

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

CARRYOVER DATA TO 2018

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



May 7, 2019

Jewish Federation of Palm Beach County,
Inc.
One Harvard Circle No. 100
West Palm Beach, FL 33409

Dear Kathy Sigall

Enclosed are the organization's 2017 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, 2019.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before May 15, 2019.

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****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018**2017**Department of the Treasury
Internal Revenue Service

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Employer identification number

59-0948696

Name and title of officer

**KATHY G. SIGALL
CHIEF FINANCIAL OFFICER****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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 30,675,739.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

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 2017 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

☒ I authorize **MORRISON BROWN ARGIZ & FARRA, LLC**

ERO firm name

to enter my PIN **48696**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2017 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 2017 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 2017 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**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

10350507 795691 D1010-001

2017.05060 JEWISH FEDERATION OF PALM B D1010-01

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.

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

OMB No. 1545-0047

2017Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

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 \$ 34,157,578.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(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: PLEASE REFER TO MISSION DESCRIBED AT PART III, QUESTION 1
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 50
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 48
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 95
	6	Total number of volunteers (estimate if necessary) 6 2290
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 44,835.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b -174,222.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 28,162,240. 21,006,114.
	9	Program service revenue (Part VIII, line 2g) 330,022. 477,105.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,102,121. 4,646,973.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,623,781. 4,545,547.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,218,164. 30,675,739.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 15,917,464. 14,597,739.
	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) 6,094,948. 6,358,636.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 4,122,660.
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,686,049. 4,428,308.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,698,461. 25,384,683.
	19	Revenue less expenses. Subtract line 18 from line 12 7,519,703. 5,291,056.
	20	Total assets (Part X, line 16) 154,155,873. 158,667,920.
	21	Total liabilities (Part X, line 26) 38,784,443. 36,042,471.
22	Net assets or fund balances. Subtract line 21 from line 20 115,371,430. 122,625,449.	

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, CHIEF FINANCIAL OFFICER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature
	DAVID HOLLANDER	
Preparer Use Only	Firm's name	Firm's EIN
	MORRISON BROWN ARGIZ & FARRA, LLC	01-0720052
Preparer Use Only	Firm's address	Phone no.
	225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL 33432	561-909-2100

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

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Form 990 (2017)

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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 \$ 2,559,427. including grants of \$) (Revenue \$ 146,927.)
FEDERATION OPERATING PROGRAM

MISSIONS - THE MISSIONS PROGRAM DEVELOPS, COORDINATES AND FACILITATES IMMERSIVE CONTENT RICH TRAVEL EXPERIENCES THAT HIGHLIGHT THE BREADTH AND DEPTH OF PROJECTS AND PROGRAMS THAT THE FEDERATION SUPPORTS IN ISRAEL, THE FORMER SOVIET UNION AND OTHER COUNTRIES.

MOSAIC - THE MOSAIC PROGRAM PRODUCES THE TELEVISION SHOW MOSAIC, WHICH CAN BE SEEN ON SUNDAY MORNINGS ON THE LOCAL NBC AFFILIATE. THIS PROGRAM CONSISTS OF INFORMATIONAL INTERVIEWS RELATED TO LOCAL, NATIONAL AND INTERNATIONAL JEWISH ISSUES AND THEIR IMPACT ON THE LOCAL JEWISH COMMUNITY.

4b (Code:) (Expenses \$ 1,211,992. including grants of \$) (Revenue \$ 105,705.)
AGENCY SERVICES AND CAMPUS OPERATIONS

HOOD ROAD CAMPUS - THE 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.

AGENCY SERVICES - THE AGENCY SERVICES PROGRAM PROVIDES SUPPORT SERVICES FOR MARKETING/FUNDRAISING/PROGRAM FOR THE MANDEL JCC, THE ARTHUR I. MEYER JEWISH ACADEMY, & COMMISSION FOR JEWISH EDUCATION.

4c (Code:) (Expenses \$ 950,822. including grants of \$) (Revenue \$ 214,195.)
COMMUNITY PROGRAM CENTER

JEWISH COMMUNITY RELATIONS COUNCIL - THE COMMUNITY RELATIONS PROGRAM HELPS TO ENSURE A VIBRANT JEWISH FUTURE BY CONVENING, EDUCATING AND MOBILIZING THE JEWISH COMMUNITY TO (1) PROMOTE A SECURE JEWISH AND DEMOCRATIC STATE OF ISRAEL; (2) COMBAT ANTI-SEMITISM, DISCRIMINATION AND BIGOTRY; (3) FOSTER UNDERSTANDING WITHIN AND BEYOND THE JEWISH COMMUNITY; AND (4) CHAMPION A JUST AND PLURALISTIC SOCIETY.

MANDEL CENTER FOR LEADERSHIP DEVELOPMENT - THE VISION OF THE MANDEL CENTER FOR LEADERSHIP DEVELOPMENT IS TO BUILD A COMMUNITY IN WHICH THE JEWISH FEDERATION OF PALM BEACH COUNTY CREATES AND NOURISHES A CULTURE OF STRONG LEADERSHIP. THE MANDEL CENTER ENCOURAGES COMMUNITY MEMBERS

4d Other program services (Describe in Schedule O.)
(Expenses \$ 15,212,327. including grants of \$ 14,597,739.) (Revenue \$ 10,278.)

4e Total program service expenses 19,934,568.

Form 990 (2017)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Form 990 (2017)

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Part IV Checklist of Required Schedules

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

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**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

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

Form **990** (2017)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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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	58		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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	95		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		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)?			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?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
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?		X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If "Yes," indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?			X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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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 ☒**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 50		
	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 48		
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		X
b		
11a	X	
b		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		

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.
☒ Own website ☒ Another's website ☒ 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

**JEWISH FEDERATION OF PALM BEACH COUNTY,
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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) PAUL R. FINE ANNUAL CAMPAIGN CHAIR	2.00	X						0.	0.	0.
(2) LYNN KASTON WOMEN'S PHILANTHROPY BOARD CHAIR	2.00	X						0.	0.	0.
(3) CINDY SCHLOSSBERG WOMEN'S PHILANTHROPY CAMPAIGN CHAIR	2.00	X						0.	0.	0.
(4) MICHAEL KOHNER AMFOC CHAIR	2.00 2.00	X						0.	0.	0.
(5) ANDREW R. COMITER COMMUNITY PLANNING & INVESTMENTS CHA	2.00	X						0.	0.	0.
(6) STEVE ELLISON HUMAN RESOURCES COMMITTEE CHAIR	2.00	X						0.	0.	0.
(7) MARK F. LEVY ISRAEL & GLOBAL INITIATIVES CHAIR	2.00	X						0.	0.	0.
(8) RICHARD B. COMITER JEWISH COMMUNITY FOUNDATION CHAIR	2.00	X						0.	0.	0.
(9) STACEY LEVY MARKETING CHAIR	2.00	X						0.	0.	0.
(10) RICHARD B. BAER MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(11) JIM BALDINGER MEMBER AT LARGE	2.00	X						0.	0.	0.
(12) ANTHONY BEYER MEMBER AT LARGE	2.00	X						0.	0.	0.
(13) CYNTHIA R. BROWN MEMBER AT LARGE	2.00	X						0.	0.	0.
(14) JAN BURKE MEMBER AT LARGE	2.00	X						0.	0.	0.
(15) MARTIN CASS MEMBER AT LARGE	2.00	X						0.	0.	0.
(16) SHERYL DAVIDOFF MEMBER AT LARGE	2.00	X						0.	0.	0.
(17) STACEY ELLISON MEMBER AT LARGE	2.00	X						0.	0.	0.

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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 MEMBER AT LARGE	2.00	X						0.	0.	0.
(19) DICK FLAH MEMBER AT LARGE	2.00	X						0.	0.	0.
(20) ROBERT GORDON MEMBER AT LARGE	2.00	X						0.	0.	0.
(21) CHARLES GOTTESMAN MEMBER AT LARGE	2.00	X						0.	0.	0.
(22) BARBARA KAY MEMBER AT LARGE	2.00	X						0.	0.	0.
(23) MICHAEL LAMPERT MEMBER AT LARGE	2.00	X						0.	0.	0.
(24) ARTHUR LEHRHOFF MEMBER AT LARGE	2.00	X						0.	0.	0.
(25) GARY LESSER MEMBER AT LARGE	2.00	X						0.	0.	0.
(26) VIVIAN F. LIEBERMAN 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								1,307,314.	0.	193,903.
d Total (add lines 1b and 1c)								1,307,314.	0.	193,903.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
FISHER CONTRACTING CORP, 4133 BURNS ROAD, PALM BEACH GARDENS, FL 33410	CONSTRUCTION	1,534,664.
G4S SECURE SOLUTIONS (USA) INC. PO BOX 277469, ATLANTA, GA 30384	SECURITY	437,986.
KENES TOURS GLOBAL SERVICE LTD 3 MENORAT HAMAOR ST., TEL-AVIV, ISRAEL	TRAVEL	264,560.
NEXT LEVEL TECHNOLOGY GROUP, 8610 WHISPERING OAKS WAY, WEST PALM BEACH, FL	TECHNOLOGY	152,088.

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

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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) MORTON L. MANDEL MEMBER AT LARGE	2.00	X						0.	0.	0.
(28) JUSTIN PAUL MEMBER AT LARGE	2.00	X						0.	0.	0.
(29) EDWIN ROBBINS MEMBER AT LARGE	2.00	X						0.	0.	0.
(30) RABBI ANDREW ROSENKRANZ MEMBER AT LARGE	2.00	X						0.	0.	0.
(31) GARY L. SCHOTTENSTEIN MEMBER AT LARGE	2.00	X						0.	0.	0.
(32) ALYSON SELIGMAN MEMBER AT LARGE	2.00	X						0.	0.	0.
(33) BRIAN M. SEYMOUR MEMBER AT LARGE	2.00	X						0.	0.	0.
(34) KEVIN SHAPIRO MEMBER AT LARGE	2.00	X						0.	0.	0.
(35) CRAIG STORCH MEMBER AT LARGE	2.00	X						0.	0.	0.
(36) GARY WALK MEMBER AT LARGE	2.00	X						0.	0.	0.
(37) JOEL YUDENFREUND MEMBER AT LARGE	2.00	X						0.	0.	0.
(38) SANFORD M. BAKLOR MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(39) ALEC ENGELSTEIN MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(40) BETTE GILBERT MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(41) ARLENE KAUFMAN MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(42) JUDITH A. LEVY MEMBER AT LARGE/PAST BOARD CHAIR	2.00	X						0.	0.	0.
(43) IRA GERSTEIN BOARD CHAIR	10.00 4.00			X				0.	0.	0.
(44) SAM D. LIEBOVICH VICE CHAIR	2.00			X				0.	0.	0.
(45) ARTHUR LORING VICE CHAIR /PAST BOARD CHAIR	2.00			X				0.	0.	0.
(46) BENTE S. LYONS VICE CHAIR	2.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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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) HOPE SILVERMAN VICE CHAIR	2.00			X				0.	0.	0.
(48) RON PERTNOY SECRETARY	2.00 2.00			X				0.	0.	0.
(49) BARRY S. BERG TREASURER	10.00 4.00			X				0.	0.	0.
(50) RAYMOND L. GOLDEN IMMEDIATE PAST CHAIR	2.00 2.00			X				0.	0.	0.
(51) MICHAEL HOFFMAN PRESIDENT & CEO	51.00 4.00			X				292,661.	0.	42,709.
(52) KATHY SIGALL CHIEF FINANCIAL OFFICER	43.00 2.00			X				157,832.	0.	21,420.
(53) DEBRA ROSHFELD CHIEF OPERATING OFFICER	48.00 2.00				X			230,487.	0.	26,764.
(54) DAVID FOX CHIEF DEVELOPMENT OFFICER	43.00 2.00				X			219,485.	0.	39,610.
(55) CAROLYN ROSE VP JEWISH COMMUNITY FOUNDATION	43.00 2.00				X			145,929.	0.	19,826.
(56) ILAN HURVITZ CHIEF OPERATING OFFICER	43.00 2.00				X			135,733.	0.	25,395.
(57) MINDY HANKEN VP MANDEL CENTER	43.00				X			125,187.	0.	18,179.
Total to Part VII, Section A, line 1c								1,307,314.		193,903.

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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	1 a Federated campaigns	1a	12,506,118.				
	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	8,499,996.				
	g Noncash contributions included in lines 1a-1f: \$		3,543,599.				
	h Total. Add lines 1a-1f			21,006,114.			
Program Service Revenue	2 a DESIGNATED PROGRAM REVENUE	Business Code	900099	477,105.	477,105.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			477,105.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,225,403.		44,835.	2,180,568.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			2,421,570.			2,421,570.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	322,452.				
	b Less: direct expenses	b	255,122.				
	c Net income or (loss) from fundraising events			67,330.			67,330.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a 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				
11 a ELIMINATION OF ALLOWANCE		900099	2,849,805.			2,849,805.	
b MISCELLANEOUS EVENT REVENUE		900099	570,115.			570,115.	
c ADMIN FEES		900099	326,794.			326,794.	
d All other revenue		900099	731,503.			731,503.	
e Total. Add lines 11a-11d			4,478,217.				
12 Total revenue. See instructions.			30,675,739.	477,105.	44,835.	9,147,685.	

**JEWISH FEDERATION OF PALM BEACH COUNTY,
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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	14,597,739.	14,597,739.		
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	530,930.	71,422.	179,502.	280,006.
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	4,571,297.	1,727,665.	557,779.	2,285,853.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	333,079.	123,862.	42,344.	166,873.
9 Other employee benefits	571,020.	209,094.	78,952.	282,974.
10 Payroll taxes	352,310.	130,136.	50,540.	171,634.
11 Fees for services (non-employees):				
a Management				
b Legal	34,895.	25,912.	3,502.	5,481.
c Accounting	51,946.	38,573.	5,213.	8,160.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	104,394.		104,394.	
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	283,515.	95,296.	31,371.	156,848.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,301.	2,899.	1,716.	5,686.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,813,694.	1,413,502.	35,043.	365,149.
20 Interest	299,831.	299,831.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,006,531.	732,814.	106,696.	167,021.
23 Insurance	39,838.	10,361.	11,490.	17,987.
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	397,206.	294,950.	39,859.	62,397.
b REPAIRS AND MAINTENANCE	143,023.	38,573.	40,462.	63,988.
c MISCELLANEOUS	72,904.	50,553.	6,738.	15,613.
d STAFFING AND EMPLOYEE R	50,525.	13,140.	14,573.	22,812.
e All other expenses	119,705.	58,246.	17,281.	44,178.
25 Total functional expenses. Add lines 1 through 24e	25,384,683.	19,934,568.	1,327,455.	4,122,660.
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)

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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	9,287,435.	1	7,795,569.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,383,374.	3	7,912,570.
	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	226,750.	5	97,750.
	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	3,105,465.	7	9,279,099.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	284,850.	9	171,013.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	34,344,601.		
	10b Less: accumulated depreciation	3,330,367.		
		29,744,462.	10c	31,014,234.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	99,356,955.	12	101,729,779.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	766,582.	15	667,906.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	154,155,873.	16	158,667,920.	
Liabilities	17 Accounts payable and accrued expenses	809,151.	17	1,064,228.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	13,947,368.	20	13,421,053.
	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		22	
	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	21,201,328.	25	18,730,594.
	26 Total liabilities. Add lines 17 through 25	38,784,443.	26	36,042,471.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	71,981,946.	27	78,365,584.
	28 Temporarily restricted net assets	8,500,944.	28	8,985,304.
	29 Permanently restricted net assets	34,888,540.	29	35,274,561.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	115,371,430.	33	122,625,449.
	34 Total liabilities and net assets/fund balances	154,155,873.	34	158,667,920.

Form **990** (2017)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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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	30,675,739.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,384,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,291,056.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,371,430.
5	Net unrealized gains (losses) on investments	5	1,962,963.
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	122,625,449.

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

Form **990** (2017)

Department of the Treasury
Internal Revenue Service

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

2017

Open to Public Inspection

Name of the organization	JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 59-0948696
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The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention, association 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).

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

JEWISH FEDERATION OF PALM BEACH COUNTY,

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,073,864.	19,414,313.	22,583,747.	28,162,240.	21,006,114.	120,240,278.
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	29,073,864.	19,414,313.	22,583,747.	28,162,240.	21,006,114.	120,240,278.
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)						3,937,383.
6 Public support. Subtract line 5 from line 4.						116,302,895.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	29,073,864.	19,414,313.	22,583,747.	28,162,240.	21,006,114.	120,240,278.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,112,934.	3,568,829.	1,614,801.	3,102,121.	4,646,973.	17,045,658.
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.)	1,174,940.	1,717,780.	1,303,757.	1,953,803.	5,022,650.	11,172,930.
11 Total support. Add lines 7 through 10						148,458,866.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	78.34 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	82.77 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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JEWISH FEDERATION OF PALM BEACH COUNTY,

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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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 ☐

JEWISH FEDERATION OF PALM BEACH COUNTY,

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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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
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.		
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.)		

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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?		
b A family member of a person described in (a) above?		
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.		

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.		
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.		

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).		

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (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.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

OMB No. 1545-0047

2017

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Employer identification number

59-0948696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

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	100	
2 Aggregate value of contributions to (during year)	4,284,710.	
3 Aggregate value of grants from (during year)	2,702,907.	
4 Aggregate value at end of year	25,933,916.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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

▶ \$

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

Schedule D (Form 990) 2017

732051 10-09-17

Part III		Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets <i>(continued)</i>
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- 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 <input type="checkbox"/> Public exhibition | d <input type="checkbox"/> Loan or exchange programs |
| b <input type="checkbox"/> Scholarly research | e <input type="checkbox"/> Other _____ |
| c <input type="checkbox"/> Preservation for future generations | |
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	49,563,237.	47,036,709.	49,593,888.	43,361,749.	35,753,729.
b Contributions	1,385,214.	771,812.	2,286,881.	7,734,551.	3,604,523.
c Net investment earnings, gains, and losses	4,160,774.	4,952,848.	-1,411,693.	758,882.	5,288,262.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,820,721.	3,012,399.	3,248,376.	2,068,920.	1,107,869.
f Administrative expenses	199,837.	185,733.	183,991.	192,374.	176,896.
g End of year balance	52,088,667.	49,563,237.	47,036,709.	49,593,888.	43,361,749.

- 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 | 64.00 | % |
| c | Temporarily restricted endowment | 9.00 | % |

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
3a(i)	X	
3a(ii)		X
3b		

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

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

Part VI	Land, Buildings, and Equipment.
---------	---------------------------------

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,827,000.		5,827,000.
b Buildings		24,523,770.	2,806,957.	21,716,813.
c Leasehold improvements				
d Equipment		534,836.	87,192.	447,644.
e Other		3,458,995.	436,218.	3,022,777.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,014,234.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)		31,014,234.
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Schedule D (Form 990) 2017

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Schedule D (Form 990) 2017

59-0948696 Page **3**

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	492,097.	END-OF-YEAR MARKET VALUE
(B) BOND MUTUAL FUNDS	15,565,640.	END-OF-YEAR MARKET VALUE
(C) EQUITY MUTUAL FUNDS	45,389,586.	END-OF-YEAR MARKET VALUE
(D) MONEY MARKET MUTUAL FUNDS	4,935,135.	END-OF-YEAR MARKET VALUE
(E) PRIVATE EQUITY	5,951,714.	END-OF-YEAR MARKET VALUE
(F) REAL ASSET FUNDS	9,171,918.	END-OF-YEAR MARKET VALUE
(G) COMMON STOCK	1,082,325.	END-OF-YEAR MARKET VALUE
(H) BONDS	2,214,572.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	101,729,779.	

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	8,162,749.
(3) SPLIT INTEREST AGREEMENTS	3,219,939.
(4) DUE TO AFFILIATES AND SUPPORTING	
(5) FOUNDATIONS	2,777,934.
(6) DESIGNATED CAMPAIGN GIFTS	336,890.
(7) DUE TO PALM BEACH JEWISH COMMUNITY	
(8) CAMPUS CORPORATION	3,844,311.
(9) CAPITAL LEASES	388,771.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	18,730,594.

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 ☒

Schedule D (Form 990) 2017

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Schedule D (Form 990) 2017

59-0948696 Page 4

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	31,531,113.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,962,963.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-104,394.
e	Add lines 2a through 2d	2e	1,858,569.
3	Subtract line 2e from line 1	3	29,672,544.
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	1,003,195.
c	Add lines 4a and 4b	4c	1,003,195.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	30,675,739.

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	24,277,094.
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	24,277,094.
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	1,107,589.
c	Add lines 4a and 4b	4c	1,107,589.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	25,384,683.

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, 2018 AND 2017, 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

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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
INVESTMENT MANAGEMENT FEES -104,394.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
DESIGNATED GIFTS 1,003,195.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
DESIGNATED GIFTS 1,003,195.
INVESTMENT MANAGEMENT FEES 104,394.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 1,107,589.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

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 Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
ISRAEL	0	1	PROGRAM SERVICES	YOUTH FUTURES, PARTNERSHIP 2000, PACT	40,000.
3 a Sub-total	0	1			40,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	1			40,000.

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

Schedule F (Form 990) 2017

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2017

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3

YOUTH FUTURES-ASSIST YOUTH AT-RISK IN THE PERIPHERY OF ISRAEL,
AFFORDING THEM THE SAME OPPORTUNITIES FOR ACHIEVEMENT THAT CHILDREN
RECEIVE IN THE CENTER OF THE COUNTRY.

PARTNERSHIP 2000-TO IMPROVE THE QUALITY OF LIFE IN ISRAEL'S PERIPHERY
AND STRENGTHEN THE JEWISH COMMUNITY OF THE GREATER PALM BEACHES
CONNECTION TO ISRAEL; 3 MAIN AREAS ARE ECONOMIC DEVELOPMENT WITH A
FOCUS ON TOURISM, EDUCATION, AND PEOPLE TO PEOPLE PROGRAMS.

PACT-PROVIDES PRE-SCHOOL AND SUPPLEMENTAL PROGRAMS FOR EACH
ETHIOPIAN-ISRAELI CHILD IN RAMLA. THIS LONG STANDING PARTNERSHIP
CONTINUES TO MAKE AN IMPRINT ON THE LIVES OF YOUNG ETHIOPIAN ISRAELIS,
PROVIDING THEM WITH THE ACADEMIC AND SOCIAL SUPPORT THEY NEED TO HELP
MOVE THESE YOUNGSTERS TOWARD PARITY WITH THEIR VETERAN ISRAELI
COUNTERPARTS.

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.

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

OMB No. 1545-0047

2017

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.

[illegible]

- 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.

JEWISH FEDERATION OF PALM BEACH COUNTY,

Schedule G (Form 990 or 990-EZ) 2017 **INC.**

59-0948696 Page 2

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 PARTY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	151,118.	171,334.		322,452.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	151,118.	171,334.		322,452.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	440.			440.
	6 Rent/facility costs				
	7 Food and beverages		30,563.		30,563.
	8 Entertainment	115,905.	108,214.		224,119.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				255,122.
11 Net income summary. Subtract line 10 from line 3, column (d)				67,330.	

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

JEWISH FEDERATION OF PALM BEACH COUNTY,

Schedule G (Form 990 or 990-EZ) 2017 **INC.**

59-0948696 Page 3

- 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.

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

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Schedule G (Form 990 or 990-EZ)

Part IV Supplemental Information (continued)

Schedule G (Form 990 or 990-EZ)

732084 04-01-17

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 59-0948696
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Part I General Information on Grants and Assistance

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

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 non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 17 - NEW YORK, NY 10004	13-1624240		4,931,054.	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		1,439,490.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC. - 5841 CORPORATE WAY, STE. 200 - WEST PALM BEACH, FL 33407	59-1520581		1,382,058.	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		846,252.	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		658,945.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JEWISH RESIDENTIAL AND FAMILY SERVICES INC. - 5841 CORPORATE WAY, STE. 200 - WEST PALM BEACH, FL 33407	65-0737159		256,103.	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 116.

3 Enter total number of other organizations listed in the line 1 table 116.

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

Schedule I (Form 990) (2017)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Schedule I (Form 990) **59-0948696** Page 1

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
BIRTHRIGHT ISRAEL FOUNDATION 33 E. 33RD ST. - 7TH FLOOR NEW YORK, NY 10016	13-4092050		231,181.	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		191,180.	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		162,667.	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		159,277.	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.
TEMPLE EMANU-EL OF PALM BEACH INC. 190 NORTH COUNTY ROAD PALM BEACH, FL 33480	59-1027143		128,896.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE, INC. - 220 E. 42ND STREET, STE. 400 - NEW YORK, NY 10017	13-1656634		125,441.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ACTIVE MINDS, INC. 2001 S. STREET, NW, SUITE 630 WASHINGTON, DC 20009	20-0587172		100,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001		62,165.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

59-0948696

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Schedule I (Form 990) **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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 2929 WALNUT STREET - PHILADELPHIA, PA 19104	23-1352685		62,000.	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		60,700.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
PALM BEACH OPERA INC. 1800 SOUTH AUSTRALIAN AVENUE, SUITE 301 - WEST PALM BEACH, FL 33409	59-1060864		53,250.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
NCSY 11 BROADWAY NEW YORK, NY 10004	13-5623717		50,000.	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	59-2245054		49,850.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW - SUITE M-201 PALM BEACH, FL 33480	59-0637885		48,500.	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		40,700.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
REUT USA 8383 WILSHIRE BOULEVARD, SUITE 400 BEVERLY HILLS, CA 90211	20-3585888		36,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JEWISH AGENCY FOR ISRAEL NORTH AMERICA - 633 THIRD AVENUE, 32ND FLOOR, STE. C - NEW YORK, NY 10017	23-0053483		35,750.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

59-0948696

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Schedule I (Form 990) **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.
HILLEL OF BROWARD & PALM BEACH 777 GLADES ROAD - BLDG LY-3A BOCA RATON, FL 33431	56-2472825		34,800.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
SCHWAB CHARITABLE PO BOX 628298 ORLANDO, FL 32862	31-1640316		31,083.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534		28,000.	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.
RAILS-TO-TRAILS CONSERVANCY 2121 WARD COURT N.W., 5TH FLOOR WASHINGTON, DC 20037	52-1437006		22,500.	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		22,200.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
OLIVER'S HOUSE INCORPORATED 216 30TH STREET WEST PALM BEACH, FL 33407	65-1124991		20,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
AHRC NEW YORK CITY FOUNDATION, INC. - 83 MAIDEN LANE, 8TH FLOOR - NEW YORK, NY 10038	13-3779611		20,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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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
CHABAD OF PALM BEACH GARDENS 6100 PGA BLVD. PALM BEACH GARDENS, FL 33418	20-5197484		19,180.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
TEMPLE MICAH 2829 WISCONSIN AVENUE N.W. WASHINGTON, DC 20007	52-0845118		19,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CAMP JUDAEA 1440 SPRING ST. NW ATLANTA, GA 30309	58-6014651		16,649.	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		16,500.	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		15,952.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - 1325 SOUTH CONGRESS AVENUE, SUITE 209 - BOYNTON BEACH, FL 33426	13-1656651		15,324.	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		15,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
PILCHUCK GLASS SCHOOL 240 SECOND AVENUE SOUTH, SUITE 1 SEATTLE, WA 98104	91-0963132		15,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
THE ART GUILD OF PORT WASHINGTON 200 PORT WASHINGTON BLVD MANHASSET, NY 11030	11-3532550		15,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

59-0948696

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Schedule I (Form 990) **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
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY - 9901 DONNA KLEIN BOULEVARD - BOCA RATON, FL 33428	59-1945109		14,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
TEMPLE ISRAEL 1901 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	59-0696295		13,400.	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		11,700.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
AMERICAN COMMITTEE FOR THE WEIZMANN INST. OF SCIENCE INC. - 5900 N. ANDREWS AVENUE, SUITE 415 - FT. LAUDERDALE, FL 33309	13-1623886		11,200.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
DOCTORS WITHOUT BORDERS USA INC. 40 RECTOR STREET, 16TH FLOOR NEW YORK, NY 10006	13-3433452		11,100.	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		10,900.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CAMP SHALOM OF CENTRAL FLORIDA 455 NE 5TH AVENUE, SUITE D-411 DELRAY BEACH, FL 33483	59-1349853		10,729.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JUPITER MEDICAL CENTER FOUNDATION INC. - 1210 SOUTH OLD DIXIE HIGHWAY - JUPITER, FL 33458	65-0132406		10,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA - 171-06 76TH AVE. - FLUSHING, NY 11366	11-2697261		10,360.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Schedule I (Form 990) **59-0948696** Page 1

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	22-2584370		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
BETH EL CONGREGATION (OH) 750 WHITE POND ROAD AKRON, OH 44320	34-0760585		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
BRIGHAM & WOMENS HOSPITAL INC. 116 HUNTINGTON AVENUE, 3RD FLOOR BOSTON, MA 02116	04-2312909		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CARP-COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS, INC. - 1626 OKEECHOBEE ROAD - WEST PALM BEACH, FL 33401	59-1447364		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CENTERLINK, INC. PO BOX 24490 FT LAUDERDALE, FL 33307	52-2292725		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
HARLEM VALLEY RAIL TRAIL ASSOCIATION, INC. - PO BOX 356 - MILLERTON, NY 12546	14-1798581		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1328369		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
LOWN CARDIOVASCULAR RESEARCH FOUNDATION - 21 LONGWOOD AVENUE - BROOKLINE, MA 02146	04-3291770		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD, SUITE 1200 JENKINTOWN, PA 19046	23-7825575		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

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
THE COMMUNITY SYNAGOGUE-TEMPLE BETH AM - 160 MIDDLE NECK ROAD - PORT WASHINGTON, NY 11050	11-1992681		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET, SUITE 6 PHILADELPHIA, PA 19107	23-1352651		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
YOUNG ADULT INSTITUTE, INC. 460 WEST 34TH STREET NEW YORK, NY 10001	11-2030172		10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
URJ - CAMP COLEMAN 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143		9,619.	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		9,400.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JAZZ AT ASPEN SNOWMASS 110 EAST HALLAM, SUITE 104 ASPEN, CO 81611	84-1220222		9,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
JEWISH FEDERATION OF GREATER HOUSTON - 5603 S BRAESWOOD BOULEVARD - HOUSTON, TX 77096	74-1109654		9,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
INNER CITY INNOVATORS, INC. 505 15TH STREET WEST PALM BEACH, FL 33401	81-3809173		8,750.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
INSIGHT THROUGH EDUCATION, INC. 101 PEMROKE DRIVE PALM BEACH GARDENS, FL 33418	27-3388434		8,400.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

JEWISH FEDERATION OF PALM BEACH COUNTY,

INC.

59-0948696

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Schedule I (Form 990)

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
ISRAEL TENNIS CENTERS FOUNDATION 3275 WEST HILLSBORO BLVD, SUITE 102 DEERFIELD BEACH, FL 33442	13-2961273		8,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
TEMPLE SHAAREI SHALOM 9085 HAGEN RANCH ROAD BOYNTON BEACH, FL 33437	65-0347907		8,000.	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		7,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ASSOCIATED JEWISH CHARITIES OF BALTIMORE - 101 WEST MOUNT ROYAL AVE. - BALTIMORE, MD 21201	52-6024192		7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CHEROKEE CREEK BOYS SCHOOL 198 COOPER ROAD WESTMINSTER, SC 29696	27-1766853		7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
FRIENDS SEMINARY 222 E. 16TH STREET NEW YORK, NY 10003	13-5562223		7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
TEMPLE BETH SHOLOM 1901 KRESSON ROAD CHERRY HILL, NJ 08003	21-0693430		7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ANTI-DEPAMATION LEAGUE 1 PARK PLACE BOCA RATON, FL 33487	13-1818723		6,700.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
SHAW JCC OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320	34-0174521		6,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

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Schedule I (Form 990)

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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UNITED STATES HOLOCAUST MEMORIAL MUSEUM - 100 RAOUL WALLENBERG PLACE, SW - WASHINGTON, DC 20024	52-1309391		5,750.	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		5,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
RICHARD DAVID KANN MELANOMA TASK FORCE, INC. - 2751 S. DIXIE HIGHWAY, SUITE 2A - WEST PALM BEACH, FL 33405	65-0653295		5,350.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
FOREVER FROSTY FOUNDATION, INC. P.O. BOX 2118 JUPITER, FL 33468	81-1478277		5,300.	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		5,287.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ACADIA CENTER/ENVIRONMENT NORTHEAST - PO BOX 583 - ROCKPORT, ME 04856	01-0518193		5,000.	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.
BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY BALTIMORE, MD 21230	52-1205675		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

Schedule I (Form 990) **59-0948696** Page 1

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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BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CAMP BAUERCREST, INC. 17 OLD COUNTY ROAD AMESBURY, MA 01913	04-6002096		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CHESAPEAKE BAY TRUST 60 WEST ST. - SUITE 405 ANNAPOLIS, MD 21401	52-1454182		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CHILDREN'S GOLF FOUNDATION, INC. 7301 HAVERHILL ROAD N RIVIERA BEACH, FL 33407	65-0262208		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH, #B-101 LAKE WORTH, FL 33461	59-1802917		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA, INC. - P.O. BOX 35040 - BOSTON, MA 02135	52-1332702		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
CONSERVATION COLORADO EDUCATION FUND - 1536 WYNKOOP ST., SUITE 510 - DENVER, CO 80202	84-0614285		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
DONORSCHOOSE, INC. 134 WEST 37TH STREET, 11TH FLOOR NEW YORK, NY 10018	13-4129457		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER, FL 33458	26-3520396		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

JEWISH FEDERATION OF PALM BEACH COUNTY,

Schedule I (Form 990) **INC.**

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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
ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVENUE, NW ELEVENTH FL WASHINGTON, DC 20005	20-1326922		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
FEEDING SOUTH FLORIDA 4925 PARK RIDGE BLVD. BOYNTON BEACH, FL 33426	59-2097520		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
ISLANDERS CHILDREN'S FOUNDATION ISLANDERS EXECUTIVE OFFICE, 2 MERRICK AVENUE - EAST MEADOW, NY 11554	06-1671668		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
KRMA-US PARTNERS, LTD. 13217 NEW HAMPSHIRE AVENUE #4291 SILVER SPRING, MD 20914	46-2768808		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
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.
LONG ISLAND CARES, INC. 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	11-2524512		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.
MANNA FOOD CENTER, INC. 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203		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.

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**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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Schedule I (Form 990)

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
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.
OCEAN FOUNDATION 1320 19TH STREET, NW 5TH FLOOR WASHINGTON, DC 20036	71-0863908		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
P.E.F. ISRAEL ENDOWMENT FUNDS, INC. - 630 THIRD AVENUE, SUITE 1501 - NEW YORK, NY 10017	13-6104086		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
RED DEVILS, INC. P.O. BOX 36291 TOWSON, MD 21286	74-3070929		5,000.	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		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
SOME, INC. 71 O STREET, NW WASHINGTON, DC 20001	23-7098123		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
THE AVALON THEATER PROJECT INC. 5612 CONNECTICUT AVENUE N.W. WASHINGTON, DC 20015	52-2360410		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.
THE CHILDRENS SCHOLARSHIP FUND 8 WEST 38TH STREET, 9TH FLOOR NEW YORK, NY 10018	13-4002189		5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION.

Schedule I (Form 990)

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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Schedule I (Form 990)									
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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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	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	

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

Schedule J (Form 990) 2017

es, Key |

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.

Schedule J (Form 990) 2012	

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.

[illegible]

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

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

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
Part I Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeated		(i) Pooled financing
							Yes	No	
	COLORADO EDUCATION AND A CULTURAL FACILITIES AUTH	84-0896727	NONE	09/10/13	15,000,000	CONSTRUCTION, EQUIPMENT, AND CO		X	X
B									
C									
D									

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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								
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						

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Schedule K (Form 990) 2017 59-0948696 Page 2

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?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						

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?		<input checked="" type="checkbox"/>						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		<input checked="" type="checkbox"/>						
b Exception to rebate?		<input checked="" type="checkbox"/>						
c No rebate due?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

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)?		<input checked="" type="checkbox"/>						
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?		<input checked="" type="checkbox"/>						
7 Has the organization established written procedures to monitor the requirements of section 148?		<input checked="" type="checkbox"/>						

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?								

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.

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-0948696

Part I

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.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
MICHAEL HOFFMAN	CHIEF EXECUTIVE OFFICER	PURCHASE OF HOME		X	115,000.	97,750.		X	X		X	
Total						97,750.						

Total ► \$ 97,750.

Part III

Grants or Assistance Benefiting Interested Persons.

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

JEWISH FEDERATION OF PALM BEACH COUNTY,

Schedule L (Form 990 or 990-EZ) 2017 INC.

59-0948696 Page 2

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	14,485.	LEGAL SERVI		X
MARTIN CASS	BOARD MEMBER AT LAR	1,270.	ACCOUNTING		X
ALYSON SELIGMAN	BOARD MEMBER AT LAR	53,942.	MARKETING		X

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

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 115,000. (F) BALANCE DUE \$ 97,750.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

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

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICE

(A) NAME OF PERSON: MARTIN CASS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

(D) DESCRIPTION OF TRANSACTION: ACCOUNTING SERVICE

Schedule L (Form 990 or 990-EZ) 2017

Part V Supplemental Information

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

(A) NAME OF PERSON: ALYSON SELIGMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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	157	3,478,132.	FMV OF SHARES RECEIV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	5	65,467.	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 ▶ (.....				

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?

	Yes	No
30a		X
31	X	
32a		X
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

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

Schedule M (Form 990) 2017

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.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

Employer identification number
59-0948696

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

ISRAEL AND 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 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.

ISRAEL PROGRAM CENTER - THE ISRAEL PROGRAM CENTER CREATES OPPORTUNITIES
FOR INDIVIDUALS AND COHORTS OF THE PALM BEACH JEWISH COMMUNITY TO
DEVELOP AUTHENTIC AND MEANINGFUL ENGAGEMENT WITH AND CONNECTIONS TO
ISRAEL. THIS IS ACCOMPLISHED THROUGH A WIDE VARIETY OF EDUCATIONAL
PROGRAMMING ACTIVITIES THAT FOCUS ON THE SPECIFIC NEEDS, DESIRES AND
NATURE OF THE DIFFERENT COMMUNITIES AND COHORTS.

JEWISH COMMUNITY FOUNDATION PROGRAMS - THE PROGRAMMING OF THE JEWISH

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

Employer identification number
59-0948696

COMMUNITY FOUNDATION IS TO PERPETUATE PERMANENT FINANCIAL SUPPORT TO
SUSTAIN A VIBRANT JEWISH COMMUNITY LOCALLY, IN ISRAEL AND THROUGHOUT
THE WORLD. THIS IS ACCOMPLISHED THROUGH MEANINGFUL PARTNERSHIPS WITH
DONOR, JEWISH COMMUNITY ORGANIZATIONS AND SYNAGOGUES. THE PROGRAM ALSO
PROVIDES CONTINUING EDUCATION PROGRAMS FOR LOCAL BUSINESS PROFESSIONALS
RELATING TO THE NOT-FOR-PROFIT SECTOR.

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 TO SHARE
THE REASONS WHY IS IT IMPORTANT TO BE INVOLVED WITH FEDERATION.

YOUNG ADULT ENGAGEMENT - THE YOUNG ADULT ENGAGEMENT PROGRAM FOCUSES ON
CULTIVATION AND PHILANTHROPIC JOURNEYS OF YOUNG ADULTS AGES 22-45.
THROUGH A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO, VOLUNTEER
OPPORTUNITIES, SOCIAL OUTINGS, IMMERSIVE EXPERIENCES AND FUNDRAISING
EVENTS, THE DEPARTMENT'S END GOAL IS TO ENSURE THE FUTURE OF JEWISH
LEADERSHIP IN THE PALM BEACHES.

STRATEGIC COMMUNITY RELATIONS - THE STRATEGIC COMMUNITY RELATIONS
PROGRAM CREATES STRATEGIC PARTNERSHIPS WITH OTHER NOT-FOR-PROFIT
ORGANIZATIONS WHOSE MISSION ALIGNS WITH THE MISSION OF THE JEWISH
FEDERATION.

COMMUNITY WIDE SERVICES - THE COMMUNITY WIDE SERVICES PROGRAM HOUSES
ALL ACTIVITIES RELATED TO RESEARCH AND ANALYSIS OF THE JEWISH COMMUNITY
POPULATION OF THE GREATER PALM BEACHES.

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

Employer identification number
59-0948696

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

TO SERVE AS LEADERS FOR THE JEWISH FEDERATION AND TO SEEK ONGOING LEARNING AND DEVELOPMENT. THE MISSION OF THE MANDEL CENTER IS TO ENGAGE AND DEVELOP HIGH PERFORMANCE VOLUNTEER AND PROFESSIONAL LEADERS. ITS GOAL IS TO RECRUIT, INSPIRE, TRAIN AND RETAIN LEADERS WHO HAVE THE VALUES, COMMITMENT AND SKILLS TO GIVE HIGH QUALITY LEADERSHIP TO THE JEWISH FEDERATION.

GROSS FAMILY FOUNDATION PROGRAMS - AS THE NUMBER OF LIVING HOLOCAUST SURVIVORS DECREASES AND GLOBAL ANTISEMITISM INCREASES, THE GROSS FAMILY CENTER FOR THE STUDY OF ANTISEMITISM AND THE HOLOCAUST AND JEWISH FEDERATION OF PALM BEACH COUNTY ARE WORKING TOGETHER TO RAISE AWARENESS OF THE HOLOCAUST AND PREJUDICE FACED BY JEWISH PEOPLE AROUND THE WORLD. THE GROSS FAMILY CENTER SPEAKER SERIES PROVIDES THE PALM BEACHES WITH INNOVATIVE PROGRAMMING THAT EXPLORES THE EXPERIENCES AND CONSEQUENCES OF ANTISEMITISM, RACISM AND VIOLATIONS OF HUMAN RIGHTS. THIS SPEAKER SERIES FREE AND OPEN TO THE PUBLIC FEATURES PROMINENT EXPERTS AND INTERNATIONAL SPEAKERS, CONNECTING COMMUNITY MEMBERS TO A SIGNIFICANT ASPECT OF THE JEWISH EXPERIENCE.

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 \$ 15,212,327. INCL GRANTS OF \$ 14,597,739. REVENUE \$ 10,278.

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

Employer identification number
59-0948696

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

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

SUSAN PERTNOY- WIFE OF RON PERTNOY (CC & BOD), DAUGHTER OF BARBARA KAY
(BOD), DAUGHTER OF ALAN SHULMAN (BOD)

SANDY BAKLOR- HUSBAND TO ARLENE KAUFMAN (BOD)

ANDREW COMITER - SON OF RICHARD COMITER (BOD)

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

STEVEN ELLISON - HUSBAND TO STACEY ELLISON (BOD)

JIM BALDINGER - BROTHER-IN-LAW TO GARY LESSER

RABBI ANDREW ROSENKRANZ - HUSBAND OF ERICA ROSENKRANZ

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 20 MEMBER

EXECUTIVE COMMITTEE AND THE 8_ MEMBER AUDIT COMMITTEE FOR THEIR REVIEW.

THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE AVAILABLE ONLY TO THE 50
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.

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

Employer identification number
59-0948696

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

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

MEMBERS OF THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY AND ASKED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. AT A BOARD MEETING THE PRESIDENT 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.

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

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.

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

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

Employer identification number

59-0948696

OMB No. 1545-0047

2017

Open to Public
Inspection

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	No
PALM BEACH JEWISH COMMUNITY CAMPUS CORP. - 65-0006250, ONE HARVARD CIRCLE, 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, 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

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2017

Part III

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.

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732162 09-11-17

JEWISH FEDERATION OF PALM BEACH COUNTY, INC.

59-0948696 Page 3

Schedule R (Form 990) 2017

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

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

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

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

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	1,964,298.	CASH
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	E	2,826,596.	CASH
(3) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	K	2,306,641.	MARKET VALUE
(4) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	O	0.	
(5) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	B	135,661.	CASH
(6) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	O	0.	

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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.

[illegible]

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 OF RELATED ORGANIZATION:

PALM BEACH JEWISH COMMUNITY CAMPUS CORP.

PRIMARY ACTIVITY: OWNS PROPERTY FOR THE PURPOSE OF PROVIDING
EDUCATIONAL, CULTURAL PROGRAMMING

NAME OF RELATED ORGANIZATION:

NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP.

PRIMARY ACTIVITY: OWNS PROPERTY FOR THE PURPOSE OF PROVIDING
EDUCATIONAL, CULTURAL PROGRAMMING

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

- Go to www.irs.gov/F990W for instructions and the latest information.
► Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0076

2018

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 for trusts. 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 2017 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	2018 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	2017 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** (2018)

EXTENDED TO MAY 15, 2019

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0087

2017For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018.▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	D Employer identification number (Employees' trust, see instructions.) 59-0948696
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions. ONE HARVARD CIRCLE, NO. 100	E Unrelated business activity codes (See instructions.) 523000
		City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33409	
C Book value of all assets at end of year 158,667,920.		F Group exemption number (See instructions.) ▶	
		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> 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 PRESIDENT** 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	-44,836.	STMT 3
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	-44,836.	-44,836.

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	44,649.
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	84,737.
29 Total deductions. Add lines 14 through 28		29	129,386.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-174,222.
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	-174,222.
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	-174,222.

**JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.**

Form 990-T (2017)

59-0948696

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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:		
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43
44 Total tax. Add lines 42 and 43		44 0.
45a Payments: A 2016 overpayment credited to 2017	45a	
b 2017 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: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g	
46 Total payments. Add lines 45a through 45g		46
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		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 2018 estimated tax Refunded		50

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

51 At any time during the 2017 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	Yes	No
		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.				
	<div style="display: flex; justify-content: space-between;"> <div> Signature of officer _____ Date _____ </div> <div> CHIEF FINANCIAL OFFICER Title _____ </div> </div>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID HOLLANDER				P00646430
	Firm's name	Firm's EIN			
	MORRISON BROWN ARGIZ & FARRA, LLC		01-0720052		
	225 NE MIZNER BLVD. SUITE 685				
	Firm's address		Phone no.		
	BOCA RATON, FL 33432		561-909-2100		

Form 990-T (2017)

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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a Additional section 263A costs (attach schedule)	4a				
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

(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 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)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8 ►				0.

Form 990-T (2017)

JEWISH FEDERATION OF PALM BEACH COUNTY,

Form 990-T (2017) INC.

59-0948696

Page 4

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.

Form 990-T (2017)

JEWISH FEDERATION OF PALM BEACH COUNTY,

Form 990-T (2017) INC.

59-0948696

Page 5

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 (2017)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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INVESTMENT INCOME GENERATED FROM VARIOUS ALTERNATIVE INVESTMENTS
TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT 2

NOL CARRYFORWARD FROM JUNE 30, 2017 WAS \$211,980 OF WHICH
NONE WAS APPLIED; ENTIRE BALANCE WILL BE CARRIED FORWARD

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
K-1'S FROM HEDGED/ABSOLUTE RETURN	54,312.
K-1'S FROM PRIVATE EQUITY	47,312.
K-1'S FROM REAL ASSET FUNDS	-146,460.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-44,836.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
INVESTMENT ADVISOR/MONITOR FEES ALLOCATION	26,937.
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	84,737.

FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT	5
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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.
06/30/17	145,753.	0.	145,753.	145,753.
NOL CARRYOVER AVAILABLE THIS YEAR			211,980.	211,980.

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

OMB No. 1545-1709

► File a separate application for each return.

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

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Enter filer's identifying number Employer identification number (EIN) or 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

KATHY SIGALL, SENIOR VICE PRESIDENT OF FINANCE/CFO

- The books are in the care of ► **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, 2019**, 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, 2017**, and ending **JUN 30, 2018**.

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.



May 7, 2019

Jewish Federation of Palm Beach County,
Inc.
One Harvard Circle No. 100
West Palm Beach, FL 33409

Dear Kathy Sigall

We have prepared and enclosed your 2017 Florida return.

FLORIDA F-1120 RETURN:

The Florida F-1120 return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically to the Florida DOR. Do not mail the paper copy of the return to Florida DOR.

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 01/17

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.floridarevenue.com

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.

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

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

SEE STATEMENT

B. Type of federal return filed: **990-T**

Contact person for questions: **KATHY G. SIGALL**

Telephone number: **5614780700**

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**.

744961
10-11-17

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

1019
F-7004
R. 01/17

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

FEIN **59-0948696**
Taxable Year End **06/30/18**
FILING STATUS Partnership ☐ Corporation ☒
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
20180630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

0

8833 0 20180630 0002005030 2 3590948696 0000 5

F-7004	REASON FOR EXTENSION	STATEMENT	1
EXPLANATION			
INFORMATION REQUIRED TO COMPLETE 990-T			



Florida Corporate Income/Franchise Tax Return

FEIN 59-0948696

F-1120, R. 01/17 1019

For calendar year 2017
or tax year beginning

JUL 1

, 2017
ending

JUN 30, 2018

Rule 12C-1.051
Florida Administrative Code
Effective 01/17

883302018063000020050375359094869600005

Name JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.

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 -174,222.00
2. State income taxes deducted in computing federal taxable income
(attach schedule) Check here if negative -174,222.00
3. Additions to federal taxable income (from Schedule I) Check here if negative 300,347.00
4. Total of Lines 1, 2 and 3 Check here if negative X -474,569.00
5. Subtractions from federal taxable income (from Schedule II) Check here if negative -474,569.00
6. Adjusted federal income (Line 4 minus Line 5) Check here if negative X -474,569.00
7. Florida portion of adjusted federal income (see instructions) Check here if negative X 0.00
8. Nonbusiness income allocated to Florida (from Schedule R) Check here if negative 0.00
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) 0.00
13. Total corporate income/franchise tax due (Line 11 minus Line 12) 0.00
14. a) Penalty: F-2220 b) Other Line 14 Total ▶
c) Interest: F-2220 d) Other
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

744081 10-11-17

Florida Corporate Income Tax Return

1019
F-1120
R. 01/17

Do Not Detach

YEAR ENDING 06/30/18

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

Name JEWISH FEDERATION OF PALM BEA
INC.
Address ONE HARVARD CIRCLE
City/State/ZIP WEST PALM BEACH, FL 33409If 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
20170701	30034700	0	0
20180630	-47456900	0	0
00000000	0.000000	0	0
012	30034700	0	0
202	0	0	0
-17422200	0	0	0
0	0	0	0



JEWISH FEDERATION OF PALM BEACH COUN

FEIN 59-0948696

1019
F-1120
R. 01/17
Page 2
06/30/18

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 CHIEF FINANCIAL OFFI
Paid preparers only	Preparer's signature	Date	Preparer's PTIN P00646430
	Firm's name (or yours if self-employed) and address MORRISON BROWN ARGIZ & FARRA, LLC 225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL		FEIN 01-0720052 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

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 06/30/18

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 (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ►	1.	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (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.		
3. Florida net operating loss carryover deduction (see instructions)	3. 300,347.00	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. 300,347.00	12.



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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.



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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.



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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, 2018**

1. Florida income expected in taxable year 1. \$ -474,569.00
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 2

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.
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(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.
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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.
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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.
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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.
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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.
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30-JUN-18

(A) ADJUSTED FEDERAL INCOME/LOSS	-174,222.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.

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(C) FLORIDA APPORTIONED NOLCO (A) X (B)

-174,222.

(D) NOLCO APPLIED

0.

(E) FLORIDA NET INCOME/LOSS (C+D)

-174,222.

(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR

-474,569.



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