

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/2021 **and ending** 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, INC. Doing Business As			D Employer identification number 59-0948696
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephone number (561) 478-0700
	1 HARVARD CIRCLE City or town, state or province, country, and ZIP or foreign postal code		100	G Gross receipts \$ 42,594,802.
	F Name and address of principal officer: MICHAEL HOFFMAN 1 HARVARD CIRCLE, #100, WEST PALM BEACH, FL 33409			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)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.JEWISHPB.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1962 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	60
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	59
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	112
	6 Total number of volunteers (estimate if necessary)	6	2,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-440,680.
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,829,153.	27,510,361.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	470,729.	505,277.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,538,696.	2,851,918.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,157,427.	191,290.
		40,996,005.	31,058,846.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,488,390.	18,927,170.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,655,078.	8,105,505.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,823,492.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,056,749.	4,544,972.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,200,217.	31,577,647.
19 Revenue less expenses. Subtract line 18 from line 12	3,795,788.	-518,801.	
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)	188,649,798.	173,351,339.
	22 Net assets or fund balances. Subtract line 21 from line 20.	40,746,730.	41,769,915.
	147,903,068.	131,581,424.	

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	<u>Michael Hoffman</u> Michael Hoffman (Apr 15, 2023 00:30 GMT+3)	April 18, 2023
	Signature of officer	Date
	Michael Hoffman, CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	4/7/2023		P01384178
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590			
	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001	Phone no. 212-885-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

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 MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [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 \$ 1,807,736. including grants of \$ NONE) (Revenue \$ 505,277.)

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

4b (Code:) (Expenses \$ 1,692,369. including grants of \$ NONE) (Revenue \$ NONE)

JEWISH COMMUNITY ENGAGEMENT - ENGAGING OPPORTUNITIES TO ENGAGE THE COMMUNITY IN JEWISH LEARNING AND VOLUNTEERING THROUGH THE FRIEDMAN COMMISSION FOR JEWISH EDUCATION AND THE JEWISH VOLUNTEER CENTER. PROGRAMMING INCLUDES COMMUNITY VOLUNTEER OPPORTUNITIES, PJ LIBRARY, THE FLORENCE MELTON SCHOOL OF ADULT JEWISH LEARNING, JEWISH TEEN INITIATIVE AND SPECIAL NEEDS PROGRAMMING.

4c (Code:) (Expenses \$ 1,348,288. including grants of \$ NONE) (Revenue \$ NONE)

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

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

(Expenses \$ 19,989,032. including grants of \$ 18,927,170.) (Revenue \$ NONE)

4e Total program service expenses 24,837,425.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>	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>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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>		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>	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>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b 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>	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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax 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	54
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	NONE
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 112		
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (60), 1b (59), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (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.
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, CFO, 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409
561-478-0700

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 X

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HOFFMAN CHIEF EXECUTIVE OFFICER	51.00 4.00			X				356,772.	NONE	49,324.
(2) MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFFICER	43.00 2.00				X			291,490.	NONE	46,430.
(3) KATHY SIGALL CHIEF FINANCIAL OFFICER	43.00 2.00			X				220,127.	NONE	18,423.
(4) MINDY HANKEN CHIEF PROGRAM OFFICER	43.00 2.00				X			197,330.	NONE	24,229.
(5) LISBETH ROCK (THRU 12/21) EXECUTIVE DIRECTOR, JCF	43.00 2.00					X		188,986.	NONE	28,859.
(6) SARAH ROGERS SR. VP, DEVELOPMENT	43.00 2.00					X		158,389.	NONE	27,367.
(7) RACHEL BERG VP, WOMEN'S PHILANTHROPY	43.00 2.00					X		142,210.	NONE	34,809.
(8) HOPE LEVIN VICE PRESIDENT, DEVELOPMENT	43.00 2.00					X		152,695.	NONE	20,601.
(9) JEFF TRYNZ SR. VP, EXTERNAL AFFAIRS	43.00 2.00					X		147,616.	NONE	13,024.
(10) HOPE SILVERMAN BOARD CHAIR	10.00 4.00	X		X				NONE	NONE	NONE
(11) SUSAN SHULMAN PERTNOY BOARD CHAIR ELECT	2.00 NONE	X						NONE	NONE	NONE
(12) CHARLES GOTTESMAN VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(13) MARK LEVY VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(14) RONALD PERTNOY VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LYNN PESECKIS VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(16) ROBERT GORDON TREASURER	2.00 4.00	X		X				NONE	NONE	NONE
(17) ARTHUR LORING SECRETARY	2.00 NONE	X		X				NONE	NONE	NONE
(18) IRA GERSTEIN IMMEDIATE PAST BOARD CHAIR	2.00 NONE	X						NONE	NONE	NONE
(19) BRIAN SEYMOUR ANNUAL CAMPAIGN CHAIR	2.00 NONE	X						NONE	NONE	NONE
(20) SYDELLE SONKIN WOMEN'S PHILANTHROPY CHAIR	2.00 NONE	X						NONE	NONE	NONE
(21) RONDA STARR WOMEN'S PHILANTHROPY CAMPAIGN	2.00 NONE	X						NONE	NONE	NONE
(22) BERYL SIMONSON AMFOC CHAIR	2.00 NONE	X						NONE	NONE	NONE
(23) STEVEN ELLISON COMMUNITY, STRATEGY CHAIR	2.00 NONE	X						NONE	NONE	NONE
(24) LYNN KASTON HUMAN RESOURCES CHAIR	2.00 NONE	X						NONE	NONE	NONE
(25) ARTHUR LEHROFF ISRAEL & OVERSEAS CHAIR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								1,855,615.	NONE	263,066.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								1,855,615.	NONE	263,066.

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 ▶ 14

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JOEL YUDENFREUND ----- JEWISH COMMUNITY FNDN, CHAIR	2.00 ----- NONE	X					NONE	NONE	NONE	
(27) DEBRA SHAPIRO ----- MEMBER AT LARGE	2.00 ----- NONE	X					NONE	NONE	NONE	
(28) RICHARD BAER ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(29) SANFORD BAKLOR (FROM 7/21) ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(30) JIM BALDINGER ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(31) NANCY BEREN (FROM 7/21) ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(32) ROBERT BEREN (FROM 7/21) ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(33) BARRY BERG (FROM 7/21) ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(34) SANDRA BORNSTEIN ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(35) JONATHAN CHANE ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
(36) RICHARD COMITER ----- BOARD OF DIRECTOR	2.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) PAM COMITER BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(38) HAROLD DANENBERG BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(39) SHERYL DAVIDOFF BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(40) SHEILA ENGELSTEIN (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(41) JULIANA GENDELMAN BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(42) RAY GOLDEN BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(43) ALAN HASPEL BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(44) SCOTT HOLTZ (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(45) STANLEY JACOBSON (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(46) HERBERT JAVER BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(47) YARON KAPITULNIK BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ARLENE KAUFMAN (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(49) BRIAN LEMELMAN BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(50) ROSLYN LEOPOLD (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(51) IRWIN LEVY (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(52) JUDITH LEVY (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(53) VIVIAN LIEBERMAN BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(54) SAM LIEBOVICH BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(55) KAREN LIST BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(56) ZELDA MASON (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(57) ROBERT NAFTALY BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(58) RON PERTNOY (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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>		
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>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) CINDY SCHLOSSBERG BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(60) LISA SCHREIER (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(61) KEVIN SHAPIRO BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(62) BETSY SHEERR (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(63) ALAN SHULMAN (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(64) CAROLE SOLOMON BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(65) WARREN SPECTOR BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(66) TERRI SRIBERG (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(67) AMY TERWILLEGER (FROM 7/21) BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(68) BETH WAYNE BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
(69) PENNI WEINBERG BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <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
SEE SCHEDULE O		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	18,216,268.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	9,294,093.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,219,128.				
	h	Total. Add lines 1a-1f			27,510,361.			
	Program Service Revenue	2a	DESIGNATED PROGRAM REVENUE	Business Code	900099	505,277.	505,277.	
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			505,277.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,059,944.	-440,680.	1,500,624.	
	4	Income from investment of tax-exempt bond proceeds .		NONE				
	5	Royalties		NONE				
	6a	Gross rents	(i) Real	(ii) Personal				
			6a					
			6b					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)			NONE			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		13,327,930.			
			7b		11,535,956.			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c		1,791,974.			
	d	Net gain or (loss)			1,791,974.		1,791,974.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		NONE					
		8a						
		8b		NONE				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			NONE				
9a	Gross income from gaming activities. See Part IV, line 19		NONE					
		9a						
		9b		NONE				
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities			NONE				
10a	Gross sales of inventory, less returns and allowances		NONE					
		10a						
		10b		NONE				
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory			NONE				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	191,290.		191,290.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			191,290.			
12	Total revenue. See instructions			31,058,846.	505,277.	-440,680.	3,483,888.	

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	18,927,170.	18,927,170.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,159,370.	321,242.	228,900.	609,228.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	5,543,364.	2,702,211.	998,595.	1,842,558.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	461,115.	207,502.	92,223.	161,390.
9 Other employee benefits	465,294.	209,382.	93,059.	162,853.
10 Payroll taxes	476,362.	214,363.	95,272.	166,727.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	12,642.	6,329.	2,499.	3,814.
c Accounting	49,380.		49,380.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	97,609.		97,609.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	211,459.	211,459.		
12 Advertising and promotion	NONE			
13 Office expenses	332,318.	108,418.	77,993.	145,907.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	5,977.	904.	5,073.	
17 Travel	22,389.	9,087.	10,606.	2,696.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	1,189,522.	719,717.	109,029.	360,776.
20 Interest	174,655.	139,819.	34,836.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	1,022,544.	723,824.	142,617.	156,103.
23 Insurance	48,115.		48,115.	
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 EXPENSE	642,425.		642,425.	
b REPAIRS AND MAINTENANCE	263,182.	120,953.	66,192.	76,037.
c MISCELLANEOUS	472,755.	215,045.	122,307.	135,403.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	31,577,647.	24,837,425.	2,916,730.	3,823,492.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	NONE	1	14,306.
	2 Savings and temporary cash investments	8,833,643.	2	7,163,023.
	3 Pledges and grants receivable, net	9,051,187.	3	10,319,537.
	4 Accounts receivable, net	4,009,909.	4	3,291,436.
	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	69,039.	5	58,579.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7 Notes and loans receivable, net	5,394,567.	7	5,359,568.
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges	283,351.	9	268,226.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 35,252,190.		
	b Less: accumulated depreciation	10b 7,697,179.		
	11 Investments - publicly traded securities	28,404,124.	10c	27,555,011.
	12 Investments - other securities. See Part IV, line 11	40,130,882.	11	33,290,197.
	13 Investments - program-related. See Part IV, line 11	92,104,334.	12	85,657,134.
	14 Intangible assets	NONE	13	NONE
	15 Other assets. See Part IV, line 11	NONE	14	NONE
16 Total assets. Add lines 1 through 15 (must equal line 33)	368,762.	15	374,322.	
	188,649,798.	16	173,351,339.	
Liabilities	17 Accounts payable and accrued expenses	752,366.	17	732,643.
	18 Grants payable	3,100,000.	18	NONE
	19 Deferred revenue	5,470.	19	208,285.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	11,842,105.	23	11,315,790.
	24 Unsecured notes and loans payable to unrelated third parties	2,826,596.	24	2,826,596.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	22,220,193.	25	26,686,601.
	26 Total liabilities. Add lines 17 through 25	40,746,730.	26	41,769,915.
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	87,535,512.	27	77,948,489.
	28 Net assets with donor restrictions	60,367,556.	28	53,632,935.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	147,903,068.	32	131,581,424.
33 Total liabilities and net assets/fund balances	188,649,798.	33	173,351,339.	

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	31,058,846.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,577,647.
3	Revenue less expenses. Subtract line 2 from line 1	3	-518,801.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,903,068.
5	Net unrealized gains (losses) on investments	5	-15,802,843.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,581,424.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Employer identification number
59-0948696

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

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

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

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

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

Schedule A (Form 990) 2021

JSA
1E1210 1.000

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 84.01%; 15 Public support percentage from 2020 Schedule A, Part II, line 14 75.65%; 16a 33 1/3% support test - 2021. 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. [X]; 16b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2021. 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; 17b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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>		

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>		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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.		Yes	No
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>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			

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).		

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
ELIMINATION OF ALLOWANCE	2,849,805.					2,849,805.
MISCELLANEOUS INCOME	1,301,618.	1,468,094.	1,088,660.	501,490.	191,290.	4,551,152.
ADMIN FEES	326,794.	332,482.	323,522.	479,937.		1,462,735.
SPONSORSHIP INCOME				176,000.		176,000.
TOTALS	4,478,217.	1,800,576.	1,412,182.	1,157,427.	191,290.	9,039,692.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Table with 2 columns: Name of the organization (JEWISH FEDERATION OF PALM BEACH COUNTY, INC.) and Employer identification number (59-0948696)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 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

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

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

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 2,167,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 974,536.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 765,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 638,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 610,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

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

(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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions.

Part II Conservation Easements.

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

Form for Part II with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d). 3-7. Monitoring and expenses. 8-9. Policy and reporting.

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.

Form for Part III with sections 1a-1b and 2a-2b regarding reporting of art and historical treasures.

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

Schedule D (Form 990) 2021

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	73,224,574.	54,130,485.	53,873,681.	52,088,667.	49,563,237.
b Contributions	1,464,632.	4,960,804.	1,937,629.	2,427,551.	1,385,214.
c Net investment earnings, gains, and losses	-8,361,402.	17,166,472.	1,434,353.	2,504,496.	4,160,774.
d Grants or scholarships	3,279,941.	2,800,468.	2,906,196.	2,940,280.	2,820,721.
e Other expenditures for facilities and programs					
f Administrative expenses	259,487.	232,719.	208,982.	206,753.	199,837.
g End of year balance	62,788,376.	73,224,574.	54,130,485.	53,873,681.	52,088,667.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 30.4800 %
 - b Permanent endowment ▶ 60.6700 %
 - c Term endowment ▶ 8.8500 %
- 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? | | X |
- 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	NONE	25,067,690.	5,899,801.	19,167,889.
c Leasehold improvements				
d Equipment		NONE	NONE	NONE
e Other		4,357,500.	1,797,378.	2,560,122.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,555,011.

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) BOND MUTUAL FUNDS	11,362,728.	FMV
(B) EQUITY MUTUAL FUNDS	44,493,089.	FMV
(C) PRIVATE EQUITY	15,920,498.	FMV
(D) MULTI-ASSET/OPPORTUNISTIC	8,355,473.	FMV
(E) STATE OF ISRAEL BONDS	250,000.	FMV
(F) REAL ASSET FUNDS	5,275,346.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	85,657,134.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE - JFNA	4,204,499.
(3) ALLOCATIONS PAYABLE - OTHER	3,800,166.
(4) DESIGNATED GIFTS PAYABLE	766,396.
(5) SPLIT INTEREST AGREEMENTS	1,916,389.
(6) CAPITAL LEASE PAYABLE	29,578.
(7) OBLIGATIONS TO AFFILIATED AGENCIES	10,919,952.
(8) DUE TO PALM BEACH JEWISH COMMUNITY	5,049,621.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	26,686,601.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

Part XIII Supplemental Information (continued)

PART V, LINE 4:

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

PART X, LINE 2:

THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY. THE FEDERATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE FEDERATION DID NOT INCUR ANY TAX EXPENSES DURING THE YEAR ENDED JUNE 30, 2022.

THE U.S. FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS. ADDITIONALLY, THE FEDERATION HAS FILED IRS FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHERE IT IS REQUIRED. THE FEDERATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2022, THE FEDERATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
59-0948696

Part I 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
(1) ALLIANCE FOR MIDDLE EAST PEACE INC. 1725 I ST NW, STE 300 WASHINGTON, DC 20006	20-5879279	501(C)(3)	10,000.				GENERAL SUPPORT
(2) AMERICAN COMMITTEE FOR THE WEIZMANN INST 5900 N. ANDREWS FT. LAUDERDALE, FL 33309	13-1623886	501(C)(3)	10,000.				GENERAL SUPPORT
(3) AMERICAN FRIENDS OF BETH HATEFUTSOTH 633 THIRD AVE, 21ST FL NEW YORK, NY 11017	13-2928469	501(C)(3)	61,000.				GENERAL SUPPORT
(4) AMERICAN FRIENDS OF MAGEN DAVID ADOM 4371 NORTHLAKE PALM BEACH GARDENS, FL 33410	13-1790719	501(C)(3)	21,780.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF SHEBA MEDICAL CENTER 575 MADISON AVENUE NEW YORK, NY 10022	13-3733541	501(C)(3)	50,000.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY 3282 NORTHSIDE PKWY ATLANTA, GA 30327	13-3348313	501(C)(3)	50,000.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF THE ISRAEL MUSEUM 545 5TH AVE, STE 920 NEW YORK, NY 10017	23-7182582	501(C)(3)	75,000.				GENERAL SUPPORT
(8) AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC 122 E 42ND ST, 4507 NEW YORK, NY 10168	23-7183563	501(C)(3)	10,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF THE PERES INSTITUTE 1800 N BAYSHORE MIAMI, FL 33132	13-3940178	501(C)(3)	140,000.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF YAHAD-IN UNUM INC 25 W 45TH ST, STE 701 NEW YORK, NY 10036	26-3468570	501(C)(3)	10,000.				GENERAL SUPPORT
(11) AMERICAN JEWISH COMMITTEE 165 EAST 56TH ST, 3RD FL NEW YORK, NY 10022	13-5563393	501(C)(3)	7,150.				GENERAL SUPPORT
(12) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 220 E. 42ND ST, STE. 400 NEW YORK, NY 10017	13-1656634	501(C)(3)	365,542.				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 122

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

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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
(1) AMERICAN JEWISH WORLD SERVICE, INC. 45 WEST 36TH ST NEW YORK, NY 10018-7904	22-2584370	501(C)(3)	5,100.				GENERAL SUPPORT
(2) AMERICARES FOUNDATION INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	10,000.				GENERAL SUPPORT
(3) ANTI-DEFAMATION LEAGUE 5295 TOWN CTR RD BOCA RATON, FL 33486	13-1818723	501(C)(3)	156,250.				GENERAL SUPPORT
(4) ARTHUR I. MEYER JEWISH ACADEMY, INC. 5225 HOOD ROAD PALM BEACH GARDENS, FL 33418	59-1491258	501(C)(3)	738,603.				GENERAL SUPPORT
(5) ARTIS CONTEMPORARY ISRAELI ART FUND, INC. P.O. BOX 1536 NEW YORK, NY 10276	26-4184988	501(C)(3)	10,000.				GENERAL SUPPORT
(6) BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY BALTIMORE, MD 21230	52-1205675	501(C)(3)	10,000.				GENERAL SUPPORT
(7) BIRTHRIGHT ISRAEL FOUNDATION 500 S. AUSTRALIAN WEST PALM BEACH, FL 33401	13-4092050	501(C)(3)	516,515.				GENERAL SUPPORT
(8) BRANDEIS UNIVERSITY 415 SOUTH ST, MS 126 WALTHAM, MA 02453	04-2103552	501(C)(3)	50,000.				GENERAL SUPPORT
(9) CARE 151 ELLIS STREET N.E. ATLANTA, GA 30303	13-1685039	501(C)(3)	10,000.				GENERAL SUPPORT
(10) CENTRAL SYNAGOGUE 123 E 55TH STREET NEW YORK, NY 10022-3502	13-1628161	501(C)(3)	15,600.				GENERAL SUPPORT
(11) CHABAD JEWISH CENTER OF MARTIN & ST. LUCIE 2809 S.W. SUNSET TRAIL PALM CITY, FL 34990	65-0896121	501(C)(3)	51,000.				GENERAL SUPPORT
(12) CHILDREN'S GOLF FOUNDATION, INC. 7301 HAVERHILL RD RIVIERA BEACH, FL 33407	65-0262208	501(C)(3)	5,250.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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

Employer identification number
59-0948696

Part I General Information on Grants and Assistance

- 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
- 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
(1) CITY YEAR, INC. 606 SOUTH OLIVE ST LOS ANGELES, CA 90014	22-2882549	501(C)(3)	10,600.				GENERAL SUPPORT
(2) COMFORT FOOD OF WASHINGTON COUNTY P.O. BOX 86 GREENWICH, NY 12834	46-4583890	501(C)(3)	5,500.				GENERAL SUPPORT
(3) COMMUNITY CHEST OF PORT WASHINGTON INC. 382 MAIN STREET PORT WASHINGTON, NY 11050	11-1614994	501(C)(3)	7,500.				GENERAL SUPPORT
(4) CRADLES TO CRAYONS INC. 281 NEWTONVILLE AVE NEWTON, MA 02460-2013	04-3584367	501(C)(3)	10,000.				GENERAL SUPPORT
(5) DIA CENTER FOR THE ARTS INC 535 W 22ND ST, FL 4 NEW YORK, NY 10011	23-7397946	501(C)(3)	25,000.				GENERAL SUPPORT
(6) DIRECT RELIEF 6100 WALLACE SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	162,631.				GENERAL SUPPORT
(7) DOCTORS WITHOUT BORDERS USA INC. P.O. BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	10,100.				GENERAL SUPPORT
(8) FEEDING SOUTH FLORIDA 4925 PARK RIDGE BOYNTON BEACH, FL 33426	59-2097520	501(C)(3)	5,100.				GENERAL SUPPORT
(9) FOCUSING PHILANTHROPY INC. 1637 16TH ST SANTA MONICA, CA 90404	45-2405071	501(C)(3)	30,000.				GENERAL SUPPORT
(10) FOUNDATION FOR THE DEFENSE OF DEMOCRACIES P.O. BOX 33249 WASHINGTON, DC 20033	13-4174402	501(C)(3)	16,000.				GENERAL SUPPORT
(11) FRIENDS OF BEZALEL ACADEMY OF ARTS & DESIGN 79 MADISON AVE NEW YORK, NY 10016-7802	13-2952614	501(C)(3)	50,000.				GENERAL SUPPORT
(12) FRIENDS OF ELNET 5215 OLD ORCHARD RD SKOKIE, IL 60077-1094	45-2212393	501(C)(3)	86,000.				GENERAL SUPPORT

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

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

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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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
(1) FRIENDS OF ETHIOPIAN JEWS INC. P.O. BOX 960059 BOSTON, MA 02196-0059	06-1512486	501(C)(3)	50,000.				GENERAL SUPPORT
(2) GIFT OF LIFE MARROW REGISTRY 5901 BROKEN SOUND BOCA RATON, FL 33487	22-3131232	501(C)(3)	35,000.				GENERAL SUPPORT
(3) GLOBALGIVING FOUNDATION 1 THOMAS CIRCLE NW WASHINGTON, DC 20005	30-0108263	501(C)(3)	10,000.				GENERAL SUPPORT
(4) HAROLD GRINSPON FOUNDATION 67 HUNT ST, STE 100 AGAWAM, MA 10001	04-6685725	501(C)(3)	35,000.				GENERAL SUPPORT
(5) HASBARA FELLOWSHIPS 228 PARK AVE S# 94319 NEW YORK, NY 10003	20-1651102	501(C)(3)	7,200.				GENERAL SUPPORT
(6) HEBREW IMMIGRANT AID SOCIETY INC. 1300 SPRING ST SILVER SPRING, MD 20910	13-5633307	501(C)(3)	12,110.				GENERAL SUPPORT
(7) HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE 800 8TH ST. N.W. WASHINGTON, DC 20001	52-1844823	501(C)(3)	166,850.				GENERAL SUPPORT
(8) HILLEL OF BROWARD & PALM BEACH 777 GLADES RD BLDG BOCA RATON, FL 33431	56-2472825	501(C)(3)	48,818.				GENERAL SUPPORT
(9) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI OFFICE DEVELOPMENT NEW YORK, NY 10029-9988	13-6171197	501(C)(3)	105,000.				GENERAL SUPPORT
(10) INTERNATIONAL PLANNED PARENTHOOD FEDERATION 125 MAIDEN LN NEW YORK, NY 10038-5063	13-1845455	501(C)(3)	10,000.				GENERAL SUPPORT
(11) ISRAEL EMERGENCY ALLIANCE P.O. BOX 811355 BOCA RATON, FL 33481	01-0566033	501(C)(3)	11,500.				GENERAL SUPPORT
(12) ISRAEL GUIDE DOG CENTER FOR THE BLIND 968 EASTON RD, STE H WARRINGTON, PA 18976	23-2519029	501(C)(3)	12,978.				GENERAL SUPPORT

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(1) ISRAEL POLICY FORUM 355 LEXINGTON AVE NEW YORK, NY 10017	90-0653286	501(C)(3)	100,000.				GENERAL SUPPORT
(2) ISRAEL TENNIS CENTERS FOUNDATION 3275 W HILLSBORO DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	18,180.				GENERAL SUPPORT
(3) JAVNE FUND 767 5TH AVE, STE #4200 NEW YORK, NY 10153	13-3852855	501(C)(3)	10,000.				GENERAL SUPPORT
(4) JAZZ AT ASPEN SNOWMASS 110 EAST HALLAM, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	8,900.				GENERAL SUPPORT
(5) JERUSALEM FOUNDATION INC. 420 LEXINGTON AVE NEW YORK, NY 10170	13-2563745	501(C)(3)	9,000.				GENERAL SUPPORT
(6) JEWISH AGENCY FOR ISRAEL NORTH AMERICA 633 THIRD AVE, 32ND FL NEW YORK, NY 10017	23-0053483	501(C)(3)	22,500.				GENERAL SUPPORT
(7) JEWISH COMMUNITY CENTER OF METRO DETROIT 6600 W MAPLE RD WEST BLOOMFIELD, MI 48322	38-1358397	501(C)(3)	25,000.				GENERAL SUPPORT
(8) JEWISH COMMUNITY RELATIONS COUNCIL OF NY 225 W 34TH ST NEW YORK, NY 10122-1693	13-2869041	501(C)(3)	18,000.				GENERAL SUPPORT
(9) JEWISH EDUCATIONAL LOAN FUND 4549 CHAMBLEE RD DUNWOODY, GA 30338	58-0568686	501(C)(3)	16,000.				GENERAL SUPPORT
(10) JEWISH FAMILY & CHILDREN'S SVC OF PLM BCH 5841 CORP.O. WEST PALM BEACH, FL 33407-2039	59-1520581	501(C)(3)	1,332,922.				GENERAL SUPPORT
(11) JEWISH FEDERATION OF GREATER PHILADELPHIA 2100 ARCH STREET PHILADELPHIA, PA 19103	23-1500085	501(C)(3)	25,000.				GENERAL SUPPORT
(12) JEWISH FEDERATIONS OF NORTH AMERICA 25 BDWY, STE 1700 NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	5,705,720.				GENERAL SUPPORT

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(1) JEWISH FUNDERS NETWORK 150 WEST 30TH S, STE 900 NEW YORK, NY 10001	23-2742482	501(C)(3)	60,000.				GENERAL SUPPORT
(2) JEWISH RESIDENTIAL AND FAMILY SERVICES INC. 5841 CORP, WAY, WEST PALM BEACH, FL 33407	65-0737159	501(C)(3)	111,511.				GENERAL SUPPORT
(3) JEWISH WOMEN'S FOUN OF THE GREATER PLM BCH 2247 PALM BEACH WEST PALM BEACH, FL 33409	47-1611411	501(C)(3)	20,500.				GENERAL SUPPORT
(4) JUDAISM AND DEMOCRACY ACTION ALLIANCE OF NA 6 COPPER BEECH WHITE PLAINS, NY 10605	13-4072492	501(C)(3)	50,000.				GENERAL SUPPORT
(5) JUPITER MEDICAL CENTER FOUNDATION INC. 1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	65-0132406	501(C)(3)	23,900.				GENERAL SUPPORT
(6) JUVENILE DIABETES RESEARCH FOUNDATION INTER 3369 PINE RIDGE RD NAPLES, FL 34109	23-1907729	501(C)(3)	5,500.				GENERAL SUPPORT
(7) KAVOD-ENSURING DIGNITY FOR HOLOCAUST SURVIV 820 S. MONACO PARKWAY DENVER, CO 80224	47-5495289	501(C)(3)	69,500.				GENERAL SUPPORT
(8) KENNEDY KRIEGER FOUNDATION, INC. 707 N. BROADWAY BALTIMORE, MD 21205	52-1734695	501(C)(3)	10,000.				GENERAL SUPPORT
(9) KRAMER SENIOR SERVICES AGENCY, INC. 4847 DAVID MACK WEST PALM BEACH, FL 33417	90-0730105	501(C)(3)	698,904.				GENERAL SUPPORT
(10) MAKE-A-WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE SE ATLANTA, GA 30339	58-2146828	501(C)(3)	20,000.				GENERAL SUPPORT
(11) MANDEL JEWISH COMMUNITY CENTER OF THE PALM 8500 JOG ROAD BOYNTON BEACH, FL 33472	59-1582799	501(C)(3)	1,846,580.				GENERAL SUPPORT
(12) MANNA FOOD CENTER, INC. P.O. BOX 1196 DURANGO, CO 81302	52-1289203	501(C)(3)	30,000.				GENERAL SUPPORT

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(1) MIGRANT KITCHEN INCORPORATED 4115 36TH ST LONG ISLAND CITY, NY 11101	85-0592518	501(C)(3)	50,000.				GENERAL SUPPORT
(2) MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST 2000 WESTCHESTER AVE. PURCHASE, NY 10577	52-7082731	501(C)(3)	111,613.				GENERAL SUPPORT
(3) MORSELIFE FOUNDATION INC. 4847 DAVID S.MACK WEST PALM BEACH, FL 33417	59-2774476	501(C)(3)	366,750.				GENERAL SUPPORT
(4) MUSICIANS ON CALL P.O. BOX 60187 NASHVILLE, TN 37206	13-4067116	501(C)(3)	10,000.				GENERAL SUPPORT
(5) NATIONAL ABORTION FEDERATION 1090 VERMONT AVE WASHINGTON, DC 20005	43-1097957	501(C)(3)	7,500.				GENERAL SUPPORT
(6) NATIONAL CENTER FOR HEBREW LANGUAGE 729 7TH AVE, 9TH FL NEW YORK, NY 10019	26-4077251	501(C)(3)	18,000.				GENERAL SUPPORT
(7) NATIONAL IMMIGRATION LAW CENTER 3450 WILSHIRE BLVD LOS ANGELES, CA 90010	95-4539765	501(C)(3)	7,000.				GENERAL SUPPORT
(8) NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY 101 S.IND, MALL PHILADELPHIA, PA 19106	23-7379280	501(C)(3)	29,000.				GENERAL SUPPORT
(9) NEW ISRAEL FUND 1400 NW 107TH AVE. MIAMI, FL 33172	94-2607722	501(C)(3)	13,500.				GENERAL SUPPORT
(10) NORTON MUSEUM OF ART 1450 S. DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	226,750.				GENERAL SUPPORT
(11) OHR TORAH STONE INSTITUTIONS OF ISRAEL 49 WEST 45TH ST, STE 701 NEW YORK, NY 10036	13-3275531	501(C)(3)	150,000.				GENERAL SUPPORT
(12) OPPORTUNITY, INC. 4171 WESTGATE AVE WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	10,000.				GENERAL SUPPORT

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(1) OVARIAN CANCER RESEARCH ALLIANCE 14 PENNSYLVANIA PLAZA NEW YORK, NY 10122	13-3806788	501(C)(3)	10,000.				GENERAL SUPPORT
(2) P.E.F. ISRAEL ENDOWMENT FUNDS, INC. 630 3RD AVE, STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	176,000.				GENERAL SUPPORT
(3) PALM BEACH CIVIC ASSOCIATION 139 NORTH COUNTY RD PALM BEACH, FL 33480	59-0542089	501(C)(3)	10,250.				GENERAL SUPPORT
(4) PALM BEACH COUNTY FOOD BANK INC. 701 BOUTWELL RD LAKE WORTH, FL 33461	90-0788707	501(C)(3)	5,400.				GENERAL SUPPORT
(5) PALM BEACH COUNTY SHERIFF'S FOUNDATION 701 BOUTWELL RD WEST PALM BEACH, FL 33406	27-2615023	501(C)(3)	10,000.				GENERAL SUPPORT
(6) PALM BEACH OPERA INC. 1800 S AUSTRALIAN WEST PALM BEACH, FL 33409	59-1060864	501(C)(3)	91,500.				GENERAL SUPPORT
(7) PALM BEACH ORTHODOX SYNAGOGUE 120 N. COUNTY RD PALM BEACH, FL 33480	65-0478910	501(C)(3)	55,400.				GENERAL SUPPORT
(8) PATH TO COLLEGE FOUNDATION INC. P.O.BOX 487 LAKE WORTH BEACH, FL 33460-0487	81-5228014	501(C)(3)	6,000.				GENERAL SUPPORT
(9) PLANNED PARENTHOOD OF SOUTH EAST AND NORTH 2300 N, FL, MANGO WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	78,250.				GENERAL SUPPORT
(10) PROMISE FUND OF FLORIDA, INC. 340 ROYAL PW PALM BEACH, FL 33480	83-0535519	501(C)(3)	15,000.				GENERAL SUPPORT
(11) RAYMOND F. KRAVIS CENTER FOR THE PERFORMING 7010 KEECHOBEE WEST PALM BEACH, FL 33401	59-2245054	501(C)(3)	67,000.				GENERAL SUPPORT
(12) REUT USA 21550 OXNARD ST WOODLAND HILLS, CA 91367	20-3585888	501(C)(3)	36,000.				GENERAL SUPPORT

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(1) RICHARD DAVID KANN MELANOMA TASK FORCE, INC 2751 S. DIXIE HWY WEST PALM BEACH, FL 33405	65-0653295	501(C)(3)	9,750.				GENERAL SUPPORT
(2) SCHWAB CHARITABLE FUND P.O. BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	343,004.				GENERAL SUPPORT
(3) SHARE OUR STRENGTH, INC. 1030 15TH ST. NW WASHINGTON, DC 20005	52-1367538	501(C)(3)	6,000.				GENERAL SUPPORT
(4) SIBLEY MEMORIAL HOSPITAL FOUNDATION 5255 LOUGHBORO RD WASHINGTON, DC 20016-2633	45-0562642	501(C)(3)	10,000.				GENERAL SUPPORT
(5) SOUTH FLORIDA PBS P.O. BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	15,200.				GENERAL SUPPORT
(6) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,985.				GENERAL SUPPORT
(7) TEMPLE EMANU-EL OF PALM BEACH INC. 190 N COUNTY RD PALM BEACH, FL 33480-3740	59-1027143	501(C)(3)	36,010.				GENERAL SUPPORT
(8) TEMPLE JUDEA OF PALM BEACH COUNTY, INC. 4311 HOOD ROAD PALM BEACH GARDENS, FL 33410	59-2100649	501(C)(3)	36,659.				GENERAL SUPPORT
(9) TEMPLE MICAH 2829 WISCONSIN WASHINGTON, DC 20007-4702	52-0845118	501(C)(3)	11,000.				GENERAL SUPPORT
(10) THE ART GUILD OF PORT WASHINGTON 200 PORT WASHINGTON MANHASSET, NY 11030	11-3532550	501(C)(3)	10,000.				GENERAL SUPPORT
(11) THE ASSOCIATION OF ISRAEL'S DECORATIVE ARTS 165 TOWNSHIP LINE RD JENKINTOWN, PA 19048	30-0255276	501(C)(3)	10,000.				GENERAL SUPPORT
(12) THE BREAST CANCER RESEARCH FOUNDATION, INC. 28 WEST 44TH ST, STE.609 NEW YORK, NY 10036	13-3727250	501(C)(3)	51,250.				GENERAL SUPPORT

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(1) THE KIND KITCHEN OF PALM BEACH INC. 844 PROSPERITY NORTH PALM BEACH, FL 33408	86-1377286	501(C)(3)	14,100.				GENERAL SUPPORT
(2) THE LEUKEMIA & LYMPHOMA SOCIETY, INC. 3601 EISENHOWER AVE ALEXANDRIA, VA 22304	13-5644916	501(C)(3)	26,000.				GENERAL SUPPORT
(3) THE SHABBAT PROJECT, INC. 228 PARK AVE SOUTH NEW YORK, NY 10003	46-4715368	501(C)(3)	5,500.				GENERAL SUPPORT
(4) THE SOCIETY OF THE FOUR ARTS, INC. 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	45,000.				GENERAL SUPPORT
(5) THOMAS JEFFERSON UNIVERSITY 125 S. 9TH ST PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	17,500.				GENERAL SUPPORT
(6) TOWN OF PALM BEACH UNITED WAY INC. 44 COCOANUT ROW PALM BEACH, FL 33480	59-0637885	501(C)(3)	66,800.				GENERAL SUPPORT
(7) UJA FEDERATION OF NEW YORK P.O. BOX 4227 NEW YORK, NY 10261	51-0172429	501(C)(3)	128,425.				GENERAL SUPPORT
(8) VILLAGE ACADEMIES, INC. 35 WEST 124TH ST NEW YORK, NY 10027	13-4186070	501(C)(3)	20,000.				GENERAL SUPPORT
(9) WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST, NW WASHINGTON, DC 20036	52-1376034	501(C)(3)	48,000.				GENERAL SUPPORT
(10) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE WASHINGTON, DC 20001	27-3521132	501(C)(3)	107,000.				GENERAL SUPPORT
(11) WORLD JEWISH CONGRESS AMERICAN SECTION INC. 501 MADISON AVE, 9TH FL NEW YORK, NY 10022	13-1790756	501(C)(3)	25,640.				GENERAL SUPPORT
(12) ZECHER AVROHOM, INC. 1715 51ST STREET BROOKLYN, NY 11204	26-3744888	501(C)(3)	40,000.				GENERAL SUPPORT

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

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

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

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

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

Employer identification number
59-0948696

Part I General Information on Grants and Assistance

- 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
- 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
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	65-0006250	501(C)(3)	2,307,525.				GENERAL SUPPORT
(2) NORTH PALM BEACH COUNTY JEWISH COMM. CAMPUS 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	46-1245509	501(C)(3)	144,587.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 2021

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

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

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

PART I, LINE 2:

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

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

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

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

JEWISH FEDERATION OF PALM BEACH COUNTY, INC. REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501(C)(3) DOMESTIC U.S. CHARITY. IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCY, THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) FILES A SEPARATE FORM 990 AND DETAILED SCHEDULE F.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
INC.

JEWISH FEDERATION OF PALM BEACH COUNTY,

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 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
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL HOFFMAN CHIEF EXECUTIVE OFFIC	(i)	321,707.	26,065.	9,000.	24,234.	25,090.	406,096.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFF	(i)	278,801.	NONE	12,689.	21,566.	24,864.	337,920.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 KATHY SIGALL CHIEF FINANCIAL OFFIC	(i)	220,127.	NONE	NONE	16,400.	2,023.	238,550.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MINDY HANKEN CHIEF PROGRAM OFFICER	(i)	197,330.	NONE	NONE	14,926.	9,303.	221,559.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 LISBETH ROCK (THRU 12/ EXECUTIVE DIRECTOR, J	(i)	174,851.	NONE	14,135.	13,751.	15,108.	217,845.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 SARAH ROGERS SR. VP, DEVELOPMENT	(i)	146,299.	NONE	12,090.	12,052.	15,315.	185,756.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 HOPE LEVIN VICE PRESIDENT, DEVEL	(i)	152,695.	NONE	NONE	12,300.	8,301.	173,296.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 JEFF TRYNZ SR. VP, EXTERNAL AFFA	(i)	147,616.	NONE	NONE	11,712.	1,312.	160,640.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 RACHEL BERG VP, WOMEN'S PHILANTHR	(i)	130,158.	NONE	12,052.	10,986.	23,823.	177,019.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A:

LISBETH ROCK, EXECUTIVE DIRECTOR, JCF THRU DECEMBER OF 2021, RECEIVED SEVERANCE PAYMENTS TOTALING \$14,135, WHICH IS INCLUDED ON SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

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

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open To Public
Inspection**

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JULIANA GENDELMAN	SEE PART V	267,285.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

PART II, LOANS TO AND FROM INTERESTED PERSONS:

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

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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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	101	3,144,128.	MARKET QUOTATION
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous	X	2	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.		

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

Schedule M (Form 990) 2021

JSA

1E1298 1.000

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

PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

59-0948696

FORM 990, PART III, LINE 4D:

1) 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.

EXPENSES: \$1,061,863 GRANTS: \$0. REVENUE: \$0.

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

EXPENSES: \$18,927,169. GRANTS: \$16,475,058. REVENUE: \$0.

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

- BARRY BERG, BOARD OF DIRECTOR AND RACHEL BERG, VICE PRESIDENT, WOMEN'S
PHILANTHROPY HAVE A FAMILY RELATIONSHIP.

- BOARD OF DIRECTORS ALAN SHULMAN AND RONALD PERTNOY, AND SUSAN SHULMAN,
BOARD CHAIR ELECT HAVE A FAMILY RELATIONSHIP.

- BOARD OF DIRECTORS SANFORD BAKLOR AND ARLENE KAUFMAN HAVE A FAMILY

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

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RELATIONSHIP.

- VICE CHAIRS MARK LEVY AND RONALD PERTNOY HAVE A BUSINESS RELATIONSHIP.

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

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

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

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

MEMBERS OF THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF 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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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Inspection**

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MARKET DATA FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. THE
COMPENSATION COMMITTEE DOCUMENTS ITS DECISIONS IN A LETTER SIGNED BY THE
FEDERATION BOARD CHAIR AS CHAIR OF THE COMPENSATION COMMITTEE. THE CEO IS
PROVIDED WITH AN EMPLOYMENT CONTRACT, AND THE TERMS ARE REPORTED TO THE
FEDERATION EXECUTIVE COMMITTEE IN EXECUTIVE SESSION.

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

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

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

Name of the organization

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SUNSTATES SECURITY, LLC 801 CORPORATE CENTER DRIVE, SUITE 300 RALEIGH, NC 27607	SECURITY	558,342.
PC CONNECTIONS SALES CORPORATION P.O. BOX 536472 PITTSBURGH, PA 12523	INFORMATION TECH.	159,693.
COMMERCIAL LANDSCAPE PROFESSIONALS, LLC. 1579 WILD FERN DRIVE FLEMING ISLAND, FL 32003	LANDSCAPING	134,792.
UNITED TALENT AGENCY, LLC 888 7TH AVENUE, SUITE 022 NEW YORK, NY 10106	EVENT SPEAKER AGENCY	132,269.
FISHER CONTRACTING CORP. 748 N US HIGHWAY ONE TEQUESTA, FL 33469	CONSTRUCTION	129,993.

**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

2021

**Open to Public
Inspection**

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

INC.

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

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

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

(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
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 65-0006250 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	MANAGING PROP	FL	501(C)(3)	7	JFPBC	X	
(2) NORTH PALM BEACH COUNTY JEWISH COMMUNITY 46-1245509 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	MANAGING PROP	FL	501(C)(3)	7	JFPBC	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

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

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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	2,307,525.	CASH
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	E	2,826,596.	CASH
(3) NORTH PALM BEACH COUNTY JEWISH COMMUNITY	B	144,587.	CASH
(4)			
(5)			
(6)			

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

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

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







JFPB - 2021 Form 990 Public Inspection Copy for Michael's Sign & Date

Final Audit Report

2023-04-18

Created:	2023-04-18
By:	Debra Lerman (debra.lerman@jewishpalmbeach.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAA2MLVg0b4GTOq5BG6wYYtLZnk3iTcDxTS

"JFPB - 2021 Form 990 Public Inspection Copy for Michael's Sign & Date" History

-  Document created by Debra Lerman (debra.lerman@jewishpalmbeach.org)
2023-04-18 - 3:01:22 PM GMT
-  Document emailed to michael.hoffman@jewishpalmbeach.org for signature
2023-04-18 - 3:02:19 PM GMT
-  Email viewed by michael.hoffman@jewishpalmbeach.org
2023-04-18 - 9:27:52 PM GMT
-  Signer michael.hoffman@jewishpalmbeach.org entered name at signing as Michael Hoffman
2023-04-18 - 9:30:27 PM GMT
-  Document e-signed by Michael Hoffman (michael.hoffman@jewishpalmbeach.org)
Signature Date: 2023-04-18 - 9:30:29 PM GMT - Time Source: server
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