAL SERVICE LTD<br>3 MENORAT HAMAOR ST, TEL-AVIV, ISRAEL | TRAVEL | 333,378. |
| G4S SECURE SOLUTIONS (USA) INC.<br>PO BOX 277469, ATLANTA, GA 30384 | SECURITY | 322,133. |
| KRAVIS CENTER, 701 OKEECHOBEE BLVD, WEST PALM BEACH, FL 33401 | EVENT VENUE | 111,745. |
| TRIUMPH STAFFING ASSOCIATES, INC., 100 WEST CYPRESS CREEK ROAD, SUITE 120, FORT | TEMPORARY STAFFING | 107,516. |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (27) EDWIN ROBBINS | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (28) BRIAN M. SEYMOUR | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (29) GARY L. SCHOTTENSTEIN | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (30) ALYSON SELIGMAN | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (31) CRAIG STORCH | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (32) GARY WALK | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (33) JOEL YUDENFREUND | 2.00 | | | | | | | | | |
| MEMBER AT LARGE | | X | | | | | | 0. | 0. | 0. |
| (34) ALEC ENGELSTEIN | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (35) BETTE GILBERT | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (36) ARLENE KAUFMAN | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (37) BARBARA G. KAY | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (38) JUDITH A. LEVY | 2.00 | | | | | | | | | |
| MEMBER AT LARGE/PAST BOARD CHAIR | | X | | | | | | 0. | 0. | 0. |
| (39) RAYMOND L. GOLDEN | 10.00 | | | | | | | | | |
| BOARD CHAIR | 4.00 | | | X | | | | 0. | 0. | 0. |
| (40) MARK F. LEVY | 2.00 | | | | | | | | | |
| VICE CHAIR /PAST BOARD CHAIR | | | | X | | | | 0. | 0. | 0. |
| (41) SAM D. LIEBOVICH | 2.00 | | | | | | | | | |
| VICE CHAIR | | | | X | | | | 0. | 0. | 0. |
| (42) BENTE LYONS | 2.00 | | | | | | | | | |
| VICE CHAIR | | | | X | | | | 0. | 0. | 0. |
| (43) RON PERTNOY | 2.00 | | | | | | | | | |
| VICE CHAIR | 2.00 | | | X | | | | 0. | 0. | 0. |
| (44) HOPE SILVERMAN | 2.00 | | | | | | | | | |
| SECRETARY | 2.00 | | | X | | | | 0. | 0. | 0. |
| (45) BARRY S. BERG | 10.00 | | | | | | | | | |
| TREASURER | 4.00 | | | X | | | | 0. | 0. | 0. |
| (46) ARTHUR LORING | 2.00 | | | | | | | | | |
| IMMEDIATE PAST CHAIR | 2.00 | | | X | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (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 | | | |
| (47) MICHAEL HOFFMAN | 51.00 | | | | | | | | | |
| PRESIDENT & CEO | 4.00 | | | X | | | | 292,387. | 0. | 35,897. |
| (48) KATHY SIGALL | 43.00 | | | | | | | | | |
| SENIOR VP OF FINANCE/CFO | 2.00 | | | X | | | | 153,294. | 0. | 24,940. |
| (49) DEBRA ROSHFELD | 48.00 | | | | | | | | | |
| CHIEF OPERATING OFFICER | 2.00 | | | | | X | | 230,944. | 0. | 28,400. |
| (50) CAROLYN ROSE | 43.00 | | | | | | | | | |
| VP JEWISH COMMUNITY FOUNDATION | 2.00 | | | | | X | | 138,784. | 0. | 18,993. |
| (51) ILAN HURVITZ | 43.00 | | | | | | | | | |
| SVP COMMUNITY PLANNING | 2.00 | | | | | X | | 133,295. | 0. | 22,786. |
| (52) DAVID FOX | 43.00 | | | | | | | | | |
| CHIEF DEVELOPMENT OFFICER | 2.00 | | | | | X | | 128,712. | 0. | 20,456. |
| (53) RACHEL BERG | 43.00 | | | | | | | | | |
| VP FRD | 0.00 | | | | | X | | 116,876. | 0. | 28,889. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 1,194,292. | | 180,361. |

**Part VIII Statement of Revenue**

Check 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 | 19,729,376. | | | | |
| | 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 | 8,432,864. | | | | |
| | g Noncash contributions included in lines 1a-1f: $ 3,588,036. | | | | | | |
| | h **Total.** Add lines 1a-1f | | | 28,162,240. | | | |
| Program Service Revenue | | Business Code | | | | | |
| | 2a DESIGNATED PROGRAM REVENUE | 900099 | | 330,022. | 330,022. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g **Total.** Add lines 2a-2f | | | 330,022. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 1,939,130. | | 20,205. | 1,918,925. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7,898,949. | | | | | |
| | b Less: cost or other basis and sales expenses | 6,735,958. | | | | | |
| | c Gain or (loss) | 1,162,991. | | | | | |
| | d Net gain or (loss) | | | 1,162,991. | | | 1,162,991. |
| | 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 | a | 257,447. | | | | |
| | b Less: direct expenses | b | 223,024. | | | | |
| | c Net income or (loss) from fundraising events | | | 34,423. | | | 34,423. |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| | 11a OTHER REVENUE | 900099 | | 677,676. | | | 677,676. |
| | b MISCELLANEOUS EVENT REVENUE | 900099 | | 603,213. | | | 603,213. |
| | c ADMIN FEES | 900099 | | 308,469. | | | 308,469. |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | 1,589,358. | | | |
| | 12 **Total revenue.** See instructions. | | | 33,218,164. | 330,022. | 20,205. | 4,705,697. |

**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 | 15,917,464. | 15,917,464. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 539,263. | 72,514. | 182,204. | 284,545. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 4,387,852. | 1,617,548. | 555,360. | 2,214,944. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 297,213. | 108,587. | 37,313. | 151,313. |
| 9 Other employee benefits | 530,865. | 194,490. | 69,854. | 266,521. |
| 10 Payroll taxes | 339,755. | 122,987. | 48,010. | 168,758. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 3,581. | 1,789. | 646. | 1,146. |
| c Accounting | 48,390. | 24,171. | 8,734. | 15,485. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 100,286. | | 100,286. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 283,375. | 85,293. | 43,450. | 154,632. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 135,888. | 34,430. | 22,259. | 79,199. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,286,053. | 814,778. | 33,119. | 438,156. |
| 20 Interest | 230,178. | 228,842. | 511. | 825. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 975,460. | 719,290. | 97,491. | 158,679. |
| 23 Insurance | 39,438. | 9,526. | 11,439. | 18,473. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a PROFESSIONAL FEES | 167,756. | 83,795. | 30,280. | 53,681. |
| b REPAIRS AND MAINTENANCE | 139,962. | 34,277. | 40,415. | 65,270. |
| c MISCELLANEOUS | 53,980. | 31,422. | 6,570. | 15,988. |
| d STAFFING AND EMPLOYEE R | 52,768. | 12,746. | 15,305. | 24,717. |
| e All other expenses | 168,934. | 63,728. | 31,672. | 73,534. |
| 25 **Total functional expenses.** Add lines 1 through 24e | 25,698,461. | 20,177,677. | 1,334,918. | 4,185,866. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | | 14,760,881. | 1 | 9,287,435. |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 9,888,868. | 3 | 11,383,374. |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 262,333. | 5 | 226,750. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 4,315,370. | 7 | 3,105,465. |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 320,602. | 9 | 284,850. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 32,034,932. | | | |
| | b | Less: accumulated depreciation | 10b 2,290,470. | 19,578,313. | 10c | 29,744,462. |
| | 11 | Investments - publicly traded securities | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 93,678,696. | 12 | 99,356,955. |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 742,972. | 15 | 766,582. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 143,548,035. | 16 | 154,155,873. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,119,869. | 17 | 809,151. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 14,473,684. | 20 | 13,947,368. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 93,865. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 2,826,596. | 24 | 2,826,596. |
| | 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 | | 22,508,753. | 25 | 21,201,328. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 41,022,767. | 26 | 38,784,443. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 57,325,074. | 27 | 71,981,946. |
| | 28 | Temporarily restricted net assets | | 10,637,536. | 28 | 8,500,944. |
| | 29 | Permanently restricted net assets | | 34,562,658. | 29 | 34,888,540. |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 102,525,268. | 33 | 115,371,430. |
| | 34 | Total liabilities and net assets/fund balances | | 143,548,035. | 34 | 154,155,873. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 33,218,164. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 25,698,461. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 7,519,703. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 102,525,268. |
| 5 | Net unrealized gains (losses) on investments | 5 | 5,326,459. |
| 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 in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 115,371,430. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | 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 in Schedule O and describe any steps taken to undergo such audits | 3b | | |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | 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 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....

g Provide the following information about the supported organization(s).

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 20,541,282. | 29,073,864. | 19,414,313. | 22,583,747. | 28,162,240. | 119,775,446. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 20,541,282. | 29,073,864. | 19,414,313. | 22,583,747. | 28,162,240. | 119,775,446. |
| 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) | | | | | | 1,637,685. |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 118,137,761. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 20,541,282. | 29,073,864. | 19,414,313. | 22,583,747. | 28,162,240. | 119,775,446. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3,295,012. | 4,112,934. | 3,568,829. | 1,614,801. | 3,102,121. | 15,693,697. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 1,109,477. | 1,174,940. | 1,717,780. | 1,303,757. | 1,953,803. | 7,259,757. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 142,728,900. |

12 Gross receipts from related activities, etc. (see instructions) ▶ 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) ▶ 14 82.77 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 ▶ 15 82.12 %

16a **33 1/3% support test - 2016.** 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 ▶ ☒

b **33 1/3% support test - 2015.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2015.** 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 ▶ ☐

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 ▶ ☐

**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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

**Section C. Computation of Public Support Percentage**

| | | |
|---|---|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

**Section D. Computation of Investment Income Percentage**

| | | |
|---|---|---|
| 17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2015** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

| | | | 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).* | 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).* | 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 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 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)*

| | | | Yes | No |
|---|---|---|---|---|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.*** | 11c | | |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**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 yea* ***(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 government entity (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| 2 | Activities Test. ***Answer (a) and (b) 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.* | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.* | 2b | | |
| 3 | Parent of Supported Organizations. ***Answer (a) and (b) 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? *Provide details in* ***Part VI.*** | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.* | 3b | | |

**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 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 **Minimum Asset Amount** (add line 7 to line 6) | 8 | | |

| **Section C - Distributable Amount** | | Current Year |
|---|---|---|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 Enter 85% of line 1 | 2 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 Enter greater of line 2 or line 3 | 4 | |
| 5 Income tax imposed in prior year | 5 | |
| 6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | | Current Year |
|---|---|---|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in **Part VI**). See instructions | |
| 7 | **Total annual distributions.** Add lines 1 through 6 | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions | |
| 9 | Distributable amount for 2016 from Section C, line 6 | |
| 10 | Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|---|---|---|---|
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| a | | | | |
| b | | | | |
| c | From 2013 | | | |
| d | From 2014 | | | |
| e | From 2015 | | | |
| f | **Total** of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, line 7: $ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| c | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 | **Excess distributions carryover to 2017.** Add lines 3j and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| e | Excess from 2016 | | | |

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

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

**2016**

| Name of the organization | Employer identification number |
|---|---|
| JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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

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

Name of organization
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 info. once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---|---|---|
| | | | |

(e) Transfer of gift

| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|---|---|
| | |

| (a) No. from 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 |
|---|---|
| | |

**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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 | 98 | |
| 2 | Aggregate value of contributions to (during year) | 3,421,624. | |
| 3 | Aggregate value of grants from (during year) | 3,449,458. | |
| 4 | Aggregate value at end of year | 24,240,587. | |

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? [X] Yes [ ] No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

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

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

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

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

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

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

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

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

| | | 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 on Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 47,036,709. | 49,593,888. | 43,361,749. | 35,753,729. | 50,638,576. |
| b Contributions | 771,812. | 2,286,881. | 7,734,551. | 3,604,523. | 1,088,455. |
| c Net investment earnings, gains, and losses | 4,952,848. | -1,411,693. | 758,882. | 5,288,262. | 2,778,402. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,012,399. | 3,248,376. | 2,068,920. | 1,107,869. | 18,571,874. |
| f Administrative expenses | 185,733. | 183,991. | 192,374. | 176,896. | 179,830. |
| g End of year balance | 49,563,237. | 47,036,709. | 49,593,888. | 43,361,749. | 35,753,729. |

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

a Board designated or quasi-endowment ▶ 27.00 %
b Permanent endowment ▶ 66.00 %
c Temporarily restricted endowment ▶ 7.00 %

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

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 | | 4,180,000. | | 4,180,000. |
| b Buildings | | 24,975,557. | 1,921,973. | 23,053,584. |
| c Leasehold improvements | | | | |
| d Equipment | | 54,706. | 44,183. | 10,523. |
| e Other | | 2,824,669. | 324,314. | 2,500,355. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶ | | | | 29,744,462. |

Schedule D (Form 990) 2016

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) STATE OF ISRAEL BONDS | 511,569. | END-OF-YEAR MARKET VALUE |
| (B) BOND MUTUAL FUNDS | 16,384,645. | END-OF-YEAR MARKET VALUE |
| (C) EQUITY MUTUAL FUNDS | 42,326,430. | END-OF-YEAR MARKET VALUE |
| (D) MONEY MARKET MUTUAL FUNDS | 3,107,705. | END-OF-YEAR MARKET VALUE |
| (E) PRIVATE EQUITY | 5,635,000. | END-OF-YEAR MARKET VALUE |
| (F) REAL ASSET FUNDS | 7,859,878. | END-OF-YEAR MARKET VALUE |
| (G) COMMON STOCK | 1,180,929. | END-OF-YEAR MARKET VALUE |
| (H) BONDS | 2,978,647. | END-OF-YEAR MARKET VALUE |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 99,356,955. | |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) ALLOCATIONS PAYABLE | 8,462,773. |
| (3) SPLIT INTEREST AGREEMENTS | 3,497,435. |
| (4) DUE TO AFFILIATES AND SUPPORTING | |
| (5) FOUNDATIONS | 4,119,381. |
| (6) DESIGNATED CAMPAIGN GIFTS | 606,270. |
| (7) DUE TO PALM BEACH JEWISH COMMUNITY | |
| (8) CAMPUS CORPORATION | 4,024,778. |
| (9) CAPITAL LEASES | 490,691. |
| Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶ | 21,201,328. |

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**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 | 37,074,714. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 5,326,459. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -100,286. | | |
| e | Add lines 2a through 2d | | | 2e | 5,226,173. |
| 3 | Subtract line 2e from line 1 | | | 3 | 31,848,541. |
| 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 | 1,369,623. | | |
| c | Add lines 4a and 4b | | | 4c | 1,369,623. |
| 5 | Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* | | | 5 | 33,218,164. |

**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 | 24,228,552. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| e | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 24,228,552. |
| 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 | 1,469,909. | | |
| c | Add lines 4a and 4b | | | 4c | 1,469,909. |
| 5 | Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* | | | 5 | 25,698,461. |

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

THE FEDERATION IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA. DURING THE YEARS ENDED JUNE 30, 2017 AND 2016, THE FEDERATION GENERATED NET UNRELATED BUSINESS LOSSES FROM CERTAIN ALTERNATIVE INVESTMENTS. NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES WERE RECORDED AS THE AMOUNTS ARE IMMATERIAL TO THESE CONSOLIDATED FINANCIAL STATEMENTS.

THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE

**Part XIII Supplemental Information** *(continued)*

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 U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U.S. FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|---|
| INVESTMENT MANAGEMENT FEES | -100,286. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|---|
| DESIGNATED GIFTS | 1,369,623. |

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|---|
| DESIGNATED GIFTS | 1,369,623. |
| INVESTMENT MANAGEMENT FEES | 100,286. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 1,469,909. |

**Part XIII Supplemental Information** *(continued)*

**Part VII Investments - Other Securities.** 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 |
|---|---|---|
| HEDGE FUND LIMITED PARTNERSHIP | 19,372,152. | FMV |

SCHEDULE G
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

2 a 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? Yes | (iii) No | (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 |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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 HIGH RIDGE (event type) | (b) Event #2 FEDERATION CARD PRTY (event type) | (c) Other events NONE 0 (total number) | (d) Total events (add col. (a) through col. (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 146,903. | 110,544. | | 257,447. |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 146,903. | 110,544. | | 257,447. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 25,544. | 3,140. | | 28,684. |
| | 6 Rent/facility costs | | 6,119. | | 6,119. |
| | 7 Food and beverages | 31,700. | 7,412. | | 39,112. |
| | 8 Entertainment | 73,883. | 75,226. | | 149,109. |
| | 9 Other direct expenses | | | | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 223,024. |
| | 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 34,423. |

**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 | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ 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 ▶ _____

15a 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 explanations 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

**Part IV** **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

Open to Public Inspection

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? ..... [X] Yes [ ] No

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY SUITE 1700 - NEW YORK, NY 10004-1010 | 13-1624240 | | 4,687,123. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| FERD AND GLADYS ALPERT JFCS OF PALM BEACH COUNTY, INC. - 5841 CORPORATE WAY - WEST PALM BEACH, FL 33407-2039 | 59-1520581 | | 1,594,676. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MANDEL JEWISH COMMUNITY CENTER OF THE PALM BEACHES, INC. - 8500 JOG ROAD - BOYNTON BEACH, FL 33472 | 59-1582799 | | 1,504,489. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| KRAMER SENIOR SERVICES AGENCY, INC. - 4847 FRED GLADSTONE DRIVE - WEST PALM BEACH, FL 33417 | 90-0730105 | | 1,272,205. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES - 1 HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409 | 65-0219982 | | 633,838. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ARTHUR I. MEYER JEWISH ACADEMY 5225 HOOD ROAD PALM BEACH GARDENS, FL 33418 | 59-1491258 | | 515,690. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 133.

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

**Part II** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 220 E. 42ND STREET, STE. 400 - NEW YORK, NY 10017 | 13-1656634 | | 253,400. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| BIRTHRIGHT ISRAEL FOUNDATION 33 E. 33RD ST. - 7TH FLOOR NEW YORK, NY 10016 | 13-4092050 | | 235,660. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JEWISH AGENCY FOR ISRAEL NORTH AMERICA - 633 THIRD AVENUE, 32ND FLOOR, SUITE C - NEW YORK, NY 10017 | 23-0053483 | | 200,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PALM BEACH DAY ACADEMY, INC. 241 SEAVIEW AVENUE PALM BEACH, FL 33480 | 59-0873834 | | 194,817. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE - 800 8TH ST. N.W. - WASHINGTON, DC 20001 | 52-1844823 | | 161,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| OHR TORAH STONE INSTITUTIONS OF ISRAEL - 49 WEST 45TH STREET, SUITE 701 - NEW YORK, NY 10036 | 13-3275531 | | 150,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE SOCIETY OF THE FOUR ARTS, INC. 2 FOUR ARTS PLAZA PALM BEACH, FL 33480 | 59-0454318 | | 140,762. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| FRIENDS OF ZIV MEDICAL CENTER INC 2250 NE 201 STREET MIAMI, FL 33180 | 47-1194731 | | 136,350. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JEWISH RESIDENTIAL AND FAMILY SERVICES INC. - P.O.BOX 220627 - WEST PALM BEACH, FL 33422 | 65-0737159 | | 107,848. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TEMPLE EMANU-EL OF PALM BEACH INC.<br>190 NORTH COUNTY ROAD<br>PALM BEACH, FL 33480-3740 | 59-1027143 | | 107,594. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| FEEDING SOUTH FLORIDA<br>426 CLAREMORE DRIVE<br>WEST PALM BEACH, FL 33401 | 59-2097520 | | 65,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JEWISH WOMEN'S FOUNDATION OF THE GREATER PALM BEACHES - 500 SOUTH AUSTRALIAN AVE., STE. 517 - WEST PALM BEACH, FL 33401 | 47-1611411 | | 58,700. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CLEVELAND CLINIC FOUNDATION<br>CLEVELAND CLINIC FLORIDA<br>PHILANTHROPY INSTITUTE, 2950<br>CLEVELAND CLINIC BOULE | 34-0714585 | | 55,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN FRIENDS OF THE HEBREW UNIVERSITY, INC. - 1 BATTERY PARK PLAZA, 25TH FLOOR - NEW YORK, NY 10004-1435 | 13-1568923 | | 55,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PALM BEACH OPERA INC.<br>1800 SOUTH AUSTRALIAN AVENUE,<br>SUITE 301 - WEST PALM BEACH, FL 33409 | 59-1060864 | | 49,900. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TEMPLE JUDEA OF PALM BEACH COUNTY, INC. - 4311 HOOD ROAD - PALM BEACH GARDENS, FL 33410 | 59-2100649 | | 49,077. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TOWN OF PALM BEACH UNITED WAY INC.<br>44 COCOANUT ROW - SUITE M-201<br>PALM BEACH, FL 33480-4069 | 59-0637885 | | 46,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN FRIENDS OF THE REUT INSTITUTE - 8383 WILSHIRE BOULEVARD, SUITE 400 - BEVERLY HILLS, CA 90211 | 20-3585888 | | 37,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH STREET, NW, STE. 500 - WASHINGTON, DC 20036 | 52-1376034 | | 35,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| URJ CAMP COLEMAN 1580 SPALDING DRIVE ATLANTA, GA 30350 | 13-1663143 | | 30,333. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS - 701 OKEECHOBEE BOULEVARD - WEST PALM BEACH, FL 33401-6399 | 59-2245054 | | 29,850. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| HILLEL OF BROWARD & PALM BEACH LEVINE WEINBERGER JEWISH LIFE CENTER, 777 GLADES ROAD- BLDG LY-3A - BOCA RAT | 56-2472825 | | 29,800. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. - 55 EAST 59TH STREET - NEW YORK, NY 10022 | 13-0434195 | | 25,400. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CHICAGO JEWISH DAY SCHOOL 5959 NORTH SHERIDAN ROAD CHICAGO, IL 60660 | 36-4437180 | | 25,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| URBAN JUSTICE CENTER 40 RECTOR STREET, 9TH FLOOR NEW YORK CITY, NY 10006 | 13-3442022 | | 25,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ZOOLOGICAL SOCIETY OF THE PALM BEACHES, INC. - 1301 SUMMIT BOULEVARD - WEST PALM BEACH, FL 33405 | 59-1259270 | | 25,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| INTERNATIONAL PLANNED PARENTHOOD FEDERATION/WESTERN HEMISPHERE REGION INC. - 125 MAIDEN LANE, 9TH FLOOR - NEW YORK, NY 10038 | 13-1845455 | | 22,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AMERICAN JEWISH WORLD SERVICE, INC. - 45 WEST 36TH STREET, 11TH FLOOR - NEW YORK, NY 10018-7904 | 22-2584370 | | 20,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| OLIVER'S HOUSE INCORPORATED 238 SEVILLE ROAD WEST PALM BEACH, FL 33405 | 65-1124991 | | 20,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CAMP RAMAH DAROM 6400 POWERS FERRY ROAD NW ATLANTA, GA 30339 | 58-2146741 | | 20,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| DOCTORS WITHOUT BORDERS USA INC. 333 SEVENTH AVE., 2ND FLOOR NEW YORK, NY 10001 | 13-3433452 | | 18,300. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| UNITED STATES COMMITTEE SPORTS FOR ISRAEL INC - 1511 WALNUT STREET, STE. 401 - PHILADELPHIA, PA 19102 | 13-1810938 | | 18,125. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CONNECTICUT PUBLIC BROADCASTING INC. - 1049 ASYLUM AVE - HARTFORD, CT 06105 | 06-0758938 | | 18,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ISLANDERS CHILDREN'S FOUNDATION ISLANDERS EXECUTIVE OFFICE, 200 MERICK AVENUE - EAST MEADOW, NY 11554 | 06-1671668 | | 17,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TEMPLE ISRAEL 1901 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407 | 59-0696295 | | 15,550. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| COMMUNITY CHEST OF PORT WASHINGTON INC. - 382 MAIN STREET - PORT WASHINGTON, NY 11050 | 11-1614994 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|---|---|---|---|---|---|---|
| RAILS-TO-TRAILS CONSERVANCY THE DUKE ELLINGTON BUILDING, 2121 WARD COURT N.W., 5TH FLOOR - WASHINGTON, D | 52-1437006 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ROOM TO READ 465 CALIFORNIA STREET, SUITE 1000 SAN FRANCISCO, CA 94104 | 91-2003533 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TEMPLE BETH SHOLOM 1901 KRESSON ROAD CHERRY HILL, NJ 08003 | 21-0693430 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE COMMUNITY SYNAGOGUE-TEMPLE BETH AM - 160 MIDDLE NECK ROAD - PORT WASHINGTON, NY 11050 | 11-1992681 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE LEUKEMIA & LYMPHOMA SOCIETY, INC. - PALM BEACH AREA CHAPTER, 3230 COMMERCE PLACE, SUITE B - WEST PALM BEACH, FL 33407 | 13-5644916 | | 15,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PATHFINDER VILLAGE FOUNDATION INC. 3 CHENANGO ROAD EDMESTON, NY 13335-2314 | 22-2516331 | | 12,960. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ADVISORS FOR PHILANTHROPIC IMPACT, INC. - 6671 WEST INDIANTOWN RD. STE. 50-194 - JUPITER, FL 33458 | 46-3206074 | | 12,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - 5341 WEST ATLANTIC AVENUE, #305 - DELRAY BEACH, FL 33484 | 13-1656651 | | 12,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PLANNED PARENTHOOD OF SOUTH EAST AND NORTH FLORIDA - 2300 NORTH FLORIDA MANGO ROAD - WEST PALM BEACH, FL 33409 | 59-1391115 | | 11,200. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC. - 200 SOUTH PARK ROAD, SUITE 405 - HOLLYWOOD, FL 33021 | 13-1623886 | | 11,100. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PALM BEACH ORTHODOX SYNAGOGUE 120 N. COUNTY ROAD PALM BEACH, FL 33480 | 65-0478910 | | 11,050. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| SHAW JCC OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320 | 34-0174521 | | 11,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| WEST SIDE CENTER FOR COMMUNITY LIFE, INC. - 263 W. 86TH STREET - NEW YORK, NY 10024 | 71-0908184 | | 10,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ACADIA CENTER/ENVIRONMENT NORTHEAST - P. O. BOX 583 - ROCKPORT, ME 04856 | 01-0518193 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AHRC NEW YORK CITY FOUNDATION, INC. - 83 MAIDEN LANE - NEW YORK, NY 10038 | 13-3779611 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| BETH EL CONGREGATION 750 WHITE POND ROAD AKRON, OH 44320 | 34-0760585 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| BRANDEIS UNIVERSITY HADASSAH-BRANDEIS INSTITUTE, MAIL $ WALTHAM, MA 02454 | 04-2103552 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CHESAPEAKE BAY TRUST 60 WEST ST. - SUITE 405 ANNAPOLIS, MD 21401 | 52-1454182 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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| CHILDREN'S HOME SOCIETY OF FLORIDA<br>3333 FOREST HILL BLVD.<br>WEST PALM BEACH, FL 33406 | 59-0192430 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| DONORSCHOOSE, INC.<br>134 WEST 37TH STREET, 11TH FLOOR<br>NEW YORK, NY 10018 | 13-4129457 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| KIVA MICROFUNDS<br>875 HOWARD STREET, SUITE 340<br>SAN FRANCISCO, CA 94103 | 71-0992446 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| KRMA-US PARTNERS, LTD.<br>13217 NEW HAMPSHIRE AVENUE #4291<br>SILVER SPRING, MD 20914-4291 | 46-2768808 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| LONG ISLAND CARES, INC.<br>TEN DAVIDS DRIVE, HARRY CHAPIN WAY<br>HAUPPAUGE, NY 11788 | 11-2524512 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| NATIONAL PHILANTHROPIC TRUST<br>165 TOWNSHIP LINE RD, SUITE 1200<br>JENKINTOWN, PA 19046 | 23-7825575 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PILCHUCK GLASS SCHOOL<br>240 SECOND AVENUE SOUTH, SUITE 100<br>SEATTLE, WA 98104 | 91-0963132 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| SOME, INC.<br>71 O STREET, NW<br>WASHINGTON, DC 20001 | 23-7098123 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE ART GUILD OF PORT WASHINGTON<br>200 PORT WASHINGTON BLVD<br>MANHASSET, NY 11030 | 11-3532550 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| THE ED FOUNDATION<br>PO BOX 909<br>PORT WASHINGTON, NY 11050 | 74-3027311 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| YEAR UP, INC.<br>45 MILK STREET<br>BOSTON, MA 02109 | 04-3534407 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| YOUNG ADULT INSTITUTE, INC.<br>460 WEST 34TH STREET<br>NEW YORK, NY 10001 | 11-2030172 | | 10,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ISRAEL TENNIS CENTERS FOUNDATION<br>3275 WEST HILLSBORO BLVD, SUITE 102<br>DEERFIELD BEACH, FL 33442 | 13-2961273 | | 9,200. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MINNEAPOLIS JEWISH FEDERATION<br>13100 WAYZATA BLVD., STE. 200<br>MINNETONKA, MN 55305 | 41-0693866 | | 9,140. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE FRIENDSHIP CIRCLE<br>10 MICROLAB ROAD<br>LIVINGSTON, NJ 07039-1602 | 22-6017975 | | 9,127. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JEWISH COMMUNITY COUNCIL OF GREATER WASHINGTON - 6101 EXECUTIVE BOULEVARD, SUITE 300 -<br>ROCKVILLE, MD 20852 | 52-0214465 | | 9,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MACCABI WORLD UNION, INC.<br>520 8TH AVENUE 4TH FLOOR<br>NEW YORK, NY 10018 | 26-4296212 | | 9,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PATHWAYS TO PROSPERITY, INC.<br>900 N SEACREST BLVD<br>BOYNTON BEACH, FL 33435 | 27-3550271 | | 9,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| TEMPLE MICAH<br>2829 WISCONSIN AVENUE N.W.<br>WASHINGTON, DC 20007-4702 | 52-0845118 | | 9,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 -<br>WASHINGTON, DC 20077-7543 | 13-1644147 | | 8,050. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MANNA FOOD CENTER, INC.<br>9311 GAITHER ROAD<br>GAITHERSBURG, MD 20877 | 52-1289203 | | 8,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| OCEAN FOUNDATION<br>1320 19TH STREET, NW, 5TH FLOOR<br>WASHINGTON, DC 20036 | 71-0863908 | | 8,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE CHILDRENS SCHOLARSHIP FUND<br>EIGHT WEST 38TH STREET, 9TH FLOOR<br>NEW YORK, NY 10018 | 13-4002189 | | 8,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| UNIVERSITY OF FLORIDA<br>OFFICE OF STUDENT AFFAIRS, ATTN:<br>DISBURSEMENTS, PO BOX 114025 -<br>GAINESVILLE, | 59-6002052 | | 7,850. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PALM BEACH SYMPHONY ASSOCIATION<br>44 COCOANUT ROW, SUITE M207B<br>PALM BEACH, FL 33480 | 59-1542539 | | 7,661. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| RED DEVILS, INC.<br>P.O. BOX 36291<br>TOWSON, MD 21286 | 74-3070929 | | 7,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TEMPLE BETH AM<br>2250 CENTRAL BOULEVARD<br>JUPITER, FL 33458 | 59-2248680 | | 7,350. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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| BETH EL CONGREGATION<br>8101 PARK HEIGHTS AVENUE<br>PIKESVILLE, MD 21208 | 52-0613677 | | 7,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| INTERFAITH NUTRITION NETWORK<br>211 FULTON AVENUE - 2ND FLOOR<br>HEMPSTEAD, NY 11550 | 11-2676892 | | 7,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CITY HARVEST, INC.<br>6 E 32ND STREET, 5TH FLOOR<br>NEW YORK, NY 10016 | 13-3170676 | | 6,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN FRIENDS OF LIVNOT U'LEHIBANOT - P.O. BOX 811715 - BOCA RATON, FL 33481 | 13-3500786 | | 1,200. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CENTER FOR REPRODUCTIVE RIGHTS<br>199 WATER STREET, 22ND FLOOR<br>NEW YORK, NY 10038 | 13-3669731 | | 6,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PORT WASHINGTON LIBRARY FOUNDATION, INC. - ONE LIBRARY DRIVE - PORT WASHINGTN, NY 11050 | 11-3007598 | | 6,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 636 FRANKLIN BUILDING, 3451 WALNUT STREET - PHILADELPHIA, PA 19104 | 23-1352685 | | 6,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| BRYANT UNIVERSITY<br>OFFICE OF UNIVERSITY ADVANCEMENT,<br>1150 DOUGLAS PIKE - SMITHFIELD, RI 02917-1 | 05-0258810 | | 5,675. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| TEKOA TRAIL & TRESTLE ASSOCIATION<br>P.O. BOX 579<br>TEKOA, WA 99033-0579 | 47-4120468 | | 5,500. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| ALEXANDER MUSS HIGH SCHOOL IN ISRAEL - 78 RANDALL AVE - ROCKVILLE CENTRE, NY 11570 | 39-0173782 | | 5,432. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC. - 101 WEST MOUNT ROYAL AVENUE - BALTIMORE, MD 21201 | 52-0607957 | | 5,400. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105 | 62-0646012 | | 5,360. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - 26 BROADWAY, 14TH FLOOR - NEW YORK, NY 10004 | 23-1907729 | | 5,300. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| FRIENDS OF ISRAEL DEFENSE FORCES 7700 CONGRESS AVENUE, STE. 3207 BOCA RATON, FL 33487 | 13-3156445 | | 5,200. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ADOPT-A-FAMILY OF THE PALM BEACHES 1712 SECOND AVE NORTH LAKE WORTH, FL 33460 | 59-2471253 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET - 18TH FLOOR - NEW YORK, NY 10004 | 13-6213516 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN FRIENDS OF MAGEN DAVID ADOM - 3300 PGA BOULEVARD, SUITE 970 - PALM BEACH GARDENS, FL 33410 | 13-1790719 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 545 FIFTH AVENUE, SUITE 920 - NEW YORK, NY 10017 | 23-7182582 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| BOSTON SYMPHONY ORCHESTRA<br>301 MASSACHUSETTS AVENUE<br>BOSTON, MA 02115-4511 | 04-2103550 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CHEROKEE CREEK BOYS SCHOOL<br>198 COOPER ROAD<br>WESTMINSTER, SC 29696 | 27-1766853 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CHILDREN'S GOLF FOUNDATION, INC.<br>7301 HAVERHILL ROAD N<br>RIVIERA BEACH, FL 33407 | 65-0262208 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CHRISTIANS REACHING OUT TO SOCIETY<br>301 1ST AVENUE SOUTH<br>LAKE WORTH, FL 33460 | 59-1802917 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| CONGREGATION OHR CHADASH, INC.<br>3190 GULF-TOBAY BOULVARD<br>CLEARWATER, FL 33759 | 59-2935062 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ED RANDALLS FANS FOR THE CURE<br>PO BOX 913<br>LARCHMONT, NY 10538-0913 | 06-1696245 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| ENVIRONMENTAL INTEGRITY PROJECT<br>1000 VERMONT AVENUE, NW, ELEVENTH F<br>WASHINGTON, DC 20005 | 20-1326922 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| GORDON JEWISH COMMUNITY CENTER<br>801 PERCY WARNER BOULEVARD<br>NASHVILLE, TN 37205 | 62-0475746 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BOULEVARD - BOCA RATON, FL 33428 | 59-1945109 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| LEWY BODY DEMENTIA ASSOCIATION, INC. - 912 KILLIAN HILL ROAD, S.W. - LILBURN, GA 30047 | 05-0577683 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| LOS ANGELES LEADERSHIP ACADEMY 2670 GRIFFIN AVENUE LOS ANGELES, CA 90031 | 95-4862553 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MOSAIC THEATER COMPANY OF DC 1333 H ST NE WASHINGTON, DC 20002 | 47-2641919 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| MOUNT SINAI MEDICAL CENTER, INC. ONE GUSTAVE L. LEVY PLACE, BOX 1049 NEW YORK, NY 10029 | 13-1624096 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD., STE. 1600 LOS ANGELES, CA 90010 | 95-4539765 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042 | 11-2965575 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| OHIOHEALTH CORPORATION 180 EAST BROAD STREET, FLOOR 33 COLUMBUS, OH 43215 | 31-4379436 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PLANNED PARENTHOOD OF NASSAU COUNTY, INC. - 540 FULTON AVE - HEMPSTEAD, NY 11550 | 11-1776035 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| PORT WASHINGTON CHILDREN'S CENTER LANDMARK SQUARE, 232 MAIN STREET, SUITE 2 - PORT WASHINGTON, NY 11050 | 11-2462594 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

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|---|---|---|---|---|---|---|---|
| PROJECT ALS, INC.<br>801 RIVERSIDE DRIVE, #6G<br>NEW YORK, NY 10032 | 13-4019464 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| RUTH RALES JEWISH FAMILY SERVICE OF SOUTH PALM BEACH COUNTY, INC. - 21300 RUTH AND BARON COLEMAN B - BOCA RATON, FL 33428 | 65-1115689 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| SEACREST FOUNDATION<br>211 SAXONY ROAD<br>ENCINITAS, CA 92024 | 30-0119295 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| SUSAN G. KOMEN BREAST CANCER FOUNDATION INC. - 1309 NORTH FLAGLER DRIVE, 5TH FLOOR - WEST PALM BEACH, FL 33401 | 75-2462834 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE AVALON THEATER PROJECT INC.<br>5612 CONNECTICUT AVENUE N.W.<br>WASHINGTON, DC 20015 | 52-2360410 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| THE LORD'S PLACE, INC.<br>2808 NORTH AUSTRALIAN AVENUE<br>WEST PALM BEACH, FL 33407 | 59-2240502 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| UNIVERSITY OF FLORIDA FOUNDATION, INC. - 1938 WEST UNIVERSITY AVENUE - GAINESVILLE, FL 32604 | 59-0974739 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| V FOUNDATION<br>14600 WESTON PARKWAY<br>CARY, NC 27513 | 13-3705951 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
| WNYC RADIO<br>PO BOX 1550<br>NEW YORK, NY 10116-1550 | 13-3015230 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |

**Part II** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| TEMPLE BETH TORAH OF PBC, INC.<br>900 BIG BLUE TRACE<br>WELLINGTON, FL 33414 | 59-1946310 | | 5,000. | 0. | | | GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION. |
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**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 noncash assistance |
|---|---|---|---|---|---|
| | | | | | |
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| | | | | | |
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**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 GRANTEES 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 IV Supplemental Information**

SCHEDULE I, PART I, LINE 2

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 AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA , AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501 (C) (3) ORGANIZATIONS-- EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

Employer identification number: 59-0948696

## Part I Questions Regarding Compensation

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

**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 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 | | | | |
| (1) MICHAEL HOFFMAN | (i) | 273,418. | 0. | 18,969. | 21,687. | 14,209. | 328,283. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) KATHY SIGALL | (i) | 151,756. | 1,538. | 0. | 12,491. | 12,449. | 178,234. | 0. |
| SENIOR VP OF FINANCE/CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DEBRA ROSHFELD | (i) | 228,679. | 2,265. | 0. | 18,412. | 9,988. | 259,344. | 0. |
| CHIEF OPERATING OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) CAROLYN ROSE | (i) | 137,434. | 1,350. | 0. | 11,083. | 7,910. | 157,777. | 0. |
| VP JEWISH COMMUNITY FOUNDATION | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ILAN HURVITZ | (i) | 131,956. | 1,339. | 0. | 10,819. | 11,967. | 156,081. | 0. |
| SVP COMMUNITY PLANNING | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**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.

PART I, LINE 1A:

FIRST-CLASS OR CHARTER TRAVEL BENEFIT WAS RECEIVED BY MICHAEL HOFFMAN, CEO ON OVERSEAS TRAVEL, BUSINESS CLASS TICKETS WERE PURCHASED.

SCHEDULE K (Form 990)
Department of the Treasury
Internal Revenue Service

# Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
**2016**
Open to Public Inspection

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

Employer identification number: 59-0948696

**Part I Bond Issues** SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

| | (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | Yes | No | Yes | No |
| A | COLORADO EDUCATION AND CULTURAL FACILITIES AUTH | 84-0896727 | NONE | 09/10/13 | 15,000,000. | CONSTRUCTION, EQUIPMENT, AND CO | | X | | X | | X |
| B | | | | | | | | | | | | |
| C | | | | | | | | | | | | |
| D | | | | | | | | | | | | |

**Part II Proceeds**

| | | A | B | C | D |
|---|---|---|---|---|---|
| 1 | Amount of bonds retired | | | | |
| 2 | Amount of bonds legally defeased | | | | |
| 3 | Total proceeds of issue | | | | |
| 4 | Gross proceeds in reserve funds | | | | |
| 5 | Capitalized interest from proceeds | | | | |
| 6 | Proceeds in refunding escrows | | | | |
| 7 | Issuance costs from proceeds | | | | |
| 8 | Credit enhancement from proceeds | | | | |
| 9 | Working capital expenditures from proceeds | | | | |
| 10 | Capital expenditures from proceeds | | | | |
| 11 | Other spent proceeds | | | | |
| 12 | Other unspent proceeds | | | | |
| 13 | Year of substantial completion | | | | |

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? | | X | | | | | | |
| 15 | Were the bonds issued as part of an advance refunding issue? | | X | | | | | | |
| 16 | Has the final allocation of proceeds been made? | | X | | | | | | |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | | | | | | |

**Part III Private Business Use**

| | | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | | | | | |

**Part III Private Business Use** *(Continued)*

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | X | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | % | | % | | % | | % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | % | | % | | % | | % | |
| 6 Total of lines 4 and 5 | % | | % | | % | | % | |
| 7 Does the bond issue meet the private security or payment test? | | X | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | % | | % | | % | | % | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | X | | | | | | |

**Part IV Arbitrage**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | | X | | | | | | |
| c No rebate due? | | X | | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |

**Part IV Arbitrage** *(Continued)*

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | | X | | | | | | |

**Part V Procedures To Undertake Corrective Action**

| | A | | B | | C | | D | |
|---|---|---|---|---|---|---|---|---|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | | X | | | | | | |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:
(A) ISSUER NAME: COLORADO EDUCATION AND CULTURAL FACILITIES AUTHORITY
(F) DESCRIPTION OF PURPOSE: CONSTRUCTION, EQUIPMENT, AND COST OF ISSUANCE.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

**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 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 | (d) Corrected? No |
|---|---|---|---|---|
| | | | | |
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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? To | (d) From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | (g) No | (h) Approved by board or committee? Yes | (h) No | (i) Written agreement? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| MICHAEL HOFFMAN | CHIEF EX | PURCHASE | | X | 115,000. | 109,250. | | X | X | | X | |
| DAVID FOX | CHIEF DE | PURCHASE | | X | 150,000. | 117,500. | | X | X | | X | |
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| | | | | | | | | | | | | |
| Total ▶ $ | | | | | | 226,750. | | | | | | |

## 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 |
|---|---|---|---|---|
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SEE PART V FOR CONTINUATIONS

**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 |
| GARY WALK | BOARD MEMBER AT LAR | 12,349. | LEGAL SERVI | | X |
| ALYSON SELIGMAN | BOARD MEMBER AT LAR | 45,040. | MARKETING | | X |
| | | | | | |
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**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:

(A) NAME OF PERSON: MICHAEL HOFFMAN

(B) RELATIONSHIP WITH ORGANIZATION: CHIEF EXECUTIVE OFFICER

(C) PURPOSE OF LOAN: PURCHASE HOME DUE TO RELOCATION

(A) NAME OF PERSON: DAVID FOX

(B) RELATIONSHIP WITH ORGANIZATION: CHIEF DEVELOPMENT OFFICER

(C) PURPOSE OF LOAN: PURCHASE HOME DUE TO RELOCATION

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

(A) NAME OF PERSON: GARY WALK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

(C) AMOUNT OF TRANSACTION $ 12,349.

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICE

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ALYSON SELIGMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION $ 45,040.

(D) DESCRIPTION OF TRANSACTION: MARKETING

(E) SHARING OF ORGANIZATION REVENUES? = NO

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.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

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 | 138 | 3,507,636. | FMV OF SHARES RECEIV |
| 10 | Securities - Closely held stock | | | | |
| 11 | Securities - Partnership, LLC, or trust interests | | | | |
| 12 | Securities - Miscellaneous | X | 5 | 80,400. | FACE VALUE OF BONDS |
| 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 ▶ ( ) | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | | |
| 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | 30a | | 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? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | 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. | | | |

**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 O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

COMMUNITY. OUR MISSION IS TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEET HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THROUGHOUT THE LOCAL COMMUNITY IN A VARIETY OF SETTINGS AND WITH ALL AGE GROUPS TO PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS TO STRENGTHEN THEIR CONNECTION TO ISRAEL AND EMBED THEIR SENSE OF BELONGING TO THE PEOPLE OF ISRAEL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 $ 18,277,824. INCL GRANTS OF $ 15,917,464. REVENUE $ 320,022.

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

BARRY BERG- FATHER-IN-LAW TO RACHEL BERG (EMP)

BARBARA KAY- MOTHER OF SUSAN SHULMAN-PERTNOY, MOTHER-IN-LAW TO RON PERTNOY

ALAN SHULMAN- FATHER OF SUSAN PERTNOY (BOD), FATHER-IN-LAW TO RON PERTNOY (BOD & CC)

RON PERTNOY- HUSBAND OF SUSAN PERTNOY (BOD), SON-IN-LAW OF ALAN SHULMAN

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

Employer identification number 59-0948696

(CC)

SON-IN-LAW OF BARBARA KAY (BOD).

MARK LEVY (CC)- CONTRACTUAL RELATIONSHIP WITH RONALD PERTNOY (CC & BOD)

ANDREW COMITER- SON OF RICHARD COMITER (BOD)

SHERYL DAVIDOFF- WIFE OF THOMAS DAVIDOFF (BOD)

SANDY BAKLOR- HUSBAND TO ARLENE KAUFMAN (BOD)

MARK LEVY- HUSBAND TO STACEY LEVY (BOD)

STEVEN ELLISON- HUSBAND OF STACEY ELLISON (BOD)

GARY LESSER -BROTHER-IN-LAW TO JIM BALDINGER (BOD)

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

THE NOMINATING COMMITTEE PREPARES A SLATE OF NEW BOARD MEMBERS TO BE APPROVED BY THE BOARD.

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

THE COMPLETED FORM 990 IS PRESENTED BY THE AUDITOR TO THE 8 MEMBER AUDIT COMMITTEE FOR THEIR REVIEW. THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE AVAILABLE ONLY TO THE 46 VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE COMPLETED FORM 990 IS POSTED ON THIS SECURE PORTAL AND BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FORM 990 IS POSTED FOR THEIR REVIEW.

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

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

Employer identification number 59-0948696

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:

CEO: 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:

INFORMATION IS AVAILABLE ON THE JEWISH FEDERATION OF PALM BEACH COUNTY, INC.'S WEBSITE, ON GUIDESTAR AND UPON REQUEST. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE ON THE JEWISH FEDERATION OF PALM BEACH COUNTY, INC.S' WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

NO CHANGES FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

# 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.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**Employer identification number**: 59-0948696

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

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | (g) Section 512(b)(13) controlled entity? No |
|---|---|---|---|---|---|---|---|
| PALM BEACH JEWISH COMMUNITY CAMPUS CORP. - 65-0006250, ONE HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL 33409 | OWNS PROPERTY FOR THE PURPOSE OF PROVIDING EDUCATIONAL,CULTURAL | FLORIDA | 501(C)(3) | LINE 7 | JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | | X |
| NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP. - 46-1245509, ONE HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL | OWNS PROPERTY FOR THE PURPOSE OF PROVIDING EDUCATIONAL,CULTURAL | FLORIDA | 501(C)(3) | LINE 7 | JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | | X |
| | | | | | | | |
| | | | | | | | |

**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**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. | | Yes | No |
|---|---|---|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | 1a | | X |
| b Gift, grant, or capital contribution to related organization(s) | 1b | X | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| d Loans or loan guarantees to or for related organization(s) | 1d | | X |
| e Loans or loan guarantees by related organization(s) | 1e | X | |
| f Dividends from related organization(s) | 1f | | X |
| g Sale of assets to related organization(s) | 1g | | X |
| h Purchase of assets from related organization(s) | 1h | | X |
| i Exchange of assets with related organization(s) | 1i | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | X | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | X |
| o Sharing of paid employees with related organization(s) | 1o | X | |
| p Reimbursement paid to related organization(s) for expenses | 1p | | X |
| q Reimbursement paid by related organization(s) for expenses | 1q | | X |
| r Other transfer of cash or property to related organization(s) | 1r | | X |
| s Other transfer of cash or property from related organization(s) | 1s | | 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 | 2,049,415. | CASH |
| (2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP | C | 888,508. | CASH |
| (3) PALM BEACH JEWISH COMMUNITY CAMPUS CORP | E | 2,826,596. | CASH |
| (4) PALM BEACH JEWISH COMMUNITY CAMPUS CORP | K | 2,293,211. | MARKET VALUE |
| (5) PALM BEACH JEWISH COMMUNITY CAMPUS CORP | O | 0. | |
| (6) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION | B | 196,512. | CASH |

**Part V** **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| (7) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION | O | 0. | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

**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 sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) NO | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Part VII Supplemental Information.**

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PALM BEACH JEWISH COMMUNITY CAMPUS CORP.

EIN: 65-0006250

ONE HARVARD CIRCLE, SUITE 100

WEST PALM BEACH, FL 33409

PRIMARY ACTIVITY: OWNS PROPERTY FOR THE PURPOSE OF PROVIDING

EDUCATIONAL,CULTURAL PROGRAMMING

DIRECT CONTROLLING ENTITY: JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP.

EIN: 46-1245509

ONE HARVARD CIRCLE, SUITE 100

WEST PALM BEACH, FL 33409

PRIMARY ACTIVITY: OWNS PROPERTY FOR THE PURPOSE OF PROVIDING

EDUCATIONAL,CULTURAL PROGRAMMING

DIRECT CONTROLLING ENTITY: JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

59-0948696

Form **990-W**

(Worksheet)

Department of the Treasury
Internal Revenue Service

# Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0976

**2017**

| | | | |
|---|---|---|---|
| 1 | Unrelated business taxable income expected in the tax year | 1 | |
| 2 | **Tax on the amount on line 1.** See instructions for tax computation | 2 | |
| 3 | Alternative minimum tax. See instructions | 3 | |
| 4 | Total. Add lines 2 and 3 | 4 | |
| 5 | Estimated tax credits. See instructions | 5 | |
| 6 | Subtract line 5 from line 4 | 6 | |
| 7 | Other taxes. See instructions | 7 | |
| 8 | Total. Add lines 6 and 7 | 8 | |
| 9 | Credit for federal tax paid on fuels. See instructions | 9 | |
| 10a | Subtract line 9 from line 8. **Note:** If less than $500, the organization is not required to make estimated tax payments. Private foundations, see instructions | 10a | |
| b | Enter the tax shown on the 2016 return. See instructions. **Caution:** If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c | 10b | |
| c | **2017 Estimated Tax.** Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c | 10c | |

| | | (a) | (b) | (c) | (d) |
|---|---|---|---|---|---|
| 11 | **Installment due dates.** See instructions | 11 | | | | |
| 12 | **Required installments.** Enter 25% of line 10c in columns **(a)** through **(d)**. But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization." | 12 | | | | |
| 13 | **2016 Overpayment.** See instructions | 13 | | | | |
| 14 | **Payment due** (Subtract line 13 from line 12) | 14 | | | | |

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **990-W** (2017)

623801 01-16-17

EXTENDED TO MAY 15, 2018

Form **990-T**

# Exempt Organization Business Income Tax Return

**(and proxy tax under section 6033(e))**

For calendar year 2016 or other tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 .

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

**2016**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A ☐ Check box if address changed

B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year 154,155,873.

Print or Type

Name of organization ( ☐ Check box if name changed and see instructions.)
JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
ONE HARVARD CIRCLE , NO. 100

City or town, state or province, country, and ZIP or foreign postal code
WEST PALM BEACH, FL 33409

D Employer identification number (Employees' trust, see instructions.)
59-0948696

E Unrelated business activity codes (See instructions.)
523000

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ KATHY SIGALL, SENIOR VICE PRESIDEN Telephone number ▶ 561-478-0700

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|---|---|---|---|---|
| 1a Gross receipts or sales; b Less returns and allowances; c Balance ▶ | 1c | | | |
| 2 Cost of goods sold (Schedule A, line 7) | 2 | | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | | |
| 4a Capital gain net income (attach Schedule D) | 4a | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| c Capital loss deduction for trusts | 4c | | | |
| 5 Income (loss) from partnerships and S corporations (attach statement) | 5 | -20,205. | STMT 3 | -20,205. |
| 6 Rent income (Schedule C) | 6 | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9 | | | |
| 10 Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 Advertising income (Schedule J) | 11 | | | |
| 12 Other income (See instructions; attach schedule) | 12 | | | |
| 13 **Total.** Combine lines 3 through 12 | 13 | -20,205. | | -20,205. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

| | | | | |
|---|---|---|---|---|
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | 14 | |
| 15 | Salaries and wages | | 15 | 37,115. |
| 16 | Repairs and maintenance | | 16 | |
| 17 | Bad debts | | 17 | |
| 18 | Interest (attach schedule) | | 18 | |
| 19 | Taxes and licenses | | 19 | |
| 20 | Charitable contributions (See instructions for limitation rules) | | 20 | |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 | Depletion | | 23 | |
| 24 | Contributions to deferred compensation plans | | 24 | |
| 25 | Employee benefit programs | | 25 | |
| 26 | Excess exempt expenses (Schedule I) | | 26 | |
| 27 | Excess readership costs (Schedule J) | | 27 | |
| 28 | Other deductions (attach schedule) SEE STATEMENT 4 | | 28 | 88,433. |
| 29 | **Total deductions.** Add lines 14 through 28 | | 29 | 125,548. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | | 30 | -145,753. |
| 31 | Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 5 | | 31 | |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 | | 32 | -145,753. |
| 33 | Specific deduction (Generally $1,000, but see line 33 instructions for exceptions) | | 33 | 1,000. |
| 34 | **Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | | 34 | -145,753. |

## Part III Tax Computation

| | | | |
|---|---|---|---|
| 35 | **Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and: | | |
| a | Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $ | | |
| b | Enter organization's share of: **(1)** Additional 5% tax (not more than $11,750) $ **(2)** Additional 3% tax (not more than $100,000) $ | | |
| c | Income tax on the amount on line 34 ▶ | 35c | 0. |
| 36 | **Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶ | 36 | |
| 37 | **Proxy tax.** See instructions ▶ | 37 | |
| 38 | Alternative minimum tax | 38 | |
| 39 | **Tax on Non-Compliant Facility Income.** See instructions | 39 | |
| 40 | **Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies | 40 | 0. |

## Part IV Tax and Payments

| | | | | | |
|---|---|---|---|---|---|
| 41a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 41a | | | |
| b | Other credits (see instructions) | 41b | | | |
| c | General business credit. Attach Form 3800 | 41c | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 41d | | | |
| e | **Total credits.** Add lines 41a through 41d | | | 41e | |
| 42 | Subtract line 41e from line 40 | | | 42 | 0. |
| 43 | Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) | | | 43 | |
| 44 | **Total tax.** Add lines 42 and 43 | | | 44 | 0. |
| 45 a | Payments: A 2015 overpayment credited to 2016 | 45a | | | |
| b | 2016 estimated tax payments | 45b | | | |
| c | Tax deposited with Form 8868 | 45c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 45d | | | |
| e | Backup withholding (see instructions) | 45e | | | |
| f | Credit for small employer health insurance premiums (Attach Form 8941) | 45f | | | |
| g | Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶ | 45g | | | |
| 46 | **Total payments.** Add lines 45a through 45g | | | 46 | |
| 47 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ | | | 47 | |
| 48 | **Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶ | | | 48 | 0. |
| 49 | **Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶ | | | 49 | 0. |
| 50 | Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ **Refunded** ▶ | | | 50 | |

## Part V Statements Regarding Certain Activities and Other Information (see instructions)

| | | Yes | No |
|---|---|---|---|
| 51 | At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ | | X |
| 52 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. | | X |
| 53 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $ | | |

**Sign Here**

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 taxpayer) is based on all information of which preparer has any knowledge.

▶ Signature of officer Date ▶ SENIOR VICE PRESIDENT OF FINANC Title

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

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| DAVID HOLLANDER | | | | P00646430 |

Firm's name ▶ MORRISON BROWN ARGIZ & FARRA, LLC — Firm's EIN ▶ 01-0720052

Firm's address ▶ 225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL 33432 — Phone no. 561-909-2100

## Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | **Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b | Other costs (attach schedule) | 4b | | | | | |
| 5 | **Total.** Add lines 1 through 4b | 5 | | | | | |

## Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

| | 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|---|
| | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| Total | 0. | 0. | |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ 0.

**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶ 0.

## Schedule E - Unrelated Debt-Financed Income (see instructions)

| | 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
|---|---|---|---|---|
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---|---|---|---|
| (1) | | | % | | |
| (2) | | | % | | |
| (3) | | | % | | |
| (4) | | | % | | |
| | | | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1, Part I, line 7, column (B). |
| **Totals** ▶ | | | | 0. | 0. |
| **Total dividends-received deductions** included in column 8 ▶ | | | | | 0. |

Form **990-T** (2016)

## Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
|---|---|---|---|---|---|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | | Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). | Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). |
| Totals ▶ | | | 0. | 0. |

## Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|---|---|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | Enter here and on page 1, Part I, line 9, column (A). | | | Enter here and on page 1, Part I, line 9, column (B). |
| Totals ▶ | 0. | | | 0. |

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | Enter here and on page 1, Part I, line 10, col. (A). | Enter here and on page 1, Part I, line 10, col. (B). | | | | Enter here and on page 1, Part II, line 26. |
| Totals ▶ | 0. | 0. | | | | 0. |

## Schedule J - Advertising Income (see instructions)

### Part I Income From Periodicals Reported on a Consolidated Basis

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | 0. | 0. | | | | 0. |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | 0. | 0. | | | | 0. |
| | Enter here and on page 1, Part I, line 11, col. (A). | Enter here and on page 1, Part I, line 11, col. (B). | | | | Enter here and on page 1, Part II, line 27. |
| Totals, Part II (lines 1-5) ▶ | 0. | 0. | | | | 0. |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|---|---|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | 0. |

Form 990-T (2016)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

INVESTMENT INCOME GENERATED FROM VARIOUS ALTERNATIVE INVESTMENTS

TO FORM 990-T, PAGE 1

FOOTNOTES STATEMENT 2

NOL CARRYFORWARD FROM JUNE 30, 2016 WAS $66,227 OF WHICH NONE WAS APPLIED;ENTIRE BALANCE WILL BE CARRIED FORWARD

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 3

| DESCRIPTION | AMOUNT |
|---|---|
| K-1 - COMMONFUND CAPITAL PRIVATE EQUITY LP. 7 | 449. |
| K-1 - COMMONFUND CAPITAL PARTNERS LP. 8 | 27. |
| K-1 - FORESTER PARTNERS LP | 10,039. |
| K-1 - LANDMARK EQUITY PARNTERS XIV LP | 6,351. |
| K-1 - TIFF PRIVATE EQUITY PARTNERS 2008 | -1,600. |
| K-1 - MREP GLOBAL III | -22. |
| K-1 - HARVEST MLP INCOME FUND II | 5. |
| K-1 - LANDMARK EQUITY PARNTERS XV LP | 16,408. |
| K-1- JUNIPER II | -48,137. |
| K-1- PARK STREET CAPITAL PRIVATE EQUITY | -3,725. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | -20,205. |

FORM 990-T OTHER DEDUCTIONS STATEMENT 4

| DESCRIPTION | AMOUNT |
|---|---|
| INVESTMENT ADVISOR/MONITOR FEES ALLOCATION | 30,633. |
| ACCOUNTING AND TAX PREPARATION | 20,000. |
| OFFICE EXPENSES AND OTHER | 2,800. |
| ENDOWMENT SYSTEM TRACKING OF INVESTMENTS | 35,000. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 28 | 88,433. |

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 5

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 06/30/10 | 36,756. | 36,756. | 0. | 0. |
| 06/30/12 | 36,973. | 34,539. | 2,434. | 2,434. |
| 06/30/16 | 63,793. | 0. | 63,793. | 63,793. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 66,227. | 66,227. |

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

**Electronic filing *(e-file).*** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

| **Type or print** | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
|---|---|---|
| File by the due date for filing your return. See instructions. | JEWISH FEDERATION OF PALM BEACH COUNTY, INC. | 59-0948696 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. ONE HARVARD CIRCLE , NO. 100 | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST PALM BEACH, FL 33409 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 0 7

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ▶ KATHY SIGALL, SENIOR VICE PRESIDENT OF FINANCE/CFO ONE HARVARD CIRCLE - WEST PALM BEACH, FL 33409
  Telephone No. ▶ 561-478-0700 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or
▶ ☒ tax year beginning JUL 1, 2016, and ending JUN 30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

| | | | | |
|---|---|---|---|---|
| 3a | If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ | 0. |
| b | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ | 0. |
| c | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

623841 01-11-17

MBAF
MORRISON BROWN ARGIZ & FARRA, LLC
CERTIFIED PUBLIC ACCOUNTANTS AND ADVISORS

May 8, 2018

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.
One Harvard Circle No. 100
WEST PALM BEACH, FL 33409

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.:

We have prepared and enclosed your 2016 Florida return. The return should be signed, dated, and mailed.

FLORIDA F-1120 RETURN:

The Florida F-1120 should be mailed on or before June 1, 2018 to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee, FL 32399-0135

No payment is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Morrison, Brown, Argiz & Farra, LLC

# Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/15

## Information for Filing Florida Form F-7004

F-7004
R. 01/17

**When to file -** File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.
To file online go to **www.myflorida.com/dor**

**Penalties for failure to pay tax -** If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due. There is also a penalty for a late-filed return when no tax is due.

**Signature -** A person authorized by the taxpayer must sign Florida Form F-7004. They must be (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service (IRS), or (c) an attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed -** To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

B. Type of federal return filed: 990-T
Contact person for questions: KATHY G. SIGALL
Telephone number: 5614780700
KATHY.SIGALL@JEWISH

| Extension of Time Request | | Florida Income/Franchise Tax Due |
|---|---|---|
| 1. Tentative amount of Florida tax for the taxable year | 1. | 0.00 |
| 2. LESS: Estimated tax payments for the taxable year | 2. | 0.00 |
| 3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request. | 3. | 0.00 |

Transfer the amount on Line 3 to **Tentative tax due .**

**Make checks payable and mail to:**
FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

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644961
10-06-16

Florida Tentative Income / Franchise Tax Return and Application for Extension of Time to File Return

1019
F-7004
R. 01/15

Name: JEWISH FEDERATION OF PALM BEACH COUNTY, INC.
Address: ONE HARVARD CIRCLE
City/State/ZIP: WEST PALM BEACH, FL 33417

FEIN 59-0948696
Taxable Year End 06/30/17
FILING STATUS Partnership ___ Corporation X
All other federal returns to be filed ___
Tentative Tax Due $ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____ Date: _____

| | | | |
|---|---|---|---|
| 590948696 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 |
| 20170630 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 012 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |

0 8733 0 20170630 0002005030 6 3590948696 0000 5

# Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/17 1019
Rule 12C-1.051 Florida Administrative Code Effective 01/17

FEIN 59-0948696
For calendar year 2016 or tax year beginning JUL 1, 2016 ending JUN 30, 2017

873302017063000020050372359094869600005

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.
Name
Address ONE HARVARD CIRCLE
City/State/ZIP WEST PALM BEACH, FL 33409

☐ Check here if any changes have been made to name or address

**Computation of Florida Net Income Tax**

| | | | | |
|---|---|---|---|---|
| 1. | Federal taxable income (see instructions) - **Attach pages 1-5 of federal return** | Check here if negative | X | -145,753.00 |
| 2. | State income taxes deducted in computing federal taxable income (attach schedule) | Check here if negative | | |
| 3. | Additions to federal taxable income (from Schedule I) | Check here if negative | | |
| 4. | Total of Lines 1, 2 and 3 | Check here if negative | X | -145,753.00 |
| 5. | Subtractions from federal taxable income (from Schedule II) | Check here if negative | | 154,594.00 |
| 6. | Adjusted federal income (Line 4 minus Line 5) | Check here if negative | X | -300,347.00 |
| 7. | Florida portion of adjusted federal income (see instructions) | Check here if negative | X | -300,347.00 |
| 8. | Nonbusiness income allocated to Florida (from Schedule R) | Check here if negative | | |
| 9. | **Florida exemption** | | | 0.00 |
| 10. | Florida net income (Line 7 plus Line 8 minus Line 9) | | | 0.00 |
| 11. | Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI) | | | 0.00 |
| 12. | Credits against the tax (from Schedule V) | | | |
| 13. | Total corporate income/franchise tax due (Line 11 minus Line 12) | | | 0.00 |
| 14. | a) Penalty: F-2220 ____ b) Other ____ c) Interest: F-2220 ____ d) Other ____ Line 14 Total ▶ | | | |
| 15. | Total of Lines 13 and 14 | | | |
| 16. | Payment credits: Estimated tax payments 16a $ ____ Tentative tax payment 16b $ ____ | | | |
| 17. | Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon. If the amount is negative (overpayment), enter on Line 18 and/or Line 19 | | | 0.00 |
| 18. | Credit: Enter amount of overpayment **credited** to next year's estimated tax here and on payment coupon | | | |
| 19. | Refund: Enter amount of overpayment to be **refunded** here and on payment coupon | | | |

644081 10-06-16

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## Florida Corporate Income Tax Return

1019
F-1120
R. 01/17

**Do Not Detach** YEAR ENDING 06/30/17

To ensure proper credit to your account, enclose your check with tax return when mailing.

JEWISH FEDERATION OF PALM BEA
Name INC.
Address ONE HARVARD CIRCLE
City/State/ZIP WEST PALM BEACH, FL 33409

**If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.**

| | | | |
|---|---|---|---|
| 590948696 | 0 | 0 | 0 |
| 20160701 | 15459400 | 0 | 0 |
| 20170630 | -30034700 | 0 | 0 |
| 00000000 | 0.000000 | 0 | 0 |
| 012 | 15459400 | 0 | 0 |
| 202 | 0 | 0 | 0 |
| -14575300 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |

0 8733 0 20170630 0002005037 2 3590948696 0000 5

JEWISH FEDERATION OF PALM BEACH COUN

FEIN 59-0948696

06/30/17

**This return is considered incomplete unless a copy of the federal return is attached.**

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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 taxpayer) is based on all information of which preparer has any knowledge.

| | | | |
|---|---|---|---|
| Sign here | Signature of officer (must be an original signature) Date | Title ▶ SENIOR VICE PRESIDEN | |
| Paid preparers only | Preparer's signature ▶ Date | Preparer check if self-employed ☐ | Preparer's PTIN ▶ P00646430 |
| | Firm's name (or yours if self-employed) and address ▶ MORRISON BROWN ARGIZ & FARRA, LLC<br>225 NE MIZNER BLVD. SUITE 685<br>BOCA RATON, FL | FEIN ▶ 01-0720052<br>ZIP ▶ 33432 | |

All Taxpayers Must Answer Questions **A** through **M** Below - See Instructions

A. State of incorporation: FLORIDA

B. Florida Secretary of State document number: 704911

C. Florida consolidated return? YES ☐ NO ☒

D. ☐ Initial return ☐ Final return (final federal return filed)

E. Taxpayer election section (s.) 220.03(5), Florida Statutes (F.S.) ☒ General Rule
☐ Election A ☐ Election B

F. Principal Business Activity Code (as pertains to Florida)

523000

G. A Florida extension of time was timely filed? YES ☐ NO ☒

H-1. Corporation is a member of a controlled group? YES ☐ NO ☒ If yes, attach list.

H-2. Part of a federal consolidated return? YES ☐ NO ☒ If yes, provide:
FEIN from federal consolidated return:
Name of corporation:

H-3. The federal common parent has sales, property, or payroll in Florida? YES ☐ NO ☒

I. Location of corporate books:
ONE HARVARD CIRCLE
City, State, ZIP: WEST PALM BEACH, FL 33409

J. Taxpayer is a member of a Florida partnership or joint venture? YES ☐ NO ☒

K. Enter date of latest IRS audit:
a) List years examined:

L. Contact person concerning this return: KATHY G. SIGALL
a) Contact person telephone number: 5614780700
b) Contact person e-mail address: KATHY.SIGALL@JEWISHP

M. Type of federal return filed ☐ 1120 ☐ 1120S or 990-T

T

L

### Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a **refund** (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

### Remember:

- ✓ **Make your check payable to the Florida Department of Revenue.**
- ✓ **Write your FEIN on your check.**
- ✓ **Sign your check and return.**
- ✓ **Attach a copy of your federal return.**
- ✓ **Attach a copy of your Florida Form F-7004 (extension of time) if applicable.**

NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/17

| Schedule I - Additions and/or Adjustments to Federal Taxable Income | Column (a) For page 1 | Column (b) For Schedule VI, AMT |
|---|---|---|
| 1. Interest excluded from federal taxable income (see instructions) | 1. | 1. |
| 2. Undistributed net long-term capital gains (see instructions) | 2. | 2. |
| 3. Net operating loss deduction (attach schedule) | 3. | 3. |
| 4. Net capital loss carryover (attach schedule) | 4. | 4. |
| 5. Excess charitable contribution carryover (attach schedule) | 5. | 5. |
| 6. Employee benefit plan contribution carryover (attach schedule) | 6. | 6. |
| 7. Enterprise zone jobs credit (Florida Form F-1156Z) | 7. | 7. |
| 8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z) | 8. | 8. |
| 9. Guaranty association assessment(s) credit | 9. | 9. |
| 10. Rural and/or urban high crime area job tax credits | 10. | 10. |
| 11. State housing tax credit | 11. | 11. |
| 12. Credit for contributions to nonprofit scholarship funding organizations | 12. | 12. |
| 13. Renewable energy tax credits | 13. | 13. |
| 14. New markets tax credit | 14. | 14. |
| 15. Entertainment industry tax credit | 15. | 15. |
| 16. Credits for spaceflight projects | 16. | 16. |
| 17. Research and Development tax credit | 17. | 17. |
| 18. Energy Economic Zone tax credit | 18. | 18. |
| 19. s. 168(k) IRC special bonus depreciation | 19. | 19. |
| 20. Other additions (attach schedule) | 20. | 20. |
| 21. Total Lines 1 through 20 in Columns (a) and (b). Enter totals for each column on Line 21. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3. | 21. | 21. |

| Schedule II - Subtractions from Federal Taxable Income | Column (a) For page 1 | Column (b) For Schedule VI, AMT |
|---|---|---|
| 1. Gross foreign source income less attributable expenses<br>(a) Enter s. 78, IRC income $ _____<br>(b) plus s. 862, IRC dividends $ _____<br>(c) less direct and indirect expenses $ _____ Total ▶ | 1. | 1. |
| 2. Gross subpart F income less attributable expenses<br>(a) Enter s. 951, IRC subpart F income $ _____<br>(b) less direct and indirect expenses $ _____ Total ▶ | 2. | 2. |
| Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.<br>3. Florida net operating loss carryover deduction (see instructions) STATEMENT 2 | 3. 154,594.00 | 3. |
| 4. Florida net capital loss carryover deduction (see instructions) | 4. | 4. |
| 5. Florida excess charitable contribution carryover (see instructions) | 5. | 5. |
| 6. Florida employee benefit plan contribution carryover (see instructions) | 6. | 6. |
| 7. Nonbusiness income (from Schedule R, Line 3) | 7. | 7. |
| 8. Eligible net income of an international banking facility (see instructions) | 8. | 8. |
| 9. s. 179, IRC expense (see instructions) | 9. | 9. |
| 10. s. 168(k), IRC special bonus depreciation (see instructions) | 10. | 10. |
| 11. Other subtractions (attach statement) | 11. | 11. |
| 12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5. | 12. 154,594.00 | 12. |

NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/17

## Schedule III - Apportionment of Adjusted Federal Income

**III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.**

| | (a) WITHIN FLORIDA (Numerator) | (b) TOTAL EVERYWHERE (Denominator) | (c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places | (d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions. | (e) Weighted Factors Rounded to Six Decimal Places |
|---|---|---|---|---|---|
| 1. Property (Schedule III-B below) | | | | X 25% or | |
| 2. Payroll | | | | X 25% or | |
| 3. Sales (Schedule III-C below) | | | | X 50% or | |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2. | | | | | 1.000000 |

| **III-B For use in computing average value of property (use original cost).** | WITHIN FLORIDA | | TOTAL EVERYWHERE | |
|---|---|---|---|---|
| | a. Beginning of year | b. End of year | c. Beginning of year | d. End of year |
| 1. Inventories of raw material, work in process, finished goods | | | | |
| 2. Buildings and other depreciable assets | | | | |
| 3. Land owned | | | | |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule) | | | | |
| 5. Total (Lines 1 through 4) | | | | |

6. Average value of property
   a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a. _____
   b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) ..... 6b. _____
7. Rented property (8 times net annual rent)
   a. Rented property in Florida ..... 7a. _____
   b. Rented property Everywhere ..... 7b. _____
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).
   a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida ..... 8a. _____
   b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere ..... 8b. _____

| **III-C Sales Factor** | (a) TOTAL WITHIN FLORIDA (Numerator) | (b) TOTAL EVERYWHERE (Denominator) |
|---|---|---|
| 1. Sales (gross receipts) | N/A | |
| 2. Sales delivered or shipped to Florida purchasers | | N/A |
| 3. Other gross receipts (rents, royalties, interest, etc. when applicable) | | |
| 4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b]) | | |

| **III-D Special Apportionment Fractions** (see instructions) | (a) WITHIN FLORIDA | (b) TOTAL EVERYWHERE | (c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places |
|---|---|---|---|
| 1. Insurance companies (attach copy of Schedule T - Annual Report) | | | |
| 2. Transportation services | | | |

## Schedule IV - Computation of Florida Portion of Adjusted Federal Income

| | Column (a) Adjusted Federal Income | Column (b) Adjusted AMT Income |
|---|---|---|
| 1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b]) | 1. | 1. |
| 2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c]) | 2. | 2. |
| 3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2) | 3. | 3. |
| 4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions) | 4. | 4. |
| 5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions) | 5. | 5. |
| 6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions) | 6. | 6. |
| 7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. | 7. |
| 8. Total carryovers apportioned to Florida (add Lines 4 through 7) | 8. | 8. |
| 9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions) | 9. | 9. |

NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/17

| Schedule V - Credits Against the Corporate Income/Franchise Tax | |
|---|---|
| 1. Florida health maintenance organization credit (attach assessment notice) | 1. |
| 2. Capital investment tax credit (attach certification letter) | 2. |
| 3. Enterprise zone jobs credit (from Florida Form F-1156Z attached) | 3. |
| 4. Community contribution tax credit (attach certification letter) | 4. |
| 5. Enterprise zone property tax credit (from Florida Form F-1158Z attached) | 5. |
| 6. Rural job tax credit (attach certification letter) | 6. |
| 7. Urban high crime area job tax credit (attach certification letter) | 7. |
| 8. Emergency excise tax (EET) credit (see instructions and attach schedule) | 8. |
| 9. Hazardous waste facility tax credit | 9. |
| 10. Florida alternative minimum tax (AMT) credit | 10. |
| 11. Contaminated site rehabilitation tax credit (attach tax credit certificate) | 11. |
| 12. State housing tax credit (attach certification letter) | 12. |
| 13. Credit for contributions to nonprofit scholarship funding organizations (attach certificate) | 13. |
| 14. Florida renewable energy technologies investment tax credit | 14. |
| 15. Florida renewable energy production tax credit | 15. |
| 16. New markets tax credit | 16. |
| 17. Entertainment industry tax credit | 17. |
| 18. Credits for spaceflight projects | 18. |
| 19. Research and Development tax credit | 19. |
| 20. Energy Economic Zone tax credit | 20. |
| 21. Other credits (attach schedule) | 21. |
| 22. Total credits against the tax (sum of Lines 1 through 21 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12 | 22. |

| Schedule VI - Computation of Florida Alternative Minimum Tax (AMT) | |
|---|---|
| 1. Federal alternative minimum taxable income after exemption (attach federal Form 4626) | 1. |
| 2. State income taxes deducted in computing federal taxable income (attach schedule) | 2. |
| 3. Additions to federal taxable income (from Schedule I, Column [b]) | 3. |
| 4. Total of Lines 1 through 3 | 4. |
| 5. Subtractions from federal taxable income (from Schedule II, Column [b]) | 5. |
| 6. Adjusted federal alternative minimum taxable income (Line 4 minus Line 5) | 6. |
| 7. Florida portion of adjusted federal income (see instructions) | 7. |
| 8. Nonbusiness income allocated to Florida (see instructions) | 8. |
| 9. Florida exemption | 9. |
| 10. Florida net income (Line 7 plus Line 8 minus Line 9) | 10. |
| 11. Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11 | 11. |

NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/17

## Schedule R - Nonbusiness Income

**Line 1. Nonbusiness income (loss) allocated to Florida**

| Type | Amount |
|---|---|
| | |
| | |
| | |

Total allocated to Florida ..... 1. _____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

**Line 2. Nonbusiness income (loss) allocated elsewhere**

| Type | State/country allocated to | Amount |
|---|---|---|
| | | |
| | | |
| | | |

Total allocated elsewhere ..... 2. _____

**Line 3. Total nonbusiness income**

Grand total. Total of Lines 1 and 2 ..... 3. _____

(Enter here and on Schedule II, Line 7)

## Estimated Tax Worksheet
## For Taxable Years Beginning On or After January 1, 2017

1. Florida income expected in taxable year ..... 1. $ -300,347.00
2. Florida exemption $50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... 2. $
3. Estimated Florida net income (Line 1 less Line 2) ..... 3. $
4. Total Estimated Florida tax (5.5% of Line 3)* ..... $
   Less: Credits against the tax ..... $ ..... 4. $
   * Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.
5. Computation of installments:

| | | | |
|---|---|---|---|
| Payment due dates and payment amounts: | If 6/30 year end, last day of 4th month, otherwise last day of 5th month - Enter 0.25 of Line 4 | 5a. | |
| | Last day of 6th month - Enter 0.25 of Line 4 | 5b. | |
| | Last day of 9th month - Enter 0.25 of Line 4 | 5c. | |
| | Last day of fiscal year - Enter 0.25 of Line 4 | 5d. | |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax ..... 1. $
2. Less:
   (a) Amount of overpayment from last year elected for credit to estimated tax and applied to date ..... 2a. -- $
   (b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b. -- $
   (c) Total of Lines 2(a) and 2(b) ..... 2c. $
3. Unpaid balance (Line 1 less Line 2(c)) ..... 3. $
4. Amount to be paid (Line 3 divided by number of remaining installments) ..... 4. $

FOOTNOTES STATEMENT 1

FLORIDA NET OPERATING LOSS CARRYFORWARD SCHEDULE

| TAX YEAR | |
|---|---|
| 30-JUN-09 | |
| (A) ADJUSTED FEDERAL INCOME/LOSS | -88,365. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | -88,365. |
| (D) NOLCO APPLIED | 0. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | -88,365. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -88,365. |
| 30-JUN-10 | |
| (A) ADJUSTED FEDERAL INCOME/LOSS | -36,757. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | -36,757. |
| (D) NOLCO APPLIED | 0. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | -36,757. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -125,122. |
| 30-JUN-11 | |
| (A) ADJUSTED FEDERAL INCOME/LOSS | 28,466. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | 28,466. |
| (D) NOLCO APPLIED | -28,466. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | 0. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -96,656. |
| 30-JUN-12 | |
| (A) ADJUSTED FEDERAL INCOME/LOSS | -36,973. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | -36,973. |
| (D) NOLCO APPLIED | 0. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | -36,973. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -133,629. |
| 30-JUN-13 | |
| (A) ADJUSTED FEDERAL INCOME/LOSS | 37,347. |

| | |
|---|---|
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | 37,347. |
| (D) NOLCO APPLIED | -37,347. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | 0. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -96,282. |

30-JUN-14

| | |
|---|---|
| (A) ADJUSTED FEDERAL INCOME/LOSS | 2,303. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | 2,303. |
| (D) NOLCO APPLIED | -2,303. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | 0. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -93,979. |

30-JUN-15

| | |
|---|---|
| (A) ADJUSTED FEDERAL INCOME/LOSS | 3,178. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | 3,178. |
| (D) NOLCO APPLIED | -3,178. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | 0. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -90,801. |

30-JUN-16

| | |
|---|---|
| (A) ADJUSTED FEDERAL INCOME/LOSS | -63,793. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | -63,793. |
| (D) NOLCO APPLIED | 0. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | -63,793. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -154,594. |

30-JUN-17

| | |
|---|---|
| (A) ADJUSTED FEDERAL INCOME/LOSS | -145,753. |
| (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS | 1. |
| (C) FLORIDA APPORTIONED NOLCO (A) X (B) | -145,753. |
| (D) NOLCO APPLIED | 0. |
| (E) FLORIDA NET INCOME/LOSS (C+D) | -145,753. |
| (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR | -300,347. |

FL F-1120 NET OPERATING LOSS CARRYOVERS STATEMENT 2

| YEAR | APPORTION FACTOR | CURRENT YR NOL/ SECTION 382 LIMIT | NET OPERATING LOSS CARRYOVER | LOSS PREVIOUSLY DEDUCTED | NET LOSS REMAINING |
|---|---|---|---|---|---|
| 2008 | 0% | 0. | 88,365. | 71,294. | 17,071.00 |
| 2009 | 0% | 0. | 36,757. | 0. | 36,757.00 |
| 2011 | 0% | 0. | 36,973. | 0. | 36,973.00 |
| 2015 | 0% | 0. | 63,793. | 0. | 63,793.00 |
| TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE | | | | | 154,594.00 |

| | | | |
|---|---|---|---|
| 590948696 | 0 | 0 | 0 |
| -14575300 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 15459400 |
| 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 |
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| 590948696 | 0 | 0 | 0 |
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| 0 | 0 | 0 | 0 |
| 0 | 0.000000 | 0 | 0 |
| 0 | 0.000000 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0.000000 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 |
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