

BDO USA, LLP
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

BDO USA, LLP
225 NE Mizner Blvd., Suite 685
Boca Raton, Florida 33432
(561) 909-2100
561-909-2100

April 7, 2022

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.
One HARVARD CIRCLE No. 100
WEST PALM BEACH, FL 33409

Dear Michael Hoffman, CEO:

Enclosed is the organization's 2020 Exempt Organization return.

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 16, 2022.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail on or before May 16, 2022.

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,

BDO USA, LLP

BDO USA, LLP
225 NE Mizner Blvd., Suite 685
Boca Raton, Florida 33432
(561) 909-2100
561-909-2100

April 7, 2022

JEWISH FEDERATION OF PALM BEACH COUNTY,
INC.
One HARVARD CIRCLE No. 100
WEST PALM BEACH, FL 33409

Dear Michael Hoffman, CEO:

FLORIDA FORM F-1120 RETURN:

The Florida Form 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 the 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,

BDO USA, LLP

Filing Instructions

Prepared for:

JEWISH FEDERATION OF PALM BEACH COUN
INC.
One HARVARD CIRCLE No. 100
WEST PALM BEACH, FL 33409

Prepared by:

BDO USA, LLP
225 NE MIZNER BLVD. SUITE 685
BOCA RATON, FL 33432

2020 FORM 990

Electronic Filing:

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 16, 2022

2020 FORM 990-T

Please sign and mail on or before May 16, 2022.

No amount is due on Form 990-T.

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

Filing Instructions

Prepared for:

JEWISH FEDERATION OF PALM BEACH COUN
INC.
One HARVARD CIRCLE No. 100
WEST PALM BEACH, FL 33409

Prepared by:

BDO USA, LLP
225 NE MIZNER BLVD. SUITE 685
BOCA RATON, FL 33432

2020 FLORIDA FORM F-1120

No payment is required.

The Florida Form 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 the Florida DOR.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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/e-file-providers/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	Name of exempt organization or other filer, see instructions. JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Taxpayer identification number (TIN) 59-0948696
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE HARVARD CIRCLE, NO. 100	
	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 | 1

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, CHIEF FINANCIAL OFFICER

- 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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022** , 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, 2020** , and ending **JUN 30, 2021** .

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.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.		D Employer identification number 59-0948696
	Doing business as		E Telephone number 561-478-0700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	ONE HARVARD CIRCLE		G Gross receipts \$ 44,894,930.
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33409		
F Name and address of principal officer: MICHAEL HOFFMAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 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	51
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	111
	6 Total number of volunteers (estimate if necessary)	6	2000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-217,861.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	23,412,790.	33,829,153.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,054,263.	470,729.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,765,705.	5,538,696.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,434,574.	1,157,427.
		29,667,332.	40,996,005.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,716,053.	25,488,390.
	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)	8,504,929.	7,655,078.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,454,998.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,090,028.	4,056,749.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,311,010.	37,200,217.	
19 Revenue less expenses. Subtract line 18 from line 12	-643,678.	3,795,788.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	158,652,657.	188,649,798.
	22 Net assets or fund balances. Subtract line 21 from line 20	34,804,404.	40,746,730.
	123,848,253.	147,903,068.	

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
	MICHAEL HOFFMAN, CHIEF EXECUTIVE OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name DAVID HOLLANDER	Preparer's signature	Date
	Firm's name ▶ BDO USA, LLP Firm's address ▶ 225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL 33432	Check if self-employed <input type="checkbox"/>	PTIN P00646430 Firm's EIN ▶ 13-5381590 Phone no. 561-909-2100

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

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 [X] 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 [X] 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 \$ 1,336,241. including grants of \$) (Revenue \$ 20,070.)

FEDERATION OPERATING PROGRAMS 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 \$ 1,000,677. including grants of \$) (Revenue \$ 0.)

AGENCY SERVICES AND CAMPUS OPERATIONS

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

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

4c (Code:) (Expenses \$ 1,089,423. including grants of \$) (Revenue \$ 320,000.)

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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 27,012,519. including grants of \$ 25,488,390.) (Revenue \$ 130,659.)

4e Total program service expenses 30,438,860.

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

Form 990 (2020)

59-0948696 Page **3**

Part IV Checklist of Required Schedules

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

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

Form 990 (2020)

59-0948696 Page 4

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	67
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		111
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 on 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?		
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		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 51		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 49		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KATHY SIGALL, CHIEF FINANCIAL OFFICER - 561-478-0700**
ONE HARVARD CIRCLE, WEST PALM BEACH, FL 33409

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HOFFMAN CHIEF EXECUTIVE OFFICER	51.00 4.00			X				313,701.	0.	47,731.
(2) MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFFICER	43.00 2.00					X		257,957.	0.	44,101.
(3) KATHY SIGALL CHIEF FINANCIAL OFFICER	43.00 2.00			X				191,223.	0.	24,308.
(4) MINDY HANKEN CHIEF PROGRAM OFFICER	43.00 2.00					X		171,787.	0.	23,141.
(5) LISBETH ROCK EXECUTIVE DIRECTOR	43.00 2.00					X		157,933.	0.	16,577.
(6) ILAN HURVITZ CHIEF PLANNING OFFICER	43.00 2.00					X		154,183.	0.	13,148.
(7) HOPE SILVERMAN BOARD CHAIR	10.00 4.00	X		X				0.	0.	0.
(8) ARTHUR LEHRHOFF VICE CHAIR	2.00			X				0.	0.	0.
(9) MARK LEVY VICE CHAIR	2.00	X		X				0.	0.	0.
(10) RONALD P. PERTNOY VICE CHAIR	2.00	X		X				0.	0.	0.
(11) DEBBIE SHAPIRO VICE CHAIR	2.00	X		X				0.	0.	0.
(12) ROBERT GORDON TREASURER	2.00 4.00	X		X				0.	0.	0.
(13) ARTHUR LORING SECRETARY	2.00 4.00			X				0.	0.	0.
(14) IRA GERSTEIN FORMER BOARD CHAIR	2.00	X						0.	0.	0.
(15) BRIAN SEYMOUR CAMPAIGN CHAIR	2.00	X						0.	0.	0.
(16) SYDELLE SONKIN WOMEN'S PHILANTHROPY BOARD CHAIR	2.00	X						0.	0.	0.
(17) RONDA STARR WOMEN'S PHILANTHROPY CAMPAIGN CHAIR	2.00	X						0.	0.	0.

**JEWISH FEDERATION OF PALM BEACH COUNTY,
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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) BERYL SIMONSON AMFOC CHAIR	2.00	X					0.	0.	0.	
(19) STEVE ELLISON COMMUNITY STRATEGY CHAIR	2.00	X					0.	0.	0.	
(20) CHARLES GOTTESMAN HUMAN RESOURCES CHAIR	2.00	X					0.	0.	0.	
(21) SUSAN SHULMAN PERTNOY ISRAEL & OVERSEAS CHAIR	2.00	X					0.	0.	0.	
(22) JOEL YUDENFREUND JEWISH COMMUNITY FOUNDATION CHAIR	2.00	X					0.	0.	0.	
(23) SAM LIEBOVICH MEMBER AT LARGE	2.00	X					0.	0.	0.	
(24) LYNN PESECKIS MEMBER AT LARGE	2.00	X					0.	0.	0.	
(25) RICHARD BAER MEMBER AT LARGE	2.00	X					0.	0.	0.	
(26) JIM BALDINGER MEMBER AT LARGE	2.00	X					0.	0.	0.	
1b Subtotal							1,246,784.	0.	169,006.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,246,784.	0.	169,006.	

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 **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUNSTATES SECURITY LLC, 801 CORPORATE CENTER DRIVE, SUITE 300, RALEIGH, NC 27607	SECURITY	331,395.
CLEAR-ARMOR LLC 32991 N THORNAPPLE LN, GRAYSLAKE, IL 60030	BUILDING SECURITY ENHANCEMENTS	305,868.
COMMERCIAL LANDSCAPE PROFESSIONALS, INC., 1579 WILD FERN DRIVE, FLEMING ISLAND, FL	LANDSCAPE SERVICES	143,529.
COMMERCIAL LANDSCAPE PROFESSIONALS, INC., 2600 NATURES WAY, PALM BEACH GARDENS, FL	LANDSCAPE SERVICES	101,362.

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) SANDRA BORNSTEIN MEMBER AT LARGE	2.00	X						0.	0.	0.
(28) MARTIN CASS MEMBER AT LARGE	2.00	X						0.	0.	0.
(29) JONATHAN CHANE MEMBER AT LARGE	2.00	X						0.	0.	0.
(30) ANDREW COMITER MEMBER AT LARGE	2.00	X						0.	0.	0.
(31) PAMELA COMITER MEMBER AT LARGE	2.00	X						0.	0.	0.
(32) RICHARD COMITER MEMBER AT LARGE	2.00	X						0.	0.	0.
(33) HAROLD DANENBERG MEMBER AT LARGE	2.00	X						0.	0.	0.
(34) SHERYL DAVIDOFF MEMBER AT LARGE	2.00	X						0.	0.	0.
(35) MALKA FINGOLD MEMBER AT LARGE	2.00	X						0.	0.	0.
(36) JULIANA KOHL GENDELMAN MEMBER AT LARGE	2.00	X						0.	0.	0.
(37) RAYMOND GOLDEN MEMBER AT LARGE	2.00	X						0.	0.	0.
(38) ALAN HASPEL MEMBER AT LARGE	2.00	X						0.	0.	0.
(39) BOWIE JACOBSON MEMBER AT LARGE	2.00	X						0.	0.	0.
(40) HERBERT JAVER AUDIT COMMITTEE CHAIR	2.00	X						0.	0.	0.
(41) RABBI YARON KAPITULNIK MEMBER AT LARGE	2.00	X						0.	0.	0.
(42) LYNN KASTON MEMBER AT LARGE	2.00	X						0.	0.	0.
(43) MICHAEL L. KOHNER MEMBER AT LARGE	2.00	X						0.	0.	0.
(44) MICHAEL LAMPERT MEMBER AT LARGE	2.00	X						0.	0.	0.
(45) VIVIAN LIEBERMAN MEMBER AT LARGE	2.00	X						0.	0.	0.
(46) KAREN LIST MEMBER AT LARGE	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) BRIAN LEMELMAN MEMBER AT LARGE	2.00	X					0.	0.	0.	
(48) GARY LESSER MEMBER AT LARGE	2.00	X					0.	0.	0.	
(49) BENTE S. LYONS MEMBER AT LARGE	2.00	X					0.	0.	0.	
(50) ROBERT NAFTALY MEMBER AT LARGE	2.00	X					0.	0.	0.	
(51) CINDY SCHLOSSBERG MEMBER AT LARGE	2.00	X					0.	0.	0.	
(52) KEVIN SHAPIRO MEMBER AT LARGE	2.00	X					0.	0.	0.	
(53) CAROLE SOLOMON MEMBER AT LARGE	2.00	X					0.	0.	0.	
(54) WARREN SPECTOR MEMBER AT LARGE	2.00	X					0.	0.	0.	
(55) BETH WAYNE MEMBER AT LARGE	2.00	X					0.	0.	0.	
(56) PENNI WEINBERG MEMBER AT LARGE	2.00	X					0.	0.	0.	
Total to Part VII, Section A, line 1c										

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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)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 16,439,426.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,419,917.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 15,969,810.				
	g Noncash contributions included in lines 1a-1f	1g \$ 3,946,956.				
	h Total. Add lines 1a-1f		33,829,153.			
Program Service Revenue	2 a DESIGNATED PROGRAM REVENUE	Business Code 900099	470,729.	470,729.		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		470,729.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,962,219.	-217,861.	2,180,080.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses ...	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
				7,475,402.		
	b Less: cost or other basis and sales expenses	7b	3,898,925.			
	c Gain or (loss)	7c	3,576,477.			
	d Net gain or (loss)		3,576,477.		3,576,477.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a MISCELLANEOUS INCOME	Business Code 900099	501,490.		501,490.	
	b ADMIN FEES	900099	479,937.		479,937.	
	c SPONSERSHIP INCOME	900099	176,000.		176,000.	
	d All other revenue					
	e Total. Add lines 11a-11d		1,157,427.			
12 Total revenue. See instructions		40,996,005.	470,729.	-217,861.	6,913,984.	

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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	25,488,390.	25,488,390.		
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	625,560.	105,834.	221,112.	298,614.
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	5,318,942.	2,295,886.	1,158,606.	1,864,450.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	420,511.	172,735.	87,016.	160,760.
9 Other employee benefits	874,912.	359,392.	181,045.	334,475.
10 Payroll taxes	415,153.	176,439.	95,359.	143,355.
11 Fees for services (nonemployees):				
a Management				
b Legal	78,326.	39,214.	15,484.	23,628.
c Accounting	50,880.		50,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	97,384.		97,384.	
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	165,514.	105,929.	11,586.	47,999.
13 Office expenses	223,996.	88,997.	54,459.	80,540.
14 Information technology				
15 Royalties				
16 Occupancy	10,067.	2,240.	7,696.	131.
17 Travel	11,955.	2,454.	9,204.	297.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	612,062.	389,769.	46,616.	175,677.
20 Interest	170,707.	137,362.	33,345.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,086,024.	792,435.	152,955.	140,634.
23 Insurance	46,102.		46,102.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	887,261.		887,261.	
b PROFESSIONAL FEES	248,982.	128,834.	16,828.	103,320.
c REPAIRS AND MAINTENANCE	247,148.	87,394.	81,385.	78,369.
d MISCELLANEOUS	120,341.	65,556.	52,036.	2,749.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,200,217.	30,438,860.	3,306,359.	3,454,998.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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		1		
	2 Savings and temporary cash investments	8,119,252.	2	8,833,643.	
	3 Pledges and grants receivable, net	8,626,485.	3	9,051,187.	
	4 Accounts receivable, net		4	4,009,909.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	80,978.	5	69,039.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	10,447,139.	7	5,394,567.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	328,126.	9	283,351.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,046,636.			
	b Less: accumulated depreciation	10b 6,642,512.	28,975,359.	10c	28,404,124.
	11 Investments - publicly traded securities	39,144,027.	11	40,130,882.	
	12 Investments - other securities. See Part IV, line 11	62,577,089.	12	92,104,334.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	354,202.	15	368,762.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	158,652,657.	16	188,649,798.		
Liabilities	17 Accounts payable and accrued expenses	997,871.	17	752,366.	
	18 Grants payable		18	3,100,000.	
	19 Deferred revenue		19	5,470.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	12,368,421.	23	11,842,105.	
	24 Unsecured notes and loans payable to unrelated third parties	4,246,513.	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	17,191,599.	25	22,220,193.	
	26 Total liabilities. Add lines 17 through 25	34,804,404.	26	40,746,730.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	76,689,049.	27	87,535,512.	
	28 Net assets with donor restrictions	47,159,204.	28	60,367,556.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	123,848,253.	32	147,903,068.	
33 Total liabilities and net assets/fund balances	158,652,657.	33	188,649,798.		

Form **990** (2020)

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	40,996,005.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,200,217.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,795,788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,848,253.
5	Net unrealized gains (losses) on investments	5	20,259,027.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	147,903,068.

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
2b	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	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28162240.	21006114.	24375111.	23412790.	33829153.	130785408
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	28162240.	21006114.	24375111.	23412790.	33829153.	130785408
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)						8883178.
6 Public support. Subtract line 5 from line 4.						121902230

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	28162240.	21006114.	24375111.	23412790.	33829153.	130785408
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3102121.	4646973.	3463198.	3765705.	2180080.	17158077.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					-217,861.	-217,861.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1953803.	5022650.	2795046.	2488837.	1157427.	13417763.
11 Total support. Add lines 7 through 10						161143387
12 Gross receipts from related activities, etc. (see instructions)					12	470,429.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	75.65 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	75.20 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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 lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

JEWISH FEDERATION OF PALM BEACH COUNTY,

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

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

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

JEWISH FEDERATION OF PALM BEACH COUNTY,

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 59-0948696
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>6,310,639.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,025,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,525,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,419,917.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 59-0948696
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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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **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	107	
2 Aggregate value of contributions to (during year)	3,882,880.	
3 Aggregate value of grants from (during year)	6,701,944.	
4 Aggregate value at end of year	23,384,534.	
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):

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | 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	54,130,485.	53,873,681.	52,088,667.	49,563,237.	47,036,709.
b Contributions	4,960,804.	1,937,629.	2,427,551.	1,385,214.	771,812.
c Net investment earnings, gains, and losses	17,166,472.	1,434,353.	2,504,496.	4,160,774.	4,952,848.
d Grants or scholarships	2,800,468.	2,906,196.	2,940,280.	2,820,721.	3,012,399.
e Other expenditures for facilities and programs					
f Administrative expenses	232,719.	208,982.	206,753.	199,837.	185,733.
g End of year balance	73,224,574.	54,130,485.	53,873,681.	52,088,667.	49,563,237.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 29.0000 %
 - b Permanent endowment 53.0000 %
 - c Term endowment 18.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		5,827,000.		5,827,000.
b Buildings		25,211,936.	5,712,622.	19,499,314.
c Leasehold improvements				
d Equipment		584,120.	132,788.	451,332.
e Other		3,423,580.	797,102.	2,626,478.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				28,404,124.

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

Schedule D (Form 990) 2020

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	304,500.	END-OF-YEAR MARKET VALUE
(B) BOND MUTUAL FUNDS	11,938,745.	END-OF-YEAR MARKET VALUE
(C) EQUITY MUTUAL FUNDS	47,133,328.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	13,812,891.	END-OF-YEAR MARKET VALUE
(E) REAL ASSET FUNDS	5,151,536.	END-OF-YEAR MARKET VALUE
(F) MULTI-ASSET/OPPORTUNISTIC	13,763,334.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	92,104,334.	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ALLOCATIONS PAYABLE- JFNA	4,320,084.
(3) SPLIT INTEREST AGREEMENTS	2,085,179.
(4) OBLIGATIONS TO AFFILIATED AGENCIES	
(5) HELD IN TRUST	6,529,960.
(6) DESIGNATED CAMPAIGN GIFTS	685,890.
(7) DUE TO PALM BEACH JEWISH COMMUNITY	
(8) CAMPUS CORPORATION	5,417,788.
(9) CAPITAL LEASES	58,749.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	22,220,193.

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

Schedule D (Form 990) 2020

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE FEDERATION HAS ADOPTED INVESTMENT POLICIES FOR ENDOWMENT ASSETS WITH ITS PRIMARY OBJECTIVE TO PROVIDE FOR LONG-TERM GROWTH OF PRINCIPAL AND INCOME WITHIN REASONABLE RISK TOLERANCES ENABLING THE FEDERATION TO MAKE GRANTS TO VARIOUS FUNDS HELD FOR SUPPORTED ORGANIZATIONS ON A CONTINUING AND CONSISTENT BASIS. THE FOCUS IS ON REASONABLE AND CONSISTENT LONG-TERM CAPITAL APPRECIATION. PRIMARY EMPHASIS IS PLACED ON MAINTAINING REAL GROWTH OF ASSETS NET OF INFLATION AND FEES.

PART X, LINE 2:

THE FEDERATION IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES. THE FEDERATION IS EXEMPT

Part XIII Supplemental Information (continued)

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, 2021 AND 2020, 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 2018.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

**Employer identification number
59-0948696**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
92ND STREET Y 1395 LEXINGTON AVENUE NEW YORK, NY 10130	13-1624229	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ACADIA CENTER/ENVIRONMENT NORTHEAST - P. O. BOX 583 - ROCKPORT, ME 04856	01-0518193	501(C)(3)	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	501(C)(3)	5,000.	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	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ALACHUA COUNTY COALITION FOR THE HOMELESS AND HUNGRY INC. - 3055 NE 28TH DRIVE - GAINESVILLE, FL 32609	43-1960048	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ALPERT JEWISH FAMILY & CHILDREN'S SERVICE, INC. - 5841 CORPORATE WAY, STE. 200 - WEST PALM BEACH, FL 33407-2039	59-1520581	501(C)(3)	333,776.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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

Schedule I (Form 990) 2020

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

Schedule I (Form 990)

59-0948696

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DRUG DISCOVERY FOUNDATION - 57 W. 57TH ST., SUITE 94 - NEW YORK, NY 10019	20-1082179	501(C)(3)	20,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN ASSOCIATES BEN GURION UNIVERSITY OF THE NEGEV INC. - 1001 AVENUE OF THE AMERICAS, 19TH FLOOR - NEW YORK, NY 10018	23-7270753	501(C)(3)	10,300.	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	501(C)(3)	5,300.	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	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF MAGEN DAVID ADOM - 20 W. 36TH STREET, STE. 1100 - NEW YORK, NY 10008	13-1790719	501(C)(3)	52,160.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF RAMBAM 420 LEXINGTON AVENUE, ROOM 171 NEW YORK, NY 10170	23-7049727	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY, INC. - 1 BATTERY PARK PLAZA, 25TH FLOOR - NEW YORK, NY 10004	13-1568923	501(C)(3)	2,505,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY INSTITUTE INC. - C/O THE MARCUS FAMILY OFFICE, 3282 NORTHSIDE PARKWAY - ATLANTA, GA	13-3348313	501(C)(3)	50,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE ISRAEL MUSEUM - 545 FIFTH AVENUE, SUITE 920 - NEW YORK, NY 10017	23-7182582	501(C)(3)	37,500.	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 Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA INC. - 122 EAST 42ND STREET, SUITE 4507 - NEW YORK, NY 10168	23-7183563	501(C)(3)	85,750.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN ISRAEL EDUCATION FOUNDATION INC. - 251 H STREET, NW - WASHINGTON, DC 20001	52-1623781	501(C)(3)	25,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN JEWISH WORLD SERVICE, INC. - 45 WEST 36TH STREET, 11TH FLOOR - NEW YORK, NY 10018-7904	22-2584370	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN SOCIETY FOR TECHNION - ISRAEL INSTITUTE OF TECHNOLOGY INC. - 55 EAST 59TH STREET - NEW YORK, NY 10022	13-0434195	501(C)(3)	25,100.	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	501(C)(3)	81,638.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE INC. - 101 WEST MOUNT ROYAL AVENUE - BALTIMORE, MD 21201	52-0607957	501(C)(3)	25,100.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION - 6855 RED ROAD, SUITE 6 - CORAL GABLES, FL 33143-3518	59-1923401	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BIRTHRIGHT ISRAEL FOUNDATION 711 THIRD AVE., 10TH FLOOR NEW YORK, NY 10017	13-4092050	501(C)(3)	121,204.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115-4511	04-2103550	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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BREAD OF THE MIGHTY FOOD BANK INC. 325 NW 10TH AVENUE GAINESVILLE, FL 32601	59-2805577	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BRIGHAM & WOMEN'S HOSPITAL INC. DEVELOPMENT OFFICE, 116 HUNTINGTON AVENUE, 3RD FLOOR - BOSTON, MA 02116	04-2312909	501(C)(3)	5,100.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CAMP BAUERCREST, INC. 17 OLD COUNTY ROAD AMESBURY, MA 01913	04-6002096	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CARE AND SHARE INC 2605 PREAMBLE POINT COLORADO SPRINGS, CO 80915-1200	84-0731930	501(C)(3)	50,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CENTRAL PARK CONSERVANCY INC. 14 EAST 60TH STREET, 8TH FLOOR NEW YORK, NY 10022	13-3022855	501(C)(3)	6,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CENTRAL SYNAGOGUE 123 EAST 55TH STREET, ATTN: FINANCE DEPARTMENT - NEW YORK, NY 10022-3566	13-1628161	501(C)(3)	5,350.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHABAD JEWISH CENTER OF JUPITER 1209 MAIN STREET, SUITE 11 JUPITER, FL 33458-5244	20-0186163	501(C)(3)	25,680.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHABAD JEWISH CENTER OF MARTIN & ST. LUCIE COUNTY - 2809 S.W. SUNSET TRAIL - PALM CITY, FL 34990	65-0896121	501(C)(3)	52,180.	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	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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COMMUNITY CHEST OF PORT WASHINGTON INC. - 382 MAIN STREET - PORT WASHINGTON, NY 11050	11-1614994	501(C)(3)	7,500.	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	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
DIA CENTER FOR THE ARTS INC 535 W 22ND STREET, FLOOR 4 NEW YORK, NY 10011	23-7397946	501(C)(3)	20,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
DIRECT RELIEF 6100 WALLACE BECKNELL SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA INC. P. O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	12,100.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
DONORSCHOOSE, INC. 213 WEST 35TH ST, SECOND FLOOR EAST NEW YORK, NY 10001	13-4129457	501(C)(3)	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	501(C)(3)	8,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FOOD BANK OF THE ROCKIES 10700 E 45TH AVENUE DENVER, CO 80239	84-0772672	501(C)(3)	150,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE. SANTA BARBARA, CA 93110	77-0169214	501(C)(3)	25,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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FOUNDATION FOR THE DEFENSE OF DEMOCRACIES, INC. - P.O. BOX 33249 - WASHINGTON, DC 20033	13-4174402	501(C)(3)	6,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FRIENDS OF ISRAEL DEFENSE FORCES P.O. BOX 4224 NEW YORK, NY 10163	13-3156445	501(C)(3)	26,640.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FRIENDS OF THE JEWISH MUSEUM OF VIENNA, INC. - 301 EAST 87TH STREET, # 20E - NEW YORK, NY 10128	45-5313316	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
GORDON JEWISH COMMUNITY CENTER 801 PERCY WARNER BOULEVARD NASHVILLE, TN 37205	62-0475746	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PLACE CHICAGO, IL 60632	36-2971864	501(C)(3)	150,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HADASSAH, THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - 40 WALL STREET, 8TH FLOOR - NEW YORK, NY 10005	13-1656651	501(C)(3)	21,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HAROLD GRINSPOON FOUNDATION 67 HUNT STREET, SUITE 1 AGAWAM, MA 01001	04-6685725	501(C)(3)	25,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HASBARA FELLOWSHIPS 315 WEST 36TH STREET, 2ND FLOOR NEW YORK, NY 10018	20-1651102	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HEBREW UNION COLLEGE-JIR 1 WEST FOURTH STREET NEW YORK, NY 10012	31-0537067	501(C)(3)	25,118.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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HILLEL DAY SCHOOL OF METROPOLITAN DETROIT - 32200 MIDDLEBELT RD. - FARMINGTON HILLS, MI 48334-1715	38-1586703	501(C)(3)	10,360.	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	501(C)(3)	25,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HILLEL OF BROWARD & PALM BEACH LEVINE WEINBERGER JEWISH LIFE CENTER, 777 GLADES ROAD - BLDG LY-3A - BOCA RA	56-2472825	501(C)(3)	30,540.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HILLSDALE COLLEGE 33 E COLLEGE ST HILLSDALE, MI 49242	38-1374230	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HOSPICE OF KONA, INC. PO BOX 4130 KAILUA KONA, HI 96745	99-0246297	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - MOUNT SINAI HEALTH SYSTEM, OFFICE OF DEVELOPMENT - NEW YORK, NY 10029-9988	13-6171197	501(C)(3)	50,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
INDIGENOUS LIFE WAYS #259 2418 E. HISTORIC HWY 66 GALLUP, NM 87301	81-0688387	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
INTERFAITH NUTRITION NETWORK 211 FULTON AVENUE - 2ND FLOOR HEMPSTEAD, NY 11550	11-2676892	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
INTERNATIONAL PLANNED PARENTHOOD FEDERATION - 125 MAIDEN LANE, FL 9 - NEW YORK, NY 10038-5063	13-1845455	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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ISLAND HARVEST LTD. 15 GRUMMAN ROAD WEST, SUITE 145 BETHPAGE, NY 11714-3569	11-3136350	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ISRAEL EMERGENCY ALLIANCE 6413 S. CONGRESS AVE., STE. 220 BOCA RATON, FL 33481	01-0566033	501(C)(3)	5,200.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ISRAEL POLICY FORUM 355 LEXINGTON AVENUE, 4TH FLOOR NEW YORK, NY 10017	90-0653286	501(C)(3)	50,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ISRAEL TENNIS CENTERS FOUNDATION 3275 WEST HILLSBORO BLVD, SUITE 102 DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	21,180.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH BOOK COUNCIL 520 8TH AVENUE, 4TH FLOOR NEW YORK, NY 10018	13-3737760	501(C)(3)	15,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH COMMUNITY CENTER OF METROPOLITAN DETROIT - 6600 W MAPLE ROAD - WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	8,200.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH FEDERATIONS OF NORTH AMERICA - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	698,278.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH HOSPICE & CHAPLAINCY NETWORK - 6555 W MAPLE RD - W BLOOMFIELD, MI 48322	38-3429268	501(C)(3)	5,500.	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	501(C)(3)	112,051.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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JEWISH WOMEN'S FOUNDATION OF THE GREATER PALM BEACHES - 2247 PALM BEACH LAKES BLVD., SUITE 28 - WEST PALM BEACH, FL 33409	47-1611411	501(C)(3)	10,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JUDAISM AND DEMOCRACY ACTION ALLIANCE OF NORTH AMERICA, INC. - 6 COPPER BEECH CIRCLE - WHITE PLAINS, NY 10605	13-4072492	501(C)(3)	50,000.	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	501(C)(3)	28,600.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL - SOUTHERN FLORIDA CHAPTER, 1641 WORTHINGTON ROAD, STE. 34 - WEST	23-1907729	501(C)(3)	5,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KAVOD-ENSURING DIGNITY FOR HOLOCAUST SURVIVORS - 1779 KIRBY ROAD, STE#1-362 - MEMPHIS, TN 38138	47-5495289		55,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KENT STATE UNIVERSITY FOUNDATION DIV. OF PHILANTHROPY & ALUMNI ENGAGEMENT, 8 EAST SUMMIT STREET - KENT, OH 44	34-6576307	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KRAMER SENIOR SERVICES AGENCY, INC. - 4847 DAVID MACK DRIVE - WEST PALM BEACH, FL 33417	90-0730105	501(C)(3)	101,018.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
LEADERSHIP INSTITUTE, ARLINGTON, VA - 1101 NORTH HIGHLAND STREET - ARLINGTON, VA 22201	51-0235174	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
LEADING EDGE ALLIANCE, INC. 85 BROAD STREET, 16TH FLOOR NEW YORK, NY 10004	81-2625263	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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LEWY BODY DEMENTIA ASSOCIATION, INC. - 912 KILLIAN HILL ROAD, S.W. - LILBURN, GA 30047	05-0577683	501(C)(3)	5,000.	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	501(C)(3)	213,274.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MANNA FOOD CENTER, INC. 12301 OLD COLUMBIA PIKE, SUITE 2 SILVER SPRING, MD 20904	52-1289203	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
METROPOLITAN OPERA ASSOCIATION INC. - METROPLITAN OPERA, 3 LINCOLN CENTER - NEW YORK, NY 10023	13-1624087	501(C)(3)	7,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139-9824	59-2578534	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MORSELIFE FOUNDATION, INC. 4847 DAVID S. MACK DRIVE WEST PALM BEACH, FL 33417	59-2774476	501(C)(3)	138,250.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NATIONAL ABORTION FEDERATION 1090 VERMONT AVENUE, NW, SUITE 1000 WASHINGTON, DC 20005	43-1097957	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NATIONAL CENTER FOR HEBREW LANGUAGE - 729 7TH AVENUE, 9TH FLOOR - NEW YORK, NY 10019	26-4077251	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD., #108 - 62 LOS ANGELES, CA 90010	95-4539765	501(C)(3)	7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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NEW YORK LANDMARKS CONSERVANCY INC. - 1 WHITEHALL STEET, FLOOR 21 - NEW YORK, NY 10004	23-7181785	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NORTON MUSEUM OF ART 1450 S. DIXIE HIGHWAY WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	111,100.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
OCEAN FOUNDATION 1320 19TH STREET, NW, 5TH FLOOR WASHINGTON, DC 20036	71-0863908	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
OVARIAN CANCER RESEARCH ALLIANCE 14 PENNSYLVANIA PLAZA SUITE 2110 NY, NY 10122	13-3806788	501(C)(3)	10,180.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
P.E.F. ISRAEL ENDOWMENT FUNDS, INC. - 630 THIRD AVENUE, SUITE 1501, SUITE 15 - NEW YORK, NY 10017	13-6104086	501(C)(3)	35,280.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PALM BEACH CIVIC ASSOCIATION THE PARAMOUNT BUILDING, 139 NORTH COUNTY ROAD, SUITE 33 - PALM BEACH, FL 334	59-0542089	501(C)(3)	9,250.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PALM BEACH GARDENS POLICE FOUNDATION - 10500 N. MILITARY ROAD - PALM BEACH GARDENS, FL 33410	42-1748215	501(C)(3)	5,000.	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	501(C)(3)	11,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PALM BEACH ORTHODOX SYNAGOGUE 120 N. COUNTY ROAD PALM BEACH, FL 33480	65-0478910	501(C)(3)	32,540.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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PALM BEACH POLICE FOUNDATION, INC. 139 N. COUNTY RD., STE. 26 PALM BEACH, FL 33480	83-0462654	501(C)(3)	7,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PEACEWORKS NETWORK FOUNDATION P.O. BOX 1577 - OCS, OLD CHELSEA ST NEW YORK, NY 10113	30-0102398	501(C)(3)	100,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PINK FUND INC. 22122 METAMORA DR BEVERLY HILLS, MI 48025-3608	45-0544575	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PLANNED PARENTHOOD OF GREATER NEW YORK - 26 BLEECKER ST - NEW YORK, NY 10012	13-2621497	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PLANNED PARENTHOOD OF SOUTH EAST AND NORTH FLORIDA - 2300 NORTH FLORIDA MANGO ROAD - WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	87,200.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PROMISE FUND OF FLORIDA, INC. 340 ROYAL POINCIANA WAY, SUITE 328 PALM BEACH, FL 33480	83-0535519	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RAILS-TO-TRAILS CONSERVANCY THE DUKE ELLINGTON BUILDING, 2121 WARD COURT N.W., 5TH FLOOR - WASHINGTON, D	52-1437006	501(C)(3)	17,600.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS - 701 OKEECHOBEE BOULEVARD - WEST PALM BEACH, FL 33401-6399	59-2245054	501(C)(3)	83,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE STREET OKLAHOMA CITY, OK 73179-7640	73-1100380	501(C)(3)	100,000.	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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUING FAMILIES INC. P.O. BOX 146 FRANKLIN SQUARE, NY 11010	81-4202707	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ROADRUNNER FOOD BANK, INC. 5840 OFFICE BLVD. NE ALBUQUERQUE, NM 87109	85-0278525	501(C)(3)	100,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RUTH AND NORMAN RALES JEWISH FAMILY SERVICES, INC. - 21300 RUTH AND BARON COLEMAN BLVD. - BOCA RATON, FL 33428	65-1115689	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SCRIPPS COLLEGE 1030 COLUMBIA AVENUE #2000 CLAREMONT, CA 91711	95-1664123	501(C)(3)	7,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SHARE OUR STRENGTH, INC. 1030 15TH ST. NW, STE. 1100 W WASHINGTON, DC 20005	52-1367538	501(C)(3)	6,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SOME, INC. 71 O STREET, NW WASHINGTON, DC 20001	23-7098123	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SOUTH FLORIDA PBS P.O. BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	10,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SOUTHERN POVERTY LAW CENTER INC. 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	20,800.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,988.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

Schedule I (Form 990)

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INC.**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANU-EL OF PALM BEACH INC. 190 NORTH COUNTY ROAD PALM BEACH, FL 33480-3740	59-1027143	501(C)(3)	78,920.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE ISRAEL NANCY & DON CARTER CAMPUS, 191 N. FLAGLER DR. - WEST PALM BEACH, FL 33407	59-0696295	501(C)(3)	6,650.	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	501(C)(3)	23,740.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE MICAH 2829 WISCONSIN AVENUE N.W. WASHINGTON, DC 20007-4702	52-0845118	501(C)(3)	10,000.	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	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE ASSOCIATION OF ISRAEL'S DECORATIVE ARTS - 100 WORTH AVENUE, #713 - PALM BEACH, FL 33480	30-0255276	501(C)(3)	10,000.	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	501(C)(3)	7,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE BREAST CANCER RESEARCH FOUNDATION, INC. - 28 WEST 44TH STREET, STE. 609 - NEW YORK, NY 10036	13-3727250	501(C)(3)	41,250.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE COMMUNITY SYNAGOGUE-TEMPLE BETH AM - 160 MIDDLE NECK ROAD - PORT WASHINGTON, NY 11050	11-1992681	501(C)(3)	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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ELIE WIESEL FOUNDATION FOR HUMANITY, INC. - 555 MADISON AVENUE, 2TH FLOOR - NEW YORK, NY 10022	13-3398151	501(C)(3)	18,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE ISRAEL BRIDGE C/O VIC GREENSTEIN, 3531 OAKTON DRIVE MINNETONKA, MN 55305	01-0848028	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE JEWISH ALLIANCE, INC. 445 PARK AVENUE, SUITE 16A NEW YORK, NY 10022	83-3859068	501(C)(3)	250,791.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE SOCIETY OF THE FOUR ARTS, INC. 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	10,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THOMAS JEFFERSON UNIVERSITY OFFICE OF INSTITUTIONAL ADVANCEMENT, 125 S. 9TH STREET, SUITE 6 - PHILADELPH	23-1352651	501(C)(3)	10,000.	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 33480-4069	59-0637885	501(C)(3)	39,600.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
VILLAGE ACADEMIES, INC. 35 WEST 124TH STREET, 5TH FLOOR NEW YORK, NY 10027	13-4186070	501(C)(3)	13,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
WASHINGTON INSTITUTE FOR NEAR EAST POLICY - 1111 19TH STREET, NW, STE. 500 - WASHINGTON, DC 20036	52-1376034	501(C)(3)	172,500.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
WITHINREACH FOUNDATION, INC. P.O. BOX 256 PORT WASHINGTON, NY 11050	46-0874626	501(C)(3)	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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH RENEWAL FUND 250 W57TH STREET, SUITE 632 NEW YORK, NY 10107	13-3641489	501(C)(3)	5,000.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PALM BEACH JEWISH COMMUNITY CAMPUS CORP. - ONE HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409	65-0006250	501(C)(3)	2,230,267.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP. - ONE HARVARD CIRCLE, SUITE 100 - WEST PALM BEACH, FL 33409	46-1245509	501(C)(3)	117,060.	0.			GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

Part 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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.

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 Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

59-0948696

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL HOFFMAN CHIEF EXECUTIVE OFFICER	(i)	304,701.	0.	9,000.	23,548.	24,183.	361,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFFICER	(i)	250,960.	0.	6,997.	20,140.	23,961.	302,058.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHY SIGALL CHIEF FINANCIAL OFFICER	(i)	191,223.	0.	0.	15,200.	9,108.	215,531.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MINDY HANKEN CHIEF PROGRAM OFFICER	(i)	171,787.	0.	0.	13,954.	9,187.	194,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISBETH ROCK EXECUTIVE DIRECTOR	(i)	157,933.	0.	0.	7,000.	9,577.	174,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ILAN HURVITZ CHIEF PLANNING OFFICER	(i)	154,183.	0.	0.	6,038.	7,110.	167,331.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

- 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 EX	PURCHASE		X	115,000.	69,039.		X	X		X	
Total						▶ \$	69,039.					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JULIANA GENDELMAN	BOARD MEMBER AT LAR	237,083.	INSURANCE		X
RONNIE PERTNOY	BOARD MEMBER AT LAR	19,902.	ROOF AND HV		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

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

(A) NAME OF PERSON: JULIANA GENDELMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

(A) NAME OF PERSON: RONNIE PERTNOY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER AT LARGE

(D) DESCRIPTION OF TRANSACTION: ROOF AND HVAC REPAIRS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	109	3,871,956.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	1	75,000.	MARKET QUOTATION
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

PART 1, COLUMN B: THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

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) 2020

032211 11-20-20

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
DONORS, 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 AND THE
LOCAL JEWISH COMMUNITY.

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, AND IMMERSIVE EXPERIENCES, 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.

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

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

COMMISSION FOR JEWISH EDUCATION- THE COMMISSION FOR JEWISH EDUCATION
PROVIDES, EDUCATION, SUPPORT SERVICES AND OTHER RESOURCES TO
INDIVIDUALS, FAMILIES, AND INSTITUTIONS IN ORDER TO CONNECT COMMUNITY
MEMBERS WITH JEWISH LEARNING OPPORTUNITIES TO STRENGTHEN JEWISH
EDUCATION, AND TO ENRICH THE LIVES OF JEWISH FAMILIES THROUGH THE
GREATER PALM BEACHES. CURRENTLY, THE LITERACY PROGRAM WORKS WITH PALM
BEACH COUNTY SCHOOLS AS WELL AS JEWISH PRESCHOOLS IN OUR COMMUNITY.
TOGETHER THE FOLLOWING PROGRAMS, READING EXPRESS, READING TOGETHER,
PROJECT SPECIALISTS, TIKKUN OLAM TODDLER PROGRAM, AND AFTERCARE
CREATIVES ENGAGE OVER 250 VOLUNTEERS, IMPACT OVER 20 ELEMENTARY
SCHOOLS, AND ENHANCE THE LIVES OF OVER 2,500 CHILDREN.

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

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

Employer identification number
59-0948696

REQUIRED FOR THE MAINTENANCE, GROWTH AND DEVELOPMENT OF THE JEWISH
COMMUNITY OF THE GREATER PALM BEACHES.

EXPENSES \$ 27,012,519. INCL GRANTS OF \$ 25,488,390. REVENUE \$ 130,659.

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

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

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

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

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

ANDREW COMITER-SON OF RICHARD COMITER (BOD)

SANDY BAKLOR- HUSBAND TO ARLENE KAUFMAN (BOD)

MARK LEVY- HUSBAND TO STACEY LEVY (BOD)

STEVEN ELLISON- HUSBAND TO STACEY ELLISON (BOD)

RABBI ANDREW ROSENKRANZ- HUSBAND TO ERICA ROSENKRANZ

BUSINESS RELATIONSHIPS:

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

ALLYSON SELIGMAN-CONTRACTUAL RELATIONSHIP WITH THE JEWISH FEDERATION OF
PALM BEACH COUNTY(SELIGMAN BRAND STRATEGIES)

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

THE TAX PREPARER PREPARES THE 990 AND IT IS REVIEWED BY THE AUDIT
COMMITTEE. THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE AVAILABLE
ONLY TO THE VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE 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 BOARD CHAIR REVIEWS WHY IT IS NECESSARY FOR ALL BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM. RETURN OF SIGNED FORMS IS MONITORED AND INDIVIDUAL FOLLOW UP IS DONE BY MAIL AND AT BOARD MEETINGS.

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

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

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

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	Employer identification number 59-0948696
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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 UPON REQUEST. THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE JEWISH FEDERATION OF PALM BEACH COUNTY, INC.'S WEBSITE

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.

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PALM BEACH JEWISH COMMUNITY CAMPUS CORP. - 65-0006250, ONE HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL 33409	OWNS PROPERTY FOR THE PURPOSE OF PROVIDING EDUCATIONAL, PROGRAMMING	FLORIDA	501(C)(3)	LINE 7	JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	X	
NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP. - 46-1245509, ONE HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL	MAINTAINS PROPERTY FOR THE PURPOSE OF PROVIDING EDUCATIONAL, PROGRAMMING	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. Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	B	2,230,267.	CASH
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	E	2,826,596.	CASH
(3) PALM BEACH JEWISH COMMUNITY CAMPUS CORP NORTH PALM BEACH COUNTY JEWISH COMMUNITY	K	2,252,240.	MARKET VALUE
(4) CAMPUS CORPORATION	B	117,060.	CASH
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORP.

EIN: 46-1245509

ONE HARVARD CIRCLE, SUITE 100

WEST PALM BEACH, FL 33409

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

2020

Department of the Treasury
Internal Revenue Service

▶ **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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>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) <input type="checkbox"/> 529S</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) JEWISH FEDERATION OF PALM BEACH COUNTY, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. ONE HARVARD CIRCLE, NO. 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33409</p>	<p>D Employer identification number 59-0948696</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year ▶ 188,649,798.</p>			

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust Applicable reinsurance entity

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

L The books are in care of ▶ **KATHY SIGALL, CHIEF FINANCIAL OF** Telephone number ▶ **561-478-0700**

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-398,668.
2 Reserved	2	
3 Add lines 1 and 2	3	-398,668.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-398,668.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-398,668.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 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 statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax		11	
			Refunded

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2020 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	X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X	X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4a Did the organization change its method of accounting? (see instructions)		X	X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____ Date _____	Title _____ CHIEF EXECUTIVE OFFICER		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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		
	BDO USA, LLP	13-5381590		
	Firm's address	Phone no.		
	225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL 33432	561-909-2100		

FOOTNOTES

STATEMENT 1

NOL CARRYFORWARD FROM JUNE 30,2020 WAS \$ 927,590 OF WHICH NONE WAS APPLIED; ENTIRE BALANCE WILL BE CARRIED FORWARD.

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

ENTITY 1

OMB No. 1545-0047

2020

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

A Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC.	B Employer identification number 59-0948696
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT INCOME GENERATED FROM VARIOUS ALTE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)		4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5 -217,861.		-217,861.
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 -217,861.		-217,861.

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

1 Compensation of officers, directors, and trustees (Part X)		1		
2 Salaries and wages		2		58,803.
3 Repairs and maintenance		3		
4 Bad debts		4		
5 Interest (attach statement) (see instructions)		5		
6 Taxes and licenses		6		
7 Depreciation (attach Form 4562) (see instructions)	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9 Depletion		9		
10 Contributions to deferred compensation plans		10		
11 Employee benefit programs		11		
12 Excess exempt expenses (Part VIII)		12		
13 Excess readership costs (Part IX)		13		
14 Other deductions (attach statement)	SEE STATEMENT 2	14		122,004.
15 Total deductions. Add lines 1 through 14		15		180,807.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16		-398,668.
17 Deduction for net operating loss (see instructions)		17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16		18		-398,668.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Row 9 is a checkbox question about section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property with checkboxes A, B, C, D. Rows 2-4: Rent received or accrued from personal property, real and personal property, and total rents. Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property with checkboxes A, B, C, D. Rows 2-8: Gross income from or allocable to debt-financed property, deductions (straight line, other), total deductions, amount of average acquisition debt, average adjusted basis, and gross income reportable. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends-received deductions.

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (Gross advertising income, Add columns A through D)

Table with 4 columns (A, B, C, D) and 2 rows (Direct advertising costs by periodical, Add columns A through D)

Table with 4 columns (A, B, C, D) and 1 row (Advertising gain (loss). Subtract line 3 from line 2)

Table with 4 columns (A, B, C, D) and 1 row (Readership costs)

Table with 4 columns (A, B, C, D) and 1 row (Circulation income)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5)

Table with 4 columns (A, B, C, D) and 1 row (Excess readership costs allowed as a deduction)

Table with 4 columns (A, B, C, D) and 1 row (Add line 8, columns A through D)

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Blank lines for supplemental information

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

ACCOUNTING AND TAX PREPARATION	20,000.
ENDOWMENT SYSTEM TRACKING OF INVESTMENTS	35,000.
INVESTMENT ADVISOR/MONITOR FEES ALLOCATION	64,204.
OFFICE EXPENSES AND OTHER	2,800.

TOTAL TO SCHEDULE A, PART II, LINE 14

122,004.

FORM 990-T
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED
BUSINESS ACTIVITY

STATEMENT 3

INVESTMENT INCOME GENERATED FROM VARIOUS ALTERNATIVE INVESTMENTS

TO FORM 990-T, SCHEDULE A, LINE E



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/20 1019

FEIN 59-0948696

For calendar year 2020 or tax year beginning

JUL 1

, 2020 ending

JUN 30, 2021

Rule 12C-1.051 Florida Administrative Code Effective 01/21 Page 1 of 6

813302021063000020050372359094869600005

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

Table with 4 columns: Description, Check here if negative, Amount, and Total. Rows include Federal taxable income, State income taxes, Additions, Subtractions, Adjusted federal income, Florida portion, Nonbusiness income, Florida exemption, Florida net income, Tax due, Credits, Total corporate income, and Payment credits.

044081 10-20-20

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/20

Do Not Detach

YEAR ENDING 06/30/21

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

Name JEWISH FEDERATION OF PALM BEA

Address INC.

Address ONE HARVARD CIRCLE

City/State/ZIP WEST PALM BEACH, FL 33409

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

Table with 4 columns: Description, Amount, and Total. Rows include FEIN, State ID, and various tax amounts.

0

8133 0 20210630 0002005037 2 3590948696 0000 5



JEWISH FEDERATION OF PALM BEACH COUN

FEIN 59-0948696

1019
F-1120
R. 01/20
Page 2 of 6
06/30/21

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 EXECUTIVE OFFI
Paid preparers only: Preparer's signature Date Preparer check if self-employed Preparer's PTIN P00646430
Firm's name (or yours if self-employed) and address: 225 NE MIZNER BLVD. SUITE 685 BOCA RATON, FL FEIN 13-5381590 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 X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 523000
F. A Florida extension of time was timely filed? YES NO X
G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.
G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation:
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: ONE HARVARD CIRCLE City, State, ZIP: WEST PALM BEACH, FL 33409
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: MICHAEL HOFFMAN
a) Contact person telephone number: 5614780700
b) Contact person e-mail address: KATHY.SIGALL@JEWISHP
L. Type of federal return filed 1120 1120S or 990-T



Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

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 06/30/21

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3.
4. Net capital loss carryover (attach schedule)	4.
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida Tax Credit Scholarship Program Credits	12.
13. Florida Renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. s. 168(k) IRC special bonus depreciation	18.
19. Other additions (attach schedule)	19.
20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.	20.

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1.
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	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. STATEMENT 2
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 179, IRC expense (see instructions)	9.
10. s. 168(k), IRC special bonus depreciation (see instructions)	10.
11. Other subtractions (attach statement)	11.
12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.	12. 1,414,627.00



NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/21

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	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/21

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. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)	12.
13. Florida renewable energy production tax credit	13.
14. New markets tax credit	14.
15. Entertainment industry tax credit	15.
16. Research and Development tax credit	16.
17. Energy Economic Zone tax credit	17.
18. Other credits (attach schedule)	18.
19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	19.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida (Enter here and on Page 1, Line 8)	1. _____

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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)	



NAME JEWISH FEDERATION OF PALM BEACH COUNT FEIN 59-0948696 TAXABLE YEAR ENDING 06/30/21

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

- | | | | |
|--|----|----|----------------------|
| 1. Florida income expected in taxable year | 1. | \$ | <u>-1,414,627.00</u> |
| 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 (4.458% of Line 3) | | \$ | _____ |
| Less: Credits against the tax | 4. | \$ | _____ |
-
5. Computation of installments:
- | | | |
|-----------------------|--|-----------|
| Payment due dates and | If 6/30 year end, last day of 4th month, | |
| payment amounts: | 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. | \$ | _____ |

References

The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at floridarevenue.com/forms.

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FOOTNOTES

STATEMENT 1

FLORIDA NET OPERATING LOSS CARRYFORWARD SCHEDULE
TAX YEAR

30-JUN-09

(A) ADJUSTED FEDERAL INCOME/LOSS	-88,365.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-88,365.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-88,365.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	-88,365.

30-JUN-10

(A) ADJUSTED FEDERAL INCOME/LOSS	-36,757.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-36,757.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-36,757.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	-125,122.

30-JUN-11

(A) ADJUSTED FEDERAL INCOME/LOSS	28,466.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	28,466.
(D) NOLCO APPLIED	-28,466.
(E) FLORIDA NET INCOME/LOSS (C+D)	0.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	-96,656.

30-JUN-12

(A) ADJUSTED FEDERAL INCOME/LOSS	-36,973.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-36,973.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-36,973.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	-133,629.

30-JUN-13

(A) ADJUSTED FEDERAL INCOME/LOSS	37,347.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	37,347.
(D) NOLCO APPLIED	-37,347.

(E) FLORIDA NET INCOME/LOSS (C+D) 0.
 (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR -96,282.

30-JUN-14

(A) ADJUSTED FEDERAL INCOME/LOSS -96,282.
 (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS 1.
 (C) FLORIDA APPORTIONED NOLCO (A) X (B) 2,303.
 (D) NOLCO APPLIED -2,303.
 (E) FLORIDA NET INCOME/LOSS (C+D) 0.
 (F) NOL CARRY FORWARD TO F-1120 NEXT YEAR -93,979.

30-JUN-15

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

30-JUN-16

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

30-JUN-17

(A) ADJUSTED FEDERAL INCOME/LOSS -154,594.
 (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.

30-JUN-18

(A) ADJUSTED FEDERAL INCOME/LOSS -300,347.
 (B) APPORTIONMENT FRACTION FOR YEAR OF LOSS 1.
 (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.

30-JUN-19

(A) ADJUSTED FEDERAL INCOME/LOSS	-303,810.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-303,810.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-303,810.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	778,379.

30-JUN-20

(A) ADJUSTED FEDERAL INCOME/LOSS	-237,578.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-237,578.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-237,578.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	1,015,959.

30-JUN-21

(A) ADJUSTED FEDERAL INCOME/LOSS	-398,668.
(B) APPORTIONMENT FRACTION FOR YEAR OF LOSS	1.
(C) FLORIDA APPORTIONED NOLCO (A) X (B)	-398,668.
(D) NOLCO APPLIED	0.
(E) FLORIDA NET INCOME/LOSS (C+D)	-398,668.
(F) NOL CARRY FORWARD TO F-1120 NEXT YEAR	-1,414,627.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 2

YEAR	APPORITION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2018	0%	0.	303,810.	0.	303,810.00
2019	0%	0.	237,579.	0.	237,579.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					541,389.00



JEWISH FEDERATION OF PALM BEACH COUNTY,

1019
F-1120
R. 01/20

FEIN 59-0948696

DATA Page 1 of 2

590948696	0	0	141462700
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2	0	0	0
2	0	0	0
2	0	0	0
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Public Inspection copy of Jewish Federation 990

Final Audit Report

2022-04-11

Created:	2022-04-11
By:	Marlie Louischarles (Marlie.Louischarles@jewishpalmbeach.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAr9CFI76ee4ORclatN0-r4jGtBavWVHtq

"Public Inspection copy of Jewish Federation 990" History

-  Document created by Marlie Louischarles (Marlie.Louischarles@jewishpalmbeach.org)
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-  Document emailed to Michael Hoffman (michael.hoffman@jewishpalmbeach.org) for signature
2022-04-11 - 5:43:51 PM GMT
-  Email viewed by Michael Hoffman (michael.hoffman@jewishpalmbeach.org)
2022-04-11 - 5:52:00 PM GMT
-  Document e-signed by Michael Hoffman (michael.hoffman@jewishpalmbeach.org)
Signature Date: 2022-04-11 - 5:55:45 PM GMT - Time Source: server
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