Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

Inspection

OMB No. 1545-0047

A F	or th	e 2022 calendar year, or tax year beginning 07/01/2022 a	and ending	_	06/30/2023
		C Name of organization JEWISH FEDERATION OF PALM BEACH	H COUNTY,	D Employer ide	entification number
—	heck if ap —	INC.			
	Addre chang			59-	-0948696
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone n	umber
	Initial	return 1 HARVARD CIRCLE	100	(5)	51) 478-0700
	Termi	City or town, state or province, country, and ZIP or foreign postal code			
	Amen- return			G Gross receip	ts \$ 60,922,811.
	Applic pendi			H(a) Is this a grousubordinates	
		1 HARVARD CIRCLE, STE 100, WEST PALM BEACH,	FL 33409	H(b) Are all subord	
Ī	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list. (see instructions)
J	Websi	te: ▶ WWW.JEWISHPB.ORG		H(c) Group exemp	otion number
K	Form o	of organization: X Corporation Trust Association Other	L Year of forma	ation: 1962 M	State of legal domicile: FL
P	art I	Summary	•	•	
	1	Briefly describe the organization's mission or most significant activities: TO STRE	ENGTHEN JI	EWISH IDEN'	ΓΙΤΥ, ENERGIZE
ė		THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEED			
and		THE OBLIGATION OF THE JEWISH COMMUNITY.			
/err	2	Check this box ▶ if the organization discontinued its operations or disposed of	of more than 25°	% of its net assets	 3.
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3 59
		Number of independent voting members of the governing body (Part VI, line 1b)			4 58
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5 112
ctivities &		Total number of volunteers (estimate if necessary)			6 2,000
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 134,134.
		Net unrelated business taxable income from Form 990-T, line 34			7b NONE
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		27,510,36	35,878,453.
ŭ		Program convice revenue (Part VIII line 2g)		505,27	77. 6,821,301.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	PECTION	2,851,91	
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		191,29	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		31,058,84	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,927,17	
		Benefits paid to or for members (Part IX, column (A), line 4)			ONE NONE
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,105,50	9,152,620.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			ONE NONE
xbe		Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,017,378.			
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,544,97	2. 8,463,691.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,577,64	7. 37,282,664.
		Revenue less expenses. Subtract line 18 from line 12		-518 , 80	
or			Begi	inning of Current Y	ear End of Year
sets	20	Total assets (Part X, line 16)		173,351,33	9. 189,518,360.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		41,769,91	5. 42,186,928.
F E	22	Net assets or fund balances. Subtract line 21 from line 20		131,581,42	4. 147,331,432.
Pa	rt II	Signature Block			
Un	der per	nalties 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	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer has any	ř	04/04
٠.		Michael Hoffman Michael Hoffman (Apr 8 - 70-14 15-54 EDT)		09/	04/24
Sig		Signature of officer Mind and LLL Community Description of the CDC		Date	
He	re	Michael Hoffman, President and CEO			
		Type or print name and title			
D- :		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid		PAUL HAMMERSCHMIDT PAUL HAMMERSCHMIDT	4/8/2024	self-employe	P01384178
	parer Only	Firm's name ▶ BDO USA		Firm's EIN	13-5381590
		Firm's address > 200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166		Phone no.	212-885-8000
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
For	Paper	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2022)

JEWISH FEDERATION OF PALM BEACH COUNTY, 59-0948696 Form 990 (2022) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: THE JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING ORGANIZATION OF THE JEWISH COMMUNITY. OUR MISSION IS TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ______ Yes 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 If "Yes," describe these changes on Schedule O. 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 \$ 3,882,571. including grants of \$ NONE) (Revenue \$ 23,950.) 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 \$ 2,234,325. including grants of \$ NONE) (Revenue \$ 6,424,188.) 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. **4c** (Code:) (Expenses \$ 1,733,137. including grants of \$ NONE) (Revenue \$ 370,663.) 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.

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

(Expenses \$ 21,271,266. including grants of \$ 19,666,353.) (Revenue \$ 1,534,037.

4e Total program service expenses

29,121,299.

Form 990 (2022) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	١		
	complete Schedule D, Part VI	11a	X	-
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		* * *	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	116		X
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	Λ	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F	21	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21	X	1

Part IV Checklist of Required Schedules (continued) Page 4

ı en e	Checklist of Required Ochedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
D	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?	251		3.7
00	If "Yes," complete Schedule L, Part I	25b		Х
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%	26	37	
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	Х	
27				
	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			
		27		177
20	persons? If "Yes," complete Schedule L, Part III	27		X
28				
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Λ.
·	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		21	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 64			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <u>1b</u> NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Χ	

Page 5 Form 990 (2022)

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	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?	2b	Χ	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		7.7
	and services provided to the payor?	7a		_X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		V
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		V
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	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?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
a		9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
	Enter the amount of reserves on hand	4.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		7.7
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		V
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				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes " complete Form 6069	H		

Form 990 (2022) JEWISH FEDERATION OF PALM BEACH COUNTY 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 1a 59 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 58 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 6 Χ Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?..... Χ 8b Each committee with authority to act on behalf of the governing body?...... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a 10a Did the organization have local chapters, branches, or affiliates?

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

0 4'	\sim	D:	
Section		nnec	neiira
OCCHOIL	U .	0130	iosui c

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.

FL.

| X | Own website | Another's website | X Upon request Other (explain on Schedule O)

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

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

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

Form **990** (2022)

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

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

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

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

(A) Name and title	(B) Average hours per week (list any	box,	not ch unles	Pos neck s pe	erson lirect	e than c is both or/trust	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1) MICHAEL HOFFMAN	53.00										
CHIEF EXECUTIVE OFFICER	2.00	1		Χ				366,622.	NONE	54,187.	
(2) MATTHEW KERNKRAUT	43.00							,		,	
CHIEF DEVELOPMENT OFFICER	2.00				X			303,747.	NONE	44,558.	
(3) KATHY SIGALL	43.00							,			
CHIEF FINANCIAL OFFICER	2.00			Χ				230,367.	NONE	23,971.	
(4) MINDY HANKEN	43.00										
CHIEF PROGRAM OFFICER	2.00				Х			206,696.	NONE	25,505.	
(5) LEAH HOLCZER	43.00										
VICE PRESIDENT, FINANCE	2.00					Х		152,574.	NONE	36,429.	
(6) RACHEL BERG	43.00										
VP, WOMEN'S PHILANTHROPY	2.00					Х		148,827.	NONE	37,698.	
(7) SARAH ROGERS	43.00										
SENIOR VP, DEVELOPMENT	2.00					Х		155,778.	NONE	29,429.	
(8) JEFF TRYNZ	43.00										
SENIOR VP, EXTERNAL AFFAIRS	2.00					Х		163,606.	NONE	13,669.	
(9) HOPE LEVIN	43.00										
VICE PRESIDENT, MAJOR GIVING	2.00					X		149,041.	NONE	19,718.	
(10) SUSAN SHULMAN PERTNOY	10.00										
BOARD CHAIR	4.00	X		Χ				NONE	NONE	NONE	
(11) STEVE ELLISON	2.00										
VICE CHAIR	NONE	Х		Χ				NONE	NONE	NONE	
(12) ARTHUR LORING	2.00										
VICE CHAIR	4.00	Х		Χ				NONE	NONE	NONE	
(13) LYNN PESECKIS	2.00										
VICE CHAIR	NONE	X		Χ				NONE	NONE	NONE	
(14) BRIAN SEYMOUR	2.00										
VICE CHAIR	NONE	Х		Χ				NONE	NONE	NONE 990 (2022)	

Form 990 (2022)

Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	ıplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any	1 '	not ch	Pos neck		e than o		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	office or dire				Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) BERYL SIMONSON	2.00									
TREASURER	NONE	Х		Χ				NONE	NONE	NONE
16) MARK LEVY	2.00									
SECRETARY	NONE	X		Χ				NONE	NONE	NONE
17) HOPE SILVERMAN	2.00									
IMMEDIATE PAST BOARD CHAIR	4.00	Х						NONE	NONE	NONE
18) CHARLES GOTTESMAN	2.00									
DEVELOPMENT AND CAMPAIGN CHAIR	NONE	Х						NONE	NONE	NONE
19) RONDA STARR	2.00									
WOMEN'S PHILANTHROPY CHAIR	NONE	Х						NONE	NONE	NONE
20) VIVIAN LIEBERMAN	2.00									
WOMEN'S PHILANTHROPY CAMPAIGN	NONE	Х						NONE	NONE	NONE
21) ROSLYN LEOPOLD	2.00									
COMMUNITY STRATEGY & PLANNING	NONE	X						NONE	NONE	NONE
22) LYNN KASTON	2.00									
HUMAN RESOURCES AND LEADERSHIP	NONE	X						NONE	NONE	NONE
23) ARTIE LEHRHOFF	2.00									
ISRAEL & OVERSEAS CHAIR	NONE	X						NONE	NONE	NONE
24) JOEL YUDENFREUND	2.00									
JEWISH COMMUNITY FOUND. CHAIR	NONE	X						NONE	NONE	NONE
25) IRA M. GERSTEIN	2.00									
MEMBER-AT-LARGE	NONE	X						NONE	NONE	NONE
1b Sub-total	'							1,877,258.	NONE	285,164.
c Total from continuation sheets to Part VII,	Section A		• • •	• •	• •		•	NONE		NONE
d Total (add lines 1b and 1c)									NONE	285,164.
2 Total number of individuals (including but no										•
reportable compensation from the organizat	ion 🕨					16				
										Yes No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3
4 For any individual listed on line 1a, is the organization and related organizations of										
individual										4
5 Did any person listed on line 1a receive of	or accrue co	mpen	satio	on 1	fron	n any	un	related organization	on or individual	
for services rendered to the organization? If	'Yes," comple	te Sch	nedu	ıle J	for	such	per	son		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 ▶

Form 990 (2022) Page 8

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	ye	es,	and I	Hig	hest Compensat	ed Employees (c	ontinue	:d)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Position check more than one less person is both an nd a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	am com	(F) stimated nount of other pensation om the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	anization d related anizations
26) RONALD PERTNOY	2.00										
MEMBER-AT-LARGE	NONE	Х						NONE	NONE		NONE
27) DEBBIE SHAPIRO	2.00										
MEMBER-AT-LARGE	NONE	Х						NONE	NONE		NONE
(28) RICHARD BAER	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(29) JIM BALDINGER	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(30) BARRY BERG	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(31) DONALD BERG	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(32) RICHARD N. BERNSTEIN	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(33) SANDRA BORNSTEIN	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(34) JONATHAN CHANE	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(35) PAMELA COMITER	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
(36) RICHARD COMITER	2.00										
BOARD OF DIRECTOR	NONE	Х						NONE	NONE		NONE
1b Sub-total	, Section A .						> > >				
Total number of individuals (including but n reportable compensation from the organiza	ot limited to t						o re	eceived more than	\$100,000 of		
											Yes No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3	100 110
4 For any individual listed on line 1a, is th organization and related organizations	e sum of rep	oortab	ole d	com	per	nsatio	n aı	nd other compens	sation from the		

	employee on line 1a? If "Yes," complete Schedule J for such individual						
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such						
	individual	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? If "Yes," complete Schedule J for such person	5					

Section B. Independent Contractors

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 ▶

Form 990 (2022)

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	ıplo	ye	es,	and I	Higl	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) HAROLD DANENBERG	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
(38) SHERYL DAVIDOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
39) JULIANA GENDELMAN BOARD OF DIRECTOR	2.00 NONE	Х						NONE	NONE	NONE
(40) RAYMOND GOLDEN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
41) ROBERT GORDON BOARD OF DIRECTOR	<u>2.00</u> 4.00	X						NONE	NONE	NONE
42) ALAN HASPEL BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
43) DIANE HERZOG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
44) SCOTT HOLTZ BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
45) ADAM JACKOWITZ BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
46) HERBERT JAVER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
47) RABBI YARON KAPITULNIK BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total	, Section A .						> >			
2 Total number of individuals (including but n reportable compensation from the organizar	ot limited to t						o re	ceived more than	\$100,000 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete School	fficer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations individual	greater than	\$15	50,0	00?	. It	"Yes	s," (complete Schedu	le J for such	4

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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

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

5

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 ▶

Form 990 (2022)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	ıplo	yee	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s pei l a di	ition more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
48) MICHAEL KOHNER	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
49) PAUL KOZLOFF	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
50) PATTI LEHRHOFF	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
51) BRIAN LEMELMAN	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
52) STACEY LEVY	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
53) SAM LIEBOVICH	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
54) KAREN LIST	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
55) ZELDA MASON	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
56) ROBERT NAFTALY	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
57) CAROLINE CUMMINGS RAFFERTY	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
58) CINDY SCHLOSSBERG	2.00									
BOARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
Sub-total C Total from continuation sheets to Part VII, d Total (add lines 1b and 1c) Total number of individuals (including but no reportable compensation from the organizat	Section A					 	> > >	ceived more than	\$100,000 of	
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche	ficer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations of individual	greater than	\$15 • • •	50,00	00? · • ·	. If 	"Yes	s," (complete Schedu	le J for such	4
5 Did any person listed on line 1a receive of for services rendered to the organization? If										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 ▶

(F)

(B)

Form 990 (2022)

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

(C)

(D)

Name and title		Average hours per week (list any	ours per (do not check more than one box, unless person is both an from compensation compensation related								Estimated amount of other
		hours for related organizations below dotted line)	offi Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(5	9) LISA SCHREIER	2.00									
В	OARD OF DIRECTOR	NONE	Х						NONE	NONE	NONE
_	0) KEVIN SHAPIRO	2.00									
	OARD OF DIRECTOR	NONE	Х						NONE	NONE	NONE
	1) BETSY SHEERR	2.00									
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	2) SHAYNE SILVER	2.00									· · · · · · · · · · · · · · · · · · ·
·	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	3) CAROLE SOLOMON	2.00									
,	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
_	4) SYDELLE SONKIN	2.00									
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	5) WARREN SPECTOR	2.00									
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	6) AMY TERWILLEGER	2.00									
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	7) BETH WAYNE	2.00									
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	8) PENNI WEINBERG	2.00							1,01,2	110112	
	OARD OF DIRECTOR	NONE	X						NONE	NONE	NONE
	b Sub-total	ection A .	: : :	::	: :	: :		>	poplyed more than	\$100,000 of	
_	reportable compensation from the organization		11036	liste	ua	DOV	e) wiid	J 16	ceived inore triair	φ100,000 of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	P It	"Yes	s," (complete Schedu	le J for such	4 X
5	for services rendered to the organization? If "Yo										5 X
S	ection B. Independent Contractors										
	Commission that the total for the first black of the	فالمحموم	ــا ــ ــ	المصا					والأراء والمستري والمستمير الأستمار	than \$400 000 -	c

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) SEE SCHEDULE O 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 ► 10

Part VII

(A)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	y line in this Part V	/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
is,	1a	Federated campaigns 1a	24,310,296.				
Contributions, Giffs, Grants, and Other Similar Amounts	b	Membership dues 1b					
ي ۾	С	Fundraising events 1c					
fts, r A	d	Related organizations 1d	18,883.				
≘	e	Government grants (contributions) . 1e					
ns,	f	All other contributions, gifts, grants,					
ë ë	•	and similar amounts not included above . 1f	11,549,274.				
	_	Noncash contributions included in	,				
E o	g	lines 1a-1f 1g	\$ 1,869,843.				
Sol	h	Total. Add lines 1a-1f		35,878,453.			
	h	Total. Add liftes 1a-11	Business Code	33,070,433.			
Ð		DESIGNATED PROGRAM REVENUE	900099	6,821,301.	6,821,301.		
Š	2a	DESIGNATED PROGRAM REVENUE	900099	0,021,301.	0,621,301.		
Ser	b						
E a	С						
gra Re	d						
Program Service Revenue	е						
ъ.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		6,821,301.			
	3	Investment income (including dividends					
		other similar amounts)		1,325,257.		134,134.	1,191,123.
	4	Income from investment of tax-exempt bon	•	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NOI	1				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 14,840,890).				
ne	b	Less: cost or other basis					
Revenue		and sales expenses 7b 14,787,40	7.				
Şe^	С	Gain or (loss) 7c 53,483	3.				
	d	Net gain or (loss)		53,483.			53,483.
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	С	Net income or (loss) from fundraising events	3	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory.	·	NONE			
S			Business Code				
e gon	11a	MISCELLANEOS INCOME	900099	2,056,910.	1,531,537.		525,373.
ane	b						
ele	C						
Miscellaneous Revenue	d	All other revenue					
≥	e	Total. Add lines 11a-11d		2,056,910.			
	12	Total revenue. See instructions		46,135,404.	8,352,838.	134,134.	1,769,979.

59-0948696

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										
	ot include amounts reported on lines 6b, 7b, b, 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										
á	and domestic governments. See Part IV, line 21	19,666,353.	19,666,353.								
2 (Grants and other assistance to domestic										
i	ndividuals. See Part IV, line 22	NONE									
3 (Grants and other assistance to foreign										
(organizations, foreign governments, and										
	oreign individuals. See Part IV, lines 15 and 16	NONE									
4	Benefits paid to or for members	NONE									
5 (Compensation of current officers, directors,										
t	rustees, and key employees	1,325,819.	464,654.	258,755.	602,410.						
6 (Compensation not included above to disqualified										
ī	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	NONE									
7 (Other salaries and wages	5,866,031.	2,954,860.	1,046,959.	1,864,212.						
	Pension plan accruals and contributions (include	370,765.	203,053.	64,400.	103,312.						
5	section 401(k) and 403(b) employer contributions)										
9 (Other employee benefits	1,107,975.	578,758.	195,501.	333,716.						
10 I	Payroll taxes	482,030.	245,685.	85,719.	150,626.						
11 I	ees for services (nonemployees):										
a l	Management	NONE									
b l	_egal	28,063.	14,841.	2,976.	10,246.						
C /	Accounting	59,758.		59,758.							
d l	_obbying	NONE									
	Professional fundraising services. See Part IV, line 17.	NONE									
fl	nvestment management fees	87,915.		87,915.							
g	Other. (If line 11g amount exceeds 10% of line 25, column										
	A), amount, list line 11g expenses on Schedule O.)	433,901.	218,016.	113,310.	102,575.						
	Advertising and promotion	NONE									
13 (Office expenses	356,181.	126,834.	69,510.	159,837.						
	Information technology	NONE									
	Royalties	NONE									
	Occupancy	6,815.	1,069.	5,746.							
	Travel	42,812.	28,553.	10,187.	4,072.						
	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	NONE	2 512 225	000.054							
	Conferences, conventions, and meetings	3,336,174.	2,649,805.	309,054.	377,315.						
	Interest	602,900.	417,476.	178,758.	6,666.						
	Payments to affiliates	NONE	200 545	0.0.00	0.0 0.51						
	Depreciation, depletion, and amortization	1,005,007.	823,747.	90,309.	90,951.						
	Insurance	60,712.		60,712.							
	Other expenses. Itemize expenses not covered										
	above. (List miscellaneous expenses on line 24e. If										
	ine 24e amount exceeds 10% of line 25, column										
	A), amount, list line 24e expenses on Schedule O.)										
-	BAD DEBT EXPENSE	1,408,210.		1,408,210.							
-	REPAIRS AND MAINTENANCE	340,237.	303,869.	36,368.							
-	SECURITY	21,620.	15,628.	4,133.	1,859.						
-	MISCELLANEOUS	673,386.	408,098.	55,707.	209,581.						
	All other expenses	27 202 664	00 101 000	4 1 4 2 2 2 2	4 015 050						
	Total functional expenses. Add lines 1 through 24e	37,282,664.	29,121,299.	4,143,987.	4,017,378.						
f	Joint costs. Complete this line only if the organization reported in column (B) joint costs rom a combined educational campaign and undraising solicitation. Check here										
	undraising solicitation. Check here if ollowing SOP 98-2 (ASC 958-720)										

Page **11** Form 990 (2022)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	14 , 306.	1	54,188.
	2	Savings and temporary cash investments	7,163,023.	2	7,292,595.
	3	Pledges and grants receivable, net	10,319,537.	3	25,023,778.
	4	Accounts receivable, net	3,291,436.	4	371,110.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	58 , 579.	5	58 , 579.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
ts	7	Notes and loans receivable, net	5,359,568.	7	5,359,567.
Assets	8	Inventories for sale or use	NONE	8	NON
ă	9	Prepaid expenses and deferred charges	268,226.	9	269,978.
	10 a	Land, buildings, and equipment: cost or other	·		
		basis. Complete Part VI of Schedule D 10a 35, 335, 065.			
	b	Less: accumulated depreciation 10b 8,741,009.	27,555,011.	10c	26,594,056.
	11	Investments - publicly traded securities	33,290,197.	11	29,888,391.
	12	Investments - other securities. See Part IV, line 11	85,657,134.	12	91,180,607.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	374,322.	15	3,425,511.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	173,351,339.	16	189,518,360.
_	17	Accounts payable and accrued expenses	732,643.	17	755,804.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	208,285.	19	31,628.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	110111		110111
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iq		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	11,315,790.	23	10,789,474.
	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	2,020,330.		2,020,030.
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	26,686,601.	25	27,783,426.
	26	Total liabilities. Add lines 17 through 25	41,769,915.	26	42,186,928.
es	20	Organizations that follow FASB ASC 958, check here	41,700,010.	20	42,100,320.
anc	0-	and complete lines 27, 28, 32, and 33.			54 555 555
3ali	27	Net assets without donor restrictions	77,948,489.	27	74,575,077.
δĒ	28	Net assets with donor restrictions	53,632,935.	28	72,756,355.
or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
šets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	131,581,424.	32	147,331,432.
Ž	33	Total liabilities and net assets/fund balances	173,351,339.	33	189,518,360.
			, ,		Form 990 (2022)

Form **990** (2022)

Form 990 (2022) Page **12**

						,
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	4	6,1	35,	404.
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>664</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		8,8	52,	740.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	1,5	81,	<u>424</u> .
5	Net unrealized gains (losses) on investments	5		6,8	97,	<u> 268</u> .
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	14	7 , 3	31,	<u>432</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, ex	(p l ain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	he			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	_		3b		

Form **990** (2022)

SCHEDULE A (Form 990)

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
2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

IN	С.						59-0	948696			
Рa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.			
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed ir	n section 170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and st	tate:								
5			d for the benefit of a college or university owned or operated by a governmental unit described i								
		section 170(b)(1)(A)(iv). (C	,								
6	Ш	_	Il government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	-		ipport fr	om a go	vernmental unit or fr	om the general public			
		described in section 170(b)									
8	Ш	A community trust describe									
9		An agricultural research org					=				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state c	of the college or			
		university:				•					
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	kceptions ome (les: Complete	s; and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its			
11	Ш	An organization organized a	•		-						
12		An organization organized a	•	=	-						
		one or more publicly suppo	=			-					
		the box on lines 12a throug					•	-			
а			·		-						
		the supported organization				ajority of	the directors or truste	ees of the			
		supporting organization.	•								
b			•								
		control or management of			the sam	e persor	is that control or mai	nage the supported			
		organization(s). You must									
С		Type III functionally integ						illy integrated with,			
		its supported organization	, , ,	•				-tlt' (-)			
d					•			- ', '			
		that is not functionally inte	-	-	-		<u>.</u>	d an attentiveness			
		requirement (see instruct	•	•		-		II. Typo III			
е		functionally integrated, or					•••	п, туре ш			
f	Fn	ter the number of supported			porting t	Jigariizai					
a		ovide the following information									
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
		· · · · ·	, ,	(described on lines 1-10		ur governing	support (see	other support (see			
				above (see instructions))	Yes	ment?	instructions)	instructions)			
											
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,375,111.	23,412,790.	33,829,153.	27,510,361.	35,878,453.	145,005,868.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	24,375,111.	23,412,790.	33,829,153.	27,510,361.	35,878,453.	145,005,868.
_	shown on line 11, column (f)						4,569,546.
6	Public support. Subtract line 5 from line 4						140,436,322.
	tion B. Total Support	() 0040	#1 0040	() 0000	(1) 0004	4) 0000	
_	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4	2,281,076.	23,412,790. 1,911,194.	33,829,153. 2,180,080.	27,510,361. 1,500,624.	35,878,453. 1,191,123.	9,064,097.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	- 271,156.	- 215,187.	NONE	NONE	NONE	-486,343.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SDRP .PAGE	1,800,576.	1,412,182.	1,157,427.	191,290.	525,373.	5,086,848.
11	Total support. Add lines 7 through 10						158,670,470.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	11,354,932.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup		_				00 51 0/
14	Public support percentage for 2022 (lin	• • • • • • • • • • • • • • • • • • • •	•			14	88.51 %
15	Public support percentage from 2021					15	84.01 %
	331/3% support test - 2022. If the org box and stop here. The organization qu 331/3% support test - 2021. If the org	ualifies as a pub	licly supported o	organization			Х
b	this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		_			
11a							
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						
	organization			•	•	•	
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	021. If the org	ganization did no	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	in Part VI how the organization meets					=	-
	organization			_	•		
18	Private foundation. If the organizatio	n did not chec	k 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.)

Sec	tion A. Public Support	-				·	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				I	T	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b						
11	Net income from unrelated business						
• •	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
	,						
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organization	on's first. secon	d. third. fourth.	or fifth tax ve	ar as a secti	on 501(c)(3)
	organization, check this box and stop here .	_			-		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	column (f), divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2021 Sche	dule A, Part III, lin	ie 15			16	%
Sec	tion D. Computation of Investmen	t Income Perc	entage				
17	Investment income percentage for 2022 (lin	ne 10c, column (t	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2022. If the or	ganization did n	ot check the bo	x on line 14, ar	nd line 15 is m	ore than 331/3	3 %, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The organ	nization qualifies	as a publicly su	upported organ	ization
b	331/3% support tests - 2021. If the orga	anization did not	check a box on	line 14 or line 1	19a, and line 16	is more than	331/3 %, and
	line 18 is not more than $331/3\%$, check	this box and st	op here. The or	ganization qualifie	es as a publicly	supported orga	anization
20	Private foundation If the organization	did not abook a	hov on line 1	1 100 or 10h	abook this ha	y and see ins	structions

20 Priva JSA 2E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
) /			
s d	1		
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, d	3a		
9	3b		
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t	9b		
n d	9c		
)	10a 10b		

Page 5 Schedule A (Form 990) 2022

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on 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 ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s)
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
a	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990) 2022

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	s	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970 (<i>expla</i> i	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		
Se	ction 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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction 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		
	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2022

(see instructions).

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	ion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish ex	xempt purposes	1		
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity		2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	4 Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)	5		
6	6 Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2022 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			

Schedule A (Form 990) 2022

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	2018	2019	2020	2021	2022	TOTAL
MISCELLANEOUS INCOME	1,468,094.	1,088,660.	501,490.	191,290.	525,373.	3,774,907.
ADMIN FEES	332,482.	323,522.	479,937.	NONE	NONE	1,135,941.
SPONSORSHIP INCOME	NONE	NONE	176,000.	NONE	NONE	176,000.
TOTALS	1,800,576.	1,412,182.	1,157,427.	191,290.	525,373.	5,086,848.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

JEWISH FEDERATION (INC.	OF PALM BEACH COUNTY,	59-0948696
Organization type (check o	one):	
Filers of:	Section:	
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	ındation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
Check if your organization i	is covered by the General Rule or a Special Rule.	
Note: Only a section 501(c) instructions.	c)(7), (8), or (10) organization can check boxes for both the General Rule and a	Special Rule. See
General Rule		
-	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer or property) from any one contributor. Complete Parts I and II. See instruction I contributions.	-
Special Rules		
regulations under 16b, and that rec	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 beived from any one contributor, during the year, total contributions of the great count on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Pa), Part II, line 13, 16a, or ter of (1) \$5,000; or
contributor, durin literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ring the year, total contributions of more than \$1,000 exclusively for religious, chational purposes, or for the prevention of cruelty to children or animals. Comple (b) instead of the contributor name and address), II, and III.	naritable, scientific,
contributor, durin contributions tota during the year fo General Rule app	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that ring the year, contributions exclusively for religious, charitable, etc., purposes, but alled more than \$1,000. If this box is checked, enter here the total contributions or an exclusively religious, charitable, etc., purpose. Don't complete any of the plies to this organization because it received nonexclusively religious, charitable or more during the year	at no such s that were received parts unless the e, etc., contributions
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Sch	edule 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

	INC.		59 - 0948696
Part I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
З	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

(a)

No.

(a)

No.

noncash contributions.)

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

(d)

Type of contribution

(d) Type of contribution

(c)

Total contributions

(c)

Total contributions

\$

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name of organization JEWISH FEDERATION OF PALM BEACH COUNTY, Employer identification number

	INC.	59-0948696
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional	space is needed.

Part II Non	ncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization Employer identification number JEWISH FEDERATION OF PALM BEACH COUNTY, 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 (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 (b) Purpose of aift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held fŕom Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

INC		59-0948696
Pa		Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year).	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fu	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	Yes . No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
0	Does each conservation easement reported on line 2(d) above satisfy the requirements of sections.	on 170/h)//1//P)/i)
8		
9	and section 170(h)(4)(B)(ii)?	
,	balance sheet, and include, if applicable, the text of the footnote to the organization's fir	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	e statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or resonant public exhibition, education,	
	provide the following amounts relating to these items:	caron in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under FASB ASC 958 relating to these items:	- '
а	Revenue included on Form 990, Part VIII, line 1	\$
h	Assets included in Form 990, Part X	\$

Scrie		ISH FEDERATION				59-094869	
Pa	rt Ⅲ Organizations Maintaini		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		•	
3	Using the organization's acquisition	n, accession, and c	ther records, check	k any of the	following that m	nake significant	use of its
	collection items (check all that appl	y):					
а	Public exhibition		d Loan o	or exchange	program		
b	Scholarly research		e Other				
С	Preservation for future gener	ations					
4	Provide a description of the organ	nization's collections	and explain how t	hey further	the organization's	s exempt purpos	se in Part
	XIII.						
5	During the year, did the organizatio	n solicit or receive o	onations of art, histo	orica l treasu	res, or other simil	ar	
	assets to be sold to raise funds rath	er than to be mainta	ained as part of the o	organization	's collection?	Yes	No
Pa	rt IV Escrow and Custodial A						
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line	9, or reported a	n amount on Fo	orm
	990, Part X, Iine 21.						
1a	Is the organization an agent, trust	tee, custodian or o	ther intermediary fo	or contributi	ons or other asso	ets not	
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:			
						Amount	
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance			1f			
2a	Did the organization include an am	ount on Form 990, I	Part X, line 21, for e	scrow or cu	stodial account lia	bility? Yes	No
b	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the explanation	has been pi	ovided on Part XIII		
Pa	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Ye	s" on Form 990, F	Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two year	s back (d) Three y	ears back (e) Four	years back
1a	Beginning of year balance	62,788,376.	73,224,574.	54,130,4	185. 53,87	73,681. 52,	088,667.
b	Contributions	3,886,199.	1,464,632.	4,960,8	1,93	37,629. 2,	427,551.
	Net investment earnings, gains,						
·	and losses	4,945,348.	-8,361,402.	17,166,4	172. 1,43	34,353. 2,	504,496.
А	Grants or scholarships	3,580,779.	3,279,941.	2,800,4			940,280.
e	Other expenditures for facilities						
-	and programs						
f	Administrative expenses	234,125.	259,487.	232,7	19. 20	18,982.	206,753.
g	End of year balance	67,805,019.	62,788,376.	73,224,5			873,681.
2	Provide the estimated percentage						
a	Board designated or quasi-endowm			column (a))	neid as.		
	Permanent endowment 64.100						
C	Term endowment 7.6900 %	<u> </u>					
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	100%.				
3a	Are there endowment funds not in	· · · · · · · · · · · · · · · · · · ·		are held an	d administered for	the	
	organization by:						Yes No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations						X
h	If "Yes" on line 3a(ii), are the relate						
4	Describe in Part XIII the intended u	-	•				l l
	rt VI Land, Buildings, and Equ		tion 5 chaowinent fai	143.			
	Complete if the organiza	ation answered "Ye				990, Part X, lin	e 10.
	Description of property	(a) Cost or (invest		or other basis ther)	(c) Accumulated depreciation	(d) Book va	lue
1:	Land	,		27,000.	чертестаноп	5 00	7,000.
ıa b	Buildings			35,801.	8,679,040.		6,761.
D	Leasehold improvements			18,933.	0,0/9,040.		8,933.
ن ا	·				61 060		
d	Equipment			23,000.	61,969.		8,362. 3,000.
e				∠J,UUU.	l l		.J,UUU.

Schedule D (Form 990) 2022

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

26,594,056.

Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
/!!:!!!#\		Coot or and of voor magicat value

(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		
(3) Other		
(A) BOND MUTUAL FUNDS	10,751,301.	FMV
(B) EQUITY MUTUAL FUNDS	51,222,196.	FMV
(C) PRIVATE EQUITY	19,678,917.	FMV
(D) MULTI-ASSET/OPPORTUNISTIC	5,232,159.	FMV
(E) STATE OF ISRAEL BONDS	220,000.	FMV
(F) REAL ASSET FUNDS	4,076,034.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	91,180,607.	

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	4,274,702.
(3)ALLOCATIONS PAYABLE - OTHER	9,317,021.
(4)DESIGNATED GIFTS PAYABLE	1,756,305.
(5)SPLIT INTEREST AGREEMENTS	1,505,966.
(6)OBLIGATIONS TO AFFILIATED AGENCIES	10,929,432.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	27,783,426.

^{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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Sales (Secondo III altitudo)	4c	
С 5	Add lines 4a and 4b	5	
Part			
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
– a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4-	
С 5	Add lines 4a and 4b	4c 5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
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,
2023.

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, 2023, 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 o Attach to Form 990.

Signes	ne 21 or 22 <u>.</u>
Onlied), Part IV, li

OMB No. 1545-0047
202
Open to Public

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Internal Revenue Service Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,

Inspection
Employer identification number
59-0948696

General Info
eneral Information on Grants and A
Grants and As
Assistance

ž × Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 92ND STREET Y							
1395 LEXINGTON AVE, NEW YORK, NY 10130	13-1624229	501(C)(3)	25,000.				GENERAL SUPPORT
(2) ALLIANCE FOR MIDDLE EAST PEACE, INC.							
1725 I ST NW, STE 300 WASHINGTON, DC 20006	20-5879279	501(C)(3)	20,000.				GENERAL SUPPORT
(3) ALZHEIMER'S DISEASE & RELATED DISORDERS							
14010 ROOSEVELT BLVD. CLEARWATER, FL 33762	13-3039601	501(C)(3)	25,500.				GENERAL SUPPORT
(4) ALZHEIMER'S DRUG DISCOVERY FOUNDATION							
57 W. 57TH ST, STE 904 NEW YORK, NY 10019	20-1082179	501(C)(3)	31,800.				GENERAL SUPPORT
(5) AMERICAN FRIENDS OF BETH HATEFUTSOTH							
633 THIRD AVE, 21ST FL NEW YORK, NY 11017	13-2928469	501(C)(3)	35,000.				GENERAL SUPPORT
(6) AMERICAN FRIENDS OF MAGEN DAVID ADOM							
4371 NORTHLAKE PALM BEACH GARDEN, FL 33410	13-1790719	501(C)(3)	42,800.				GENERAL SUPPORT
(7) AMERICAN FRIENDS OF SHEBA MEDICAL CENTER							
6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	13-3733541	501 (C) (3)	50,000.				GENERAL SUPPORT
(8) AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY							
THE MARCUS FAMILY OFFICE ATLANTA, GA 30327	13-3348313	501(C)(3)	50,000.				GENERAL SUPPORT
(9) AMERICAN FRIENDS OF THE ISRAEL MUSEUM							
545 5TH AVE, STE 920 NEW YORK, NY 10017	23-7182582	501(C)(3)	.008,300.				GENERAL SUPPORT
(10) AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC							
122 E 42ND ST, STE 4507 NEW YORK, NY 10168	23-7183563	501(C)(3)	125,000.				GENERAL SUPPORT
(11) AMERICAN FRIENDS OF THE ISRAEL SPORT CENTER							
1 NORTHFIELD PLZ, NORTHFIELD, IL 60093	27-5126671	501 (C) (3)	10,000.				GENERAL SUPPORT
(12) AMERICAN FRIENDS OF THE PERES INSTITUTE							
1800 N BAYSHORE DR, APT 407 MIAMI, FL 33132	13-3940178	501(C)(3)	140,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lis	ted in the line 1 tab	le			122

Schedule I (Form 990) 2022

38

SCHEDULEI (Form 990)

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

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

2022	Open to Publ

OMB No. 1545-0047

Employer identification number 59-0948696 Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. JEWISH FEDERATION OF PALM BEACH COUNTY, Department of the Treasury Internal Revenue Service Name of the organization

and Assistance	
Grants	
Information on	
General	
Part	

- å Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN ISRAEL EDUCATION FOUNDATION, INC.							
251 H STREET, NW WASHINGTON, DC 20001	52-1623781	501(C)(3)	.000,000				GENERAL SUPPORT
(2) AMERICAN JEWISH COMMITTEE							
165 EAST 56TH ST, 3RD FL NEW YORK, NY 10022	13-5563393	501(C)(3)	27,430.				GENERAL SUPPORT
(3) AMERICAN JEWISH JOINT DISTRIBUTION COMMITTE							
P.O. BOX 4124 NEW YORK, NY 10163-4124	13-1656634	501(C)(3)	120,000.				GENERAL SUPPORT
(4) AMERICANS FOR BEN-GURION UNIVERSITY							
P.O. BOX 7410310 CHICAGO, IL 60674-0310	23-7270753	501(C)(3)	11,000.				GENERAL SUPPORT
(5) ANTI-DEFAMATION LEAGUE							
5295 TOWN CTR RD BOCA RATON, FL 33486	13-1818723	501(C)(3)	259,080.				GENERAL SUPPORT
(6) ARTHUR I. MEYER JEWISH PREPARATORY SCHOOL							
5225 HOOD ROAD PALM BEACH GARDENS, FL 33418	59-1491258	501(C)(3)	683,415.				GENERAL SUPPORT
(7) ARTIS CONTEMPORARY ISRAELI ART FUND, INC.							
P.O. BOX 1536 NEW YORK, NY 10276	26-4184988	501(C)(3)	10,000.				GENERAL SUPPORT
(8) BIRTHRIGHT ISRAEL FOUNDATION							
500 S AUSTRALIAN AVE W PALM BEACH, FL 33401	13-4092050	501(C)(3)	1,416,981.				GENERAL SUPPORT
(9) BRANDEIS UNIVERSITY							
415 SOUTH ST, MS 126 WALTHAM, MA 02453	04-2103552	501(C)(3)	39,448.				GENERAL SUPPORT
(10) BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL, INC.							
420 LEXINGTON AVE NEW YORK, NY 10170	14-1836083	501(C)(3)	36,000.				GENERAL SUPPORT
(11) CANCER RESEARCH INSTITUTE, INC.							
29 BROADWAY FL 4 NEW YORK, NY 10006	13-1837442	501(C)(3)	20,000.				GENERAL SUPPORT
(12) CARE AND SHARE, INC.							
2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	25,000.				GENERAL SUPPORT
2 Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .	overnment c	rganizations lis	ted in the line 1 tab	e			

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

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

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Schedule I (Form 990) 2022

SCHEDULE (Form 990)

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

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 59-0948696 Go to www.irs.gov/Form990 for the latest information. Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, Department of the Treasury Internal Revenue Service

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

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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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTRAL FUND OF ISRAEL							
461 CENTRAL AVE CEDARHURST, NY 11516	13-2992985	501(C)(3)	18,000.				GENERAL SUPPORT
(2) CENTRAL SYNAGOGUE							
123 E 55TH STREET NEW YORK, NY 10022-3502	13-1628161	501(C)(3)	15,400.				GENERAL SUPPORT
(3) CHABAD OF PALM BEACH GARDENS							
6100 PGA BLVD. PALM BEACH GARDENS, FL 33418	20-5197484	501(C)(3)	18,100.				GENERAL SUPPORT
(4) CHILDREN'S GOLF FOUNDATION, INC.							
7301 HAVERHILL RD RIVIERA BEACH, FL 33407	65-0262208	501(C)(3)	15,000.				GENERAL SUPPORT
(5) CITY YEAR, INC.							
606 SOUTH OLIVE ST, LOS ANGELES, CA 90014	22-2882549	501(C)(3)	10,800.				GENERAL SUPPORT
(6) CLEVELAND CLINIC FOUNDATION							
PHILANTHROPY INSTITUTE CLEVELAND, OH 44195	34-0714585	501(C)(3)	.000,000				GENERAL SUPPORT
(7) COMFORT FOOD OF WASHINGTON COUNTY							
P.O. BOX 86 GREENWICH, NY 12834	46-4583890	501 (C) (3)	10,000.				GENERAL SUPPORT
(8) CORNELL UNIVERSITY							
1300 YORK AVE., BOX 123 NEW YORK, NY 10021	15-0532082	501 (C) (3)	8,000.				GENERAL SUPPORT
(9) 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
(10) DIRECT RELIEF							
6100 WALLACE BECKNELL SNT BARBARA, CA 93117	95-1831116	501(C)(3)	100,000.				GENERAL SUPPORT
(11) DOCTORS WITHOUT BORDERS USA, INC.							
P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	10,000.				GENERAL SUPPORT
(12) FAMILY PROMISE OF N. CENTRAL PALM BEACH							
2635 OLD OKECHOBE RD W PALM BEACH, FL 33409	26-2142007	501(C)(3)	25,000.				GENERAL SUPPORT
2 Enter total number of section $501(c)(3)$ and government organizations listed in the line 1 table .	overnment o	rganizations lis	ted in the line 1 tab				

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

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

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Schedule I (Form 990) 2022

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

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

Attach to Form 990.

2022	Open to Public

OMB No. 1545-0047

Yes Employer identification number 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 59-0948696 Go to www.irs.gov/Form990 for the latest information. General Information on Grants and Assistance Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, Department of the Treasury Internal Revenue Service Part

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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. Part II

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

10 20 20 20 20 20 20 20		_	(if applicable)	grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Park Ricce Blund Boundard Book, Fe 3 3426 59-209750 501(C) (3) 59-186.	SOUTH							
COODE, MAX MEST PILLY SNC, INC. COODE, INC	PARK RIDGE BLVD BOYNTON BCH, FL 33426			5,118.				GENERAL SUPPORT
CODE IN BY MEST PAIM BEACH, FL 33401 59-152081 51(C) (3) 804,278 90-002 90-152084 90-152084 90-152084 90-152084 90-152084 90-002 90-								
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16TH ST, SANTA MONICA, CA 90404 45-2405071 501(C) (3) 30,000. 200D BARK OF THE ROCKIES 84-0772672 501(C) (3) 50,000. 200D BARK OF THE ROCKIES 84-0772672 501(C) (3) 50,000. 200D BARK OF THE DEFENSE COUNTY 77-0169214 501(C) (3) 25,000. 200D FOR SANTA BARBARA, CA 93110 77-0169214 501(C) (3) 6,000. 200D FOR THE DEFENSE OF DEMOCRACIES, INC. 13-417402 501(C) (3) 6,000. 200D FOR THE DEFENSE OF DEMOCRACIES, INC. 13-417402 501(C) (3) 50,000. 200D FOR SANTA BARBARA, CA 93110 13-292614 501(C) (3) 50,000. 200D FOR BEALLE ACAD DO RAITS & DESIGN, INC. 13-292614 501(C) (3) 50,000. 200D ORCHARD ED SKOKIE, IL 60077-1094 45-212393 501(C) (3) 50,000. 200D ORCHARD ED SKOKIE, IL 60077-1094 45-212393 501(C) (3) 50,000. 200D SEGURA DEFENSE FORCES 13-3156405 501(C) (3) 50,000. 200D SEGURA DEFENSE FORCES 13-31522 501(C) (3) 50,000. 200D SEGURA DEFENSE FORCES 13-31532 501(C) (3) 50.000. 200D SEGURA DEFENSE FORCES 13-31532 13-3153								
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Particle	OF							
HOLLISTER AVE SANTA BARBARA, CA 93110 HOLLISTER AVE SANTA BARBARA, CA 93110 FOUND FOR THE DEFENSE OF DEMOCRACIES, INC. BOX 33249 WASHINGTON, DC 20033 HILLIN TERN. LAKEMOOD, NJ 08701 BLIN TERN. LAKEMOOD, NJ 08701 BOX 960059 BOSTON, MA 02196-0059 BOX 960059 BOSTON, MA 02196-0059 BOX 4224 NEW YORK, NY 10163 BOX 4224 NEW YORK, NY 10163 BENEVEN SOUND BOCA RAION, FL 33487 BENEVEN SOUND BOCA RAION SECRETARY COUND BOCA RAION SECRE	45TH AVE., DENVER, CO 80239		.01 (C) (3)	50,000.				GENERAL SUPPORT
HOLLISTER AVE SANTA BARBARA, CA 93110 T7-0169214 501(C) (3) 25,000. 25,000. 25,000. BOX 33249 WASHINGTON, DC 20033 13-4174402 501(C) (3) 6,000. 6,000. 6,000. 6,000. PRIENDS OF ASOR FUND USA, INC. 81-0757923 501(C) (3) 50,000. 50,000. 6,000. 6,000. PERD SOR ENZALEL ACAD OF ARTS & DESIGN, INC. 13-2952614 501(C) (3) 50,000. 6,000. 6,000. 6,000. PRISON AVE NEW YORK, NY 10016-7802 13-2952614 501(C) (3) 50,000. 6,0	(5) FOODBANK OF SANTA BARBARA COUNTY							
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FRIENDS OF ELNET 45-2212393 501(C)(3) 100,000. OLD ORCHARD RD SKOKIE, IL 60077-1094 45-2212393 501(C)(3) 100,000. FRIENDS OF ETHIOPIAN JEWS, INC. 66-1512486 501(C)(3) 50,000. BOX 960059 BOSTON, MA 02196-0059 13-3156445 501(C)(3) 63,380. BOX 4224 NEW YORK, NY 10163 13-3156445 501(C)(3) 63,380. BROKEN SOUND BOCA RATON, FL 33487 22-3131232 501(C)(3) 20,000.	AVE NEW YORK, NY 10016-7802	4	.01 (C) (3)	50,000.				GENERAL SUPPORT
OLD ORCHARD RD SKOKIE, IL 60077-1094 45-2212393 501(C) (3) 100,000. FRIENDS OF ETHIOPIAN JEWS, INC. 66-1512486 501(C) (3) 50,000. BOX 960059 BOSTON, MA 02196-0059 06-1512486 501(C) (3) 63,380. BOX 4224 NEW YORK, NY 10163 13-3156445 501(C) (3) 63,380. BROKEN SOUND BOCA RATON, FL 33487 22-3131232 501(C) (3) 20,000.	(9) FRIENDS OF ELNET							
FRIENDS OF ETHIOPIAN JEWS, INC. 106-1512486 501(C) (3) 50,000.			01 (C) (3)	100,000.				GENERAL SUPPORT
BOX 960059 BOSTON, MA 02196-0059 06-1512486 501(C) (3) 50,000. 50,000. 50,000. 3ENERAL FIRENDS OF ISRAEL DEFENSE FORCES 13-3156445 501(C) (3) 63,380. 63,380. 5ENERAL BOX 4224 NEW YORK, NY 10163 13-31524 501(C) (3) 20,000. 50,000. 5ENERAL	OF ETHIOPIAN JEWS,							
FRIENDS OF ISRAEL DEFENSE FORCES 13-3156445 501(C)(3) 63,380. 63,380. Seneral BOX 4224 NEW YORK, NY 10163 13-3156445 501(C)(3) 63,380. 50,000. 50,000. BROKEN SOUND BOCA RATON, FL 33487 22-3131232 501(C)(3) 20,000. 50,000. 68NERAL			01 (C) (3)	50,000.				
BOX 4224 NEW YORK, NY 10163 13-3156445 501(C) (3) 63,380. 63,380. GENERAL SIFT OF LIFE MARROW REGISTRY 22-3131232 501(C) (3) 20,000. 20,000. GENERAL	(11) FRIENDS OF ISRAEL DEFENSE FORCES							
SIFT OF LIFE MARROW REGISTRY 22-3131232 501(C)(3) 20,000.	BOX 4224 NEW YORK, NY 10163		01 (C) (3)	63,380.				GENERAL SUPPORT
BROKEN SOUND BOCA RATON, FL 33487 [22-3131232 501(C)(3) 20,000.	(12) GIFT OF LIFE MARROW REGISTRY							
	BROKEN SOUND BOCA RATON, FL 33487		01(C)(3)	20,000.				GENERAL SUPPORT

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

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

2E1288 1.000

41

SCHEDULEI

Grants and Other Assistance to Organizations,

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" on Form 990. Part IV, line 21 or 22.	
F 644		Open to Pu
Department of the freasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the organization $\ _{\mathbb{J}}$	Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,	Employer identification number
INC.		59-0948696
Part General I	General Information on Grants and Assistance	
1 Does the organia	Does the organization maintain records to substantiate the amount of the grants or assistance, and	s or assistance, and

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

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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HADASSAH THE WOMENS ZIONIST ORG. OF AMERICA							
171 SATINWOOD IN PLM BEACH GARDEN, FL 33410	59-1851566	501(C)(3)	5,232.				GENERAL SUPPORT
(2) HAROLD GRINSPOON FOUNDATION							
67 HUNT ST, STE 100 AGAWAM, MA 01001	04-6685725	501(C)(3)	100,000.				GENERAL SUPPORT
(3) HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE							
800 8TH ST, N.W. WASHINGTON, DC 20001	52-1844823	501(C)(3)	198,800.				GENERAL SUPPORT
(4) HOLD ON TO YOUR MUSIC, INC.							
2128 DUXBURY CIR. LOS ANGELES, CA 90034	55-0822285	501(C)(3)	25,000.				GENERAL SUPPORT
(5) HOSPITAL FOR SPECIAL SURGERY FUND, INC.							
DEVELOPMENT DEPARTMENT NEW YORK, NY 10021	13-6714749	501(C)(3)	11,000.				GENERAL SUPPORT
(6) ISRAAID (US) GLOBAL HUMANITARIAN ASSISTANCE							
P.O. BOX 61227 PALO ALTO, CA 94306	46-2118225	501(C)(3)	36,000.				GENERAL SUPPORT
(7) ISRAEL GUIDE DOG CENTER FOR THE BLIND							
968 EASTON RD, STE H WARRINGTON, PA 18976	23-2519029	501(C)(3)	12,680.				GENERAL SUPPORT
(8) ISRAEL POLICY FORUM							
355 LEXINGTON AVE NEW YORK, NY 10017	90-0653286	501(C)(3)	250,000.				GENERAL SUPPORT
(9) ISRAEL TENNIS CENTERS FOUNDATION							
3275 W HILLSBORO DEERFIELD BEACH, FL 33442	13-2961273	501(C)(3)	7,680.				GENERAL SUPPORT
(10) JAZZ AT ASPEN SNOWMASS							
110 EAST HALLAM, SUITE 104 ASPEN, CO 81611	84-1220222	501(C)(3)	10,000.				GENERAL SUPPORT
(11) JERUSALEM FOUNDATION, INC.							
420 LEXINGTON AVE NEW YORK, NY 10170	13-2563745	501(C)(3)	34,000.				GENERAL SUPPORT
(12) JEWISH AGENCY FOR ISRAEL NORTH AMERICA							
633 THIRD AVE, 32ND FL NEW YORK, NY 10017	23-0053483	501(C)(3)	32,000.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government or	government o		ganizations listed in the line 1 table	ole el			

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

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

42

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

OMB No. 1545-0047

202 3	Open to Public Inspection

Employer identification number 59-0948696 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. General Information on Grants and Assistance Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, Department of the Treasury Internal Revenue Service Part

å Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,

Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JEWISH FEDERATION OF GREATER CHARLOTTE							
5007 PROVIDENCE ROAD CHARLOTTE, NC 28226	56-1951745	501(C)(3)	20,000.				GENERAL SUPPORT
(2) JEWISH FEDERATION OF GREATER SANTA BARBARA							
524 CHAPALA STREET SANTA BARBARA, CA 93101	23-7354759	501(C)(3)	20,000.				GENERAL SUPPORT
(3) JEWISH FEDERATION OF METROPOLITAN DETROIT							
6735 TELEGRAPH RD, BLOOMFIELD HILLS, MI 48301	38-1359214	501(C)(3)	6,800.				GENERAL SUPPORT
(4) JEWISH FEDERATIONS OF NORTH AMERICA							
25 BROADWAY, NEW YORK, NY 10004	13-1624240	501(C)(3)	4,366,444.				GENERAL SUPPORT
(5) JEWISH FUNDERS NETWORK							
150 WEST 30TH ST, NEW YORK, NY 10001	23-2742482	501(C)(3)	58,500.				GENERAL SUPPORT
(6) JEWISH HOME LIFECARE MANHATTAN							
120 W 106TH ST, NEW YORK, NY 10025	13-1624033	501 (C) (3)	50,000.				GENERAL SUPPORT
(7) JUPITER MEDICAL CENTER FOUNDATION, INC.							
1210 SOUTH OLD DIXIE HWY JUPITER, FL 33458	65-0132406	501(C)(3)	20,563.				GENERAL SUPPORT
(8) JUVENILE DIABETES RESRCH FDN INTERNATIONAL							
GTR DE VALLEY KING OF PRUSSIA, PA 19406	23-1907729	501(C)(3)	7,000.				GENERAL SUPPORT
(9) KAVOD-ENSURING DIGNITY FOR HOLOCAUST SURV.							
820 S. MONACO PARKWAY DENVER, CO 80224	47-5495289	501(C)(3)	50,000.				GENERAL SUPPORT
(10) KENT STATE UNIVERSITY FOUNDATION							
DIV OF PHILAN & ALUMNI ENGT KENT, OH 44242	34-6576307	501(C)(3)	7,000.				GENERAL SUPPORT
(11) KRAMER SENIOR SERVICES AGENCY, INC.							
4847 DAVID MACK WEST PALM BEACH, FL 33417	90-0730105	501(C)(3)	74,950.				GENERAL SUPPORT
(12) LEADING EDGE ALLIANCE, INC.							
85 BROAD STREET NEW YORK, NY 10004	81-2625263	501 (C) (3)	10.000.				GENERAL SIIPPORT

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

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

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43

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

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

Attach to Form 990.

2022	Open to Public

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service

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

Part

- å Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LEVINE JEWISH RESIDENTIAL & FAMILY SERVICES							
5841 CORPORATE WAY W PALM BEACH, FL 33407	65-0737159	501(C)(3)	119,820.				GENERAL SUPPORT
(2) MANDEL JEWISH COMMUNITY CENTER							
8500 JOG ROAD BOYNTON BEACH, FL 33472	59-1582799	501(C)(3)	1,139,474.				GENERAL SUPPORT
(3) MANNA FOOD CENTER, INC.							
P.O. BOX 1196 DURANGO, CO 81302	52-1289203	501(C)(3)	25,000.				GENERAL SUPPORT
(4) MIDDLE EAST PEACE DIALOGUE NETWORK, INC.							
P.O. BOX 943 ATCO, NJ 08004	22-3684183	501(C)(3)	100,000.				GENERAL SUPPORT
(5) MORSELIFE FOUNDATION, INC.							
4847 DAVID S MACK DR W PALM BEACH, FL 33417	59-2774476	501(C)(3)	116,180.				GENERAL SUPPORT
(6) MUSICIANS ON CALL							
P.O. BOX 60187 NASHVILLE, TN 37206	13-4067116	501(C)(3)	10,000.				GENERAL SUPPORT
(7) NATIONAL CENTER FOR HEBREW LANGUAGE							
729 7TH AVE, 9TH FL NEW YORK, NY 10019	26-4077251	501(C)(3)	18,000.				GENERAL SUPPORT
(8) NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY							
101 S. INDEPEN. MALL PHILADELPHIA, PA 19106	23-7379280	501(C)(3)	26,000.				GENERAL SUPPORT
(9) NATIONAL PHILANTHROPIC TRUST							
165 TOWNSHIP LINE RD JENKINTOWN, PA 19046	23-7825575	501(C)(3)	15,000.				GENERAL SUPPORT
(10) NORTH PALM BEACH COUNTY JEWISH COMMUNITY							
1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	46-1245509	501(C)(3)	203,649.				GENERAL SUPPORT
(11) NORTHWELL HEALTH FOUNDATION							
2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501(C)(3)	25,000.				GENERAL SUPPORT
(12) NORTON MUSEUM OF ART							
1450 S. DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432	501(C)(3)	114,250.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment o	rganizations lis	ted in the line 1 tab	le			

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

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

2E1288 1.000

44

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

Complete if the organization answered "Yes" on Form

Attach to Form 990.

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1 or 2	
990, Part IV, line 21 or 22.	
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Part	;
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OMB No. 1545-0047	2022	Once to Bublic
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Go to www.irs.gov/Form990 for the latest information. Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY, Department of the Treasury Internal Revenue Service

Employer identification number 59-0948696

Assistance
Grants and
nformation on
General In
Part

- å Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ONETABLE							
228 PARK AVE S NEW YORK, NY 10003	46-4715368	501(C)(3)	10,000.				GENERAL SUPPORT
(2) OPPORTUNITY, INC.							
4171 WESTGATE AVE WEST PALM BEACH, FL 33409	59-0624429	501(C)(3)	10,000.				GENERAL SUPPORT
(3) OVARIAN CANCER RESEARCH ALLIANCE							
P.O. BOX 32141 NEW YORK, NY 10087-2141	13-3806788	501(C)(3)	10,000.				GENERAL SUPPORT
(4) P.E.F. ISRAEL ENDOWMENT FUNDS, INC.							
630 3RD AVE, STE 1501 NEW YORK, NY 10017	13-6104086	501(C)(3)	220,000.				GENERAL SUPPORT
(5) PALM BEACH CIVIC ASSOCIATION							
THE PARAMOUNT BUILDING PALM BEACH, FL 33480	59-0542089	501(C)(3)	10,000.				GENERAL SUPPORT
(6) PALM BEACH COUNTRY CLUB FOUNDATION							
760 N. OCEAN BLVD. PALM BEACH, FL 33480	20-1330372	501(C)(3)	6,000.				GENERAL SUPPORT
(7) PALM BEACH JEWISH COMMUNITY CAMPUS CORP.							
1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	65-0006250	501(C)(3)	3,062,817.				GENERAL SUPPORT
(8) PALM BEACH OPERA INC.							
1800 S AUSTRALIAN WEST PALM BEACH, FL 33409	59-1060864	501(C)(3)	97,400.				GENERAL SUPPORT
(9) PALM BEACH ORTHODOX SYNAGOGUE							
120 N. COUNTY RD PALM BEACH, FL 33480	65-0478910	501(C)(3)	6,972.				GENERAL SUPPORT
(10) PEACEWORKS NETWORK FOUNDATION							
P.O. BOX 1577-OCS NEW YORK, NY 10113	30-0102398	501(C)(3)	300,000.				GENERAL SUPPORT
(11) PLANNED PARENTHOOD OF S. EAST & N. FLORIDA							
2300 N. FL, MANGO WEST PALM BEACH, FL 33409	59-1391115	501(C)(3)	70,750.				GENERAL SUPPORT
(12) PROMISE FUND OF FLORIDA, INC.							
340 ROYAL PW PALM BEACH, FL 33480	83-0535519	501 (C) (3)	12,500.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment c	rganizations lis	ted in the line 1 tab	e			

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

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

2E1288 1.000

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

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

OMB No. 1545-0047

Open to Public nspection

> Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the orga

anization jewish federation of Palm Beach county,	Employer identification number	
	59-0948696	
eneral Information on Grants and Assistance		
ne organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	r assistance, and	

Part

- ٩ Yes 1 Does th
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

17 NOTIONE PRESENTAINE CITA FORD PRESCORMING ARTS 29-2245054 501 (C) (3) 30,110. 30,110. 30,110. 30,110. 30,110. 31,00	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SECTIONEE BLOOD NAME DEACH, FL 33401 59-245054 501(C) (3) 25,000. 25	[z.							
STATE STAT	FL	59-2245054	501(C)(3)	30,110.				GENERAL SUPPORT
Part	(2) REGIONAL FOOD BANK OF OKLAHOMA							
S. DIXTE HWY WEST PAIM NELAMONA, TASK FORCE, INC S. DIXTE HWY WEST PAIM NELAMONA, TASK FORCE, INC S. DIXTE HWY WEST PAIM NEACH, FI 33405 S. DIXTE HWY WEST PAIM NEACH, FI 33405 S. DIXTE HWY WEST PAIM NEACH, FI 33480 S. DIXTE HWY WEST PAIM SEACH, FI 33480 S. DIXTE HONOR INSTITUTE, INC. S. DIXTE HONOR INC	S PURDUE ST, OKLAHOMA CITY, OK	73-1100380	501(C)(3)	25,000.				GENERAL SUPPORT
S. DIXIE HW WEST PAIM WEST, PLIA MERACH, FL 33405 65-0653295 501(C) (3) 6,610. ROCKEPEALER UNITURESITY 13-1624158 501(C) (3) 10,000. YORK AVENDE NEW YORK, NY 10065 13-1624158 501(C) (3) 25,000. SOLOMON INSTITUTE, INC. 88-2748300 501(C) (3) 25,000. SOUTH FLORIDA PENA 88-274830 501(C) (3) 12,500. STAIN JUDE CHILDREN'S RESEARCH HOSPITAL 62-0646012 501(C) (3) 29,645. STAIN JUDE CHILDREN'S RESEARCH HOSPITAL 59-1027143 501(C) (3) 57,498. STAIN JUDE CHILDREN'S RESEARCH FOUNDATION, INC. 59-066259 501(C) (3) 7,572. STAIN JUDE CHILDREN'S RESEARCH FOUNDATION, INC. 59-06450 501(C) (3) 7,572. HOOD RATER WE RESEARCH FOUNDATION, INC. 59-06450 501(C) (3) 7,572. HOOD RATER WE RESEARCH FOUNDATION, INC. 59-06450 501(C) (3) 12,000. THE BRAST CANCER RESEARCH FOUNDATION, INC. 59-06450 501(C) (3) 51,550. SET 44TH ST, STE.609 NEW YORK, NY 10036 501(C) (3) 51,550.	FORCE,							
ROCKEFELLER UNIVERSITY 10,000. 10,000. 10,000. SERBEAL SOLDMON INSTITUTE, INC. 88-274830 801(C) (3) 25,000. 25,000. 25,000. NOCOMINY RD PALM BEACH, FL 33480 88-274830 501(C) (3) 25,000. 25,000. 25,000. SOUTH FLORIDA PASS 59-073786 501(C) (3) 12,500. 25,000. 200.000. SALIT JUDE CHILDENALY, FL 33480-5 62-0646012 501(C) (3) 29,645. 29,645. 200.000. SALIT JUDE CHILDENALY, FL 33480-3740 59-1027143 501(C) (3) 57,496. 29,645. 200.000. N COUNTY RD PALM BEACH, FL 33407 59-1027143 501(C) (3) 7,572. 50.000. 30.000. Y & DON CARTER W PALM BEACH, FL 33407 59-2064518 501(C) (3) 7,572. 20.000. 30.000. TEMPLE JUDEA OF PALM BEACH, FL 33407 59-2064518 501(C) (3) 12,500. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.000. 30.0000. 30.0000.	2751 S. DIXIE HWY WEST PALM BEACH, FL 33405	65-0653295	501(C)(3)	6,670.				GENERAL SUPPORT
COLOMATY RD PALM BEACH, FL 33480 13-1624158 501(C) (3) 10,000. 10,000. ENDEAD SOLOMONI INSTITUTE, INC. NO COUNTY RD PALM BEACH, FL 33480 88-274830 501(C) (3) 25,000. 25,000. 200.00 SOUTH FLORIDA PBS BOX 61002 MIRML, FL 33261-0002 89-27480 51(C) (3) 12,500. 20,645. 20.00 ST. JUDE CHILDREN'S RESEARCH HOSPITAL 62-0646012 501(C) (3) 29,645. 20,645. 20.00 SALIT JUDE PLANE BEACH, FL 33400-3740 59-1027143 501(C) (3) 57,498. 57,498. 501027143 N COUNTY RD PALM BEACH, FL 33407 59-069629 501(C) (3) 7,572. 50.00 50.00 TEMPLE ISRAEL TEMPLE ISRAEL TEMPLE ISRAEL 13,531. 12,500. 50.00 TEMPLE JUDE ADAM BEACH, FL 33407 59-069629 501(C) (3) 13,531. 50.00 50.00 TEMPLE JUDE ADAM BEACH, FL 33407 59-069619 501(C) (3) 12,500. 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00 50.00	(4) ROCKEFELLER UNIVERSITY							
SOLOMON INSTITUTE, INC. 88-274830 501(C) (3) 25,000. 36,000. Bearly Country RD Pain Bach, FL 33480 Bearly Bearl		13-1624158	501(C)(3)	10,000.				
NO COUNTY RD PAIM BEACH, FL 33480 88-274830 501(C) (3) 25,000 25,000 ENDEAD SOUTH FLORIDA PBS SOUTH FLORIDA PBS 12,500 12,5	(5) SOLOMON INSTITUTE, INC.							
CLOOD CLOO	N COUNTY RD PALM BEACH, FL	88-2748300	501(C)(3)	25,000.				
RCH HOSPITAL S9-0737868 501(C) (3) 12,500. Seneral TW 38105 62-0646012 501(C) (3) 29,645. Seneral EACH INC. L 33480-3740 59-1027143 501(C) (3) 57,498. Seneral CH, FL 33407 59-0696295 501(C) (3) 7,572. Seneral H COUNTY, INC. H COUNTY, INC. 13,531. Seneral DENG, FL 33410 59-2100649 501(C) (3) 12,000. H FOUNDATION, INC. H FOUNDATION, INC. Seneral H FOUNDATION, INC. Seneral Seneral H FOUNDATION, INC. Seneral H FOUNDATION, INC. Seneral H FOUNDATION, INC. Seneral H FOUNDATION, INC. Seneral	(6) SOUTH FLORIDA PBS							
RCH HOSPITAL EACH HOSPITAL TW 38105 EACH LO. Solic) (3) 29,645. Solic) (3) Solic) (3) Solic) (3) Solic) (3) Solic) (3) Solic) (3) T,572. Solic) (4) Solic) (4) Solic) (4) Solic) (4) Solic) (4) Solic) (4) Solic) (5) T,572. T,572. T,572. T,572. T,572. <	P.O. BOX 610002 MIAMI, FL 33261-0002	59-0737868	501(C)(3)	12,500.				GENERAL SUPPORT
TN 38105 62-0646012 501(C) (3) 29,645. 9,645. 9,645. 9,645. 9,645. 9,645. 9,645. 9,645. 9,645. 9,646. 9,645. 9,646.	CHILDREN'S							
EL DE PALM BEACH, INC. 59-1027143 501 (C) (3) 57,498. 9-1027143 501 (C) (3) 57,498. 9-1027143 9-1027144 </td <td>IN</td> <td>62-0646012</td> <td>501(C)(3)</td> <td>29,645.</td> <td></td> <td></td> <td></td> <td>GENERAL SUPPORT</td>	IN	62-0646012	501(C)(3)	29,645.				GENERAL SUPPORT
PALIM BEACH, FL 33480-3740 59-1027143 501 (C) (3) 57,498 57,498 57,498 57,498 59-1027143 501 (C) (3) 7,572 59-102714 59-100649 501 (C) (3) 7,572 59-100649 501 (C) (3) 7,572 59-100649 501 (C) (3) 13,531 59-100649 59-100649 501 (C) (3) 13,531 59-100649 501 (C) (3) 12,000 59-100649 501 (C) (3)	(8) TEMPLE EMANU-EL OF PALM BEACH INC.							
L L C	PALM BEACH, FL	59-1027143	501(C)(3)	57,498.				
ER W PALM BEACH, FL 33407 59-0696295 501(C)(3) 7,572. 9-0696295 501(C)(3) 69-0696295 501(C)(3) 69-0696295 501(C)(3) 69-0696295 501(C)(3) 69-0696295 501(C)(3) 69-0696295 69-	(9) TEMPLE ISRAEL							
OF PALM BEACH COUNTY, INC. S9-2100649 501(C) (3) 13,531. Seneral ALM BEACH GARDENS, FL 33410 59-2100649 501(C) (3) 12,000. Seneral ASHINGTON, DC 20007-4702 52-0845118 501(C) (3) 12,000. Seneral ANGER RESEARCH FOUNDATION, INC. Seneral Seneral STE.609 NEW YORK, NY 10036 13-372756 501(C) (3) 51,550.	NANCY & DON CARTER W PALM BEACH, FL 33407	59-0696295	501(C)(3)	7,572.				GENERAL SUPPORT
ALM BEACH CARDENS, FL 33410 59-2100649 501(C)(3) 13,531.	JUDEA OF							
ASHINGTON, DC 20007-4702 52-0845118 501(C)(3) 12,000. ANCER RESEARCH FOUNDATION, INC. STE.609 NEW YORK, NY 10036 13-3727250 501(C)(3) 51,550.	ROAD PALM BEACH GARDENS, FL	59-2100649	501(C)(3)	13,531.				
INC. 52-0845118 501(C)(3) 12,000. 51,550. 501(C)(3) 51,550. 51,550. 510.0000. 510.000. 510.000. 510.000. 510.000. 510.000. 510.000. 510.00	(11) TEMPLE MICAH							
INC. 13-3727250 501(C)(3) 51,550.	WISCONSIN WASHINGTON, DC	52-0845118	501(C)(3)	12,000.				
13-3727250 501(C)(3) 51,550.	CANCER RESEARCH FOUNDATION,							
	28 WEST 44TH ST, STE.609 NEW YORK, NY 10036	13-3727250	501(C)(3)	51,550.				GENERAL SUPPORT

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

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

2E1288 1.000

46

Department of the Treasury Internal Revenue Service

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

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

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

2022	Open to Public Inspection

OMB No. 1545-0047

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 59-0948696

Assistance	
Grants and /	
nformation on	
General Ir	
art	

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

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. Part II

15 26-3238489 501(C) (3) 10,000.	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
26-3238489 \$01(C)(3) 10,000. 01-0848028 \$01(C)(3) 6,000. 95-1643388 \$01(C)(3) \$0,000. 83-3859068 \$01(C)(3) \$00,000. 59-0454318 \$01(C)(3) \$10,000. 23-1352651 \$01(C)(3) \$12,500. 59-0637885 \$01(C)(3) \$10,000. 51-0172429 \$01(C)(3) \$10,000. 52-1376034 \$01(C)(3) \$10,000. 52-1376034 \$01(C)(3) \$10,000.	(1) THE DEFIANT REQUIEM FOUNDATION							
01-0848028 501(C) (3) 6,000.	AVE. NW, WASHINGTON, DC 2001	26-3238489	501(C)(3)	10,000.				GENERAL SUPPORT
01-0848028 501(C) (3) 6,000.	(2) THE ISRAEL BRIDGE							
95-1643388 \$01(C)(3) 20,000. 83-3859068 \$01(C)(3) 300,000. 59-0454318 \$01(C)(3) 10,000. 23-1352651 \$01(C)(3) 12,500. 59-0637885 \$01(C)(3) 23,750. 31-1705917 \$01(C)(3) 10,000. 51-0172429 \$01(C)(3) 10,300. 52-1376034 \$01(C)(3) 110,000.	GREENSTEIN PLM BEACH GARDEN, FL 33418	01-0848028	501(C)(3)	6,000.				GENERAL SUPPORT
95-1643388 501 (C) (3) 20,000. 83-3859068 501 (C) (3) 300,000. 59-0454318 501 (C) (3) 12,500. 59-0637885 501 (C) (3) 23,750. 31-1705917 501 (C) (3) 10,000. 51-0172429 501 (C) (3) 136,835. 52-1376034 501 (C) (3) 110,000. 52-1376034 501 (C) (3) 110,000.	OF							
83-3859068 501(C) (3) 300,000. 59-0454318 501(C) (3) 10,000. 23-1352651 501(C) (3) 23,750. 59-0637885 501(C) (3) 23,750. 31-1705917 501(C) (3) 10,000. 51-0172429 501(C) (3) 136,835. 52-1309391 501(C) (3) 10,300. 52-1376034 501(C) (3) 10,000.		95-1643388	501(C)(3)	20,000.				GENERAL SUPPORT
83-3859068 501(C) (3) 300,000. 59-0454318 501(C) (3) 10,000. 23-1352651 501(C) (3) 12,500. 59-0637885 501(C) (3) 23,750. 31-1705917 501(C) (3) 136,835. 51-0172429 501(C) (3) 10,300. 52-1376034 501(C) (3) 10,000.	PEOPLEHOOD ALLIANCE,							
59-0454318 501 (C) (3) 10,000. 23-1352651 501 (C) (3) 12,500. 59-0637885 501 (C) (3) 23,750. 31-1705917 501 (C) (3) 10,000. 51-0172429 501 (C) (3) 136,835. 52-1309391 501 (C) (3) 10,300. 52-1376034 501 (C) (3) 110,000.	INC. NEW YORK, NY 10022	83-3859068	501(C)(3)	300,000.				GENERAL SUPPORT
59-0454318 501(C) (3) 12,500. 23-1352651 501(C) (3) 23,750. 59-0637885 501(C) (3) 10,000. 31-1705917 501(C) (3) 136,835. 51-0172429 501(C) (3) 10,300. 52-1309391 501(C) (3) 110,000. 52-1376034 501(C) (3) 110,000.	(5) THE SOCIETY OF THE FOUR ARTS, INC.							
23-1352651 501(C) (3) 12,500. 59-0637885 501(C) (3) 23,750. 31-1705917 501(C) (3) 10,000. 51-0172429 501(C) (3) 136,835. 52-1309391 501(C) (3) 10,300. 52-1376034 501(C) (3) 110,000.	ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)(3)	10,000.				GENERAL SUPPORT
23-1352651 501 (C) (3) 12,500. 59-0637885 501 (C) (3) 23,750. 31-1705917 501 (C) (3) 10,000. 51-0172429 501 (C) (3) 136,835. 52-1309391 501 (C) (3) 10,300. 52-1376034 501 (C) (3) 110,000.	(6) THOMAS JEFFERSON UNIVERSITY							
59-0637885 501(C) (3) 23,750. 31-1705917 501(C) (3) 10,000. 51-0172429 501(C) (3) 136,835. 52-1309391 501(C) (3) 10,300. 52-1376034 501(C) (3) 110,000.	PA 19107	23-1352651	501 (C) (3)	12,500.				GENERAL SUPPORT
59-0637885 501(C) (3) 23,750. 31-1705917 501(C) (3) 10,000. 51-0172429 501(C) (3) 136,835. 52-1309391 501(C) (3) 10,300. 52-1376034 501(C) (3) 110,000.	PALM BEACH UNITED WAY,							
31-1705917 501 (C) (3) 10,000. 51-0172429 501 (C) (3) 136,835. 52-1309391 501 (C) (3) 10,300. 52-1376034 501 (C) (3) 110,000.	FL 33480-4069	59-0637885	501 (C) (3)	23,750.				GENERAL SUPPORT
31-1705917 501 (C) (3) 10,000. 51-0172429 501 (C) (3) 136,835. 52-1309391 501 (C) (3) 10,300. 52-1376034 501 (C) (3) 110,000.	(8) UBUNTU PATHWAYS, INC.							
51-0172429 501(C) (3) 136,835. 52-1309391 501(C) (3) 10,300. 52-1376034 501(C) (3) 110,000.	BROADWAY, SUITE 414 NEW YORK, NY	31-1705917	501 (C) (3)	10,000.				GENERAL SUPPORT
51-0172429 501(C)(3) 136,835. 52-1309391 501(C)(3) 10,300. 52-1376034 501(C)(3) 110,000.	(9) UJA FEDERATION OF NEW YORK							
52-1309391 501(C)(3) 10,300. 52-1376034 501(C)(3) 110,000.		51-0172429	501(C)(3)	136,835.				GENERAL SUPPORT
52-1375034 501(C)(3) 110,000.	(10) UNITED STATES HOLOCAUST MEMORIAL MUSEUM							
52-1376034 501(C)(3) 110,000.	DC 20024	52-1309391	501(C)(3)	10,300.				GENERAL SUPPORT
19TH ST, NW WASHINGTON, DC 20036 52-1376034 501(C)(3) 110,000. IZO USA - WOMEN'S INTERNATIONAL ZIONIST 13-2041301 501(C)(3) 10.000	(11) WASHINGTON INSTITUTE FOR NEAR EAST POLICY							
L ZIONIST	19TH ST,	52-1376034	501(C)(3)	110,000.				GENERAL SUPPORT
13-30/1301 501/0//3)	- WOMEN'S INTERNATIONAL							
10,000.	950 3RD AVE NEW YORK CITY, NY 10022	13-3041381	501(C)(3)	10,000.				GENERAL SUPPORT

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

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

2E1288 1.000

Grants and Other Assistance to Organizations,

2022	Open to Publi

OMB No. 1545-0047

(066 10 1)			ILS, AIIU II	GOVERHINGENES, AND MICHAIS III THE OTHER STATES Complete if the organization answered "Yes" on Form 990 Part IV line 21 or 22	I IIIE OIIIEC	line 21 or 22		20 22
Department of the Treasury Internal Revenue Service		Go to	Ati	Attach to Form 990. www.irs.gov/Form990 for the latest information.	test information.			Open to Public Inspection
Name of the organization JE	JEWISH FEDERATION OF PALM BEA	PALM BEACH COUNTY,					Employer identification number	on number
INC.							59-0948696	
Part General In	General Information on Grants and Assistance	Assistance	a					
1 Does the organize the selection critering	Does the organization maintain records to substantiate the athe selection criteria used to award the grants or assistance?	ubstantiate the		grants or assistar	nce, the grantees'	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and	Yes No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	lures for mon	itoring the use	of grant funds in the	United States.			
Part Grants an	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	omestic Orç	ganizations ar	d Domestic Gov	ernments. Com	plete if the organiza	ation answered "Y	es" on Form 990,
Part IV, Iir	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nat received	more than \$5	,000. Part II can b	e duplicated if a	dditional space is n	eeded.	
1 (a) Name and or g	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WORLD CENTRAL KITCHEN, INC.	CHEN, INC.							
200 MASSACHUSETTS AVE WASHINGTON,	WASHINGTON, DC 20001	27-3521132	501(C)(3)	100,618.				GENERAL SUPPORT
	RESS AMERICAN SECTION INC.							
501 MADISON AVE, 9TH F	9TH FL NEW YORK, NY 10022	13-1790756	501(C)(3)	50,000.				GENERAL SUPPORT
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	aovernment o	rganizations lis	 ted in the line 1 tab	<u>a</u>			
	Enter total number of other organizations listed in the line 1	ed in the line	1 table					
For Paperwork Reduction	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 9	90.				၁၄	Schedule I (Form 990) 2022

JSA 2E1288 1.000

Schedule I (Form 990) (2022)

Page 2

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. Part III

	(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
-						
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	her additional

information.

PART I, LINE 2:

WHEN FUNDS ARE GRANTED FOR A SPECIFIC PROJECT, THERE IS USUALLY A GRANT

REPORTING REQUIREMENTS. AGREEMENT OR LETTER OF DIRECTION WHICH INCLUDES FOR GENERAL SUPPORT GRANTS, THERE ARE NO REPORTING REQUIREMENTS.

STATUS AND PUBLIC CHARITY CLASSIFICATION OF ALL GRANTEES IS VERIFIED.

GRANTS FOR GENERAL ASSISTANCE IS MONITORED BY THE PLANNING AND

ALLOCATIONS DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA

INDICATING HOW FUNDS ARE UTILIZED.

Schedule I (Form 990) (2022)

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
_						
2						
3						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

information.

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

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

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.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number 59-0948696

Questions Regarding Compensation Part I Yes Νo 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) 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 1b 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 2 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. Written employment contract Compensation committee Independent compensation consultant Χ Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations 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: 4a 4b Χ 4c Χ 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. 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: 5a Χ 5b Χ If "Yes" on line 5a or 5b, describe in Part III. 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: Χ 6a 6b Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Χ 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 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

59-0948696

JEWISH FEDERATION OF PALM BEACH COUNTY,

Schedule J (Form 990) 2022

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

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.

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MICHAEL HOFFMAN	Θ	347,622.	10,000.	9,000.	26,744.	27,443.	420,809.	NONE
1 CHIEF EXECUTIVE OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MATTHEW KERNKRAUT	(i)	291,524.	NONE	12,223.	17,220.	27,338.	348,305.	NONE
2 CHIEF DEVELOPMENT OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KATHY SIGALL	Ξ	230,367.	NONE	NONE	21,882.	2,089.	254,338.	NONE
3 CHIEF FINANCIAL OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MINDY HANKEN	Ξ	201,296.	NONE	5,400.	15,613.	9,892.	232,201.	NONE
4 CHIEF PROGRAM OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
LEAH HOLCZER	Ξ	135,626.	NONE	16,948.	10,333.	26,096.	189,003.	NONE
5 VICE PRESIDENT, FINANCE	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SARAH ROGERS	(i)	155,778.	NONE	NONE	12,596.	16,833.	185,207.	NONE
6 SENIOR VP, DEVELOPMENT	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
HOPE LEVIN	(E)	149,041.	NONE	NONE	11,407.	8,311.	168,759.	NONE
7 VICE PRESIDENT, MAJOR GIVING	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEFF TRYNZ	(i)	160,442.	NONE	3,164.	12,300.	1,369.	177,275.	NONE
8 SENIOR VP, EXTERNAL AFFAIRS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RACHEL BERG	Ξ	141,902.	NONE	6,925.	11,480.	26,218.	186,525.	NONE
9 VP, WOMEN'S PHILANTHROPY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	Œ							
	Ξ							
15	(ii)							
	Ξ							
16	(E)							
							Sch	Schedule J (Form 990) 2022

52

JSA

59-0948696

Part | Supplemental Information

Schedule J (Form 990) 2022

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 7:

SCHEDULE J, PART II, COLUMN (B) (II) REPORTS PERFORMANCE BASED BONUSES

THAT WERE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE.

53

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

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

INC

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696	
33-0340030	

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

_	() > 1	(b) Relationship between disqualified person and	() 5	(d) C	Corrected?
'	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	s No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	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 Ioan	fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In o	default?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) MICHAEL HOFFMAN	CEO	SEE PART V		Х	115,000.	58,579.		Х	Х		Х	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)						_						
Total						\$ 58,579.						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

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) Sh organiz reven	zation's
				Yes	No
(1)BRUCE GENDELMAN INSURANCE SVCS	SEE PART V	450,849.	SEE PART V		Х
_(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

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

Part I Types of Property

59-0948696

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
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	114	1,819,843.	MARKET QU	OTAT	ION	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous	X	1	50,000.	MARKET QU	OTAT	ION	
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 ►(ı			
29	Number of Forms 8283 received		-					
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat		• • • • • • • • • • • • • • • • • • • •		•			
	28, that it must hold for at least the	•			•			
	to be used for exempt purposes for		olding period?			30a		Χ
	If "Yes," describe the arrangement i							
31	Does the organization have a		· · ·	· · · · · · · · · · · · · · · · · · ·				
	contributions?					31	Х	
32a	Does the organization hire or use			•				
	contributions?					32a		Χ
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a) is checked,			
	describe in Part II.							

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

Part II Suppleme

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)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection
Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY,

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: \$1,375,065. GRANTS: \$0. REVENUE: \$5,000.

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: \$19,896,201. GRANTS: \$19,666,353. REVENUE: \$1,529,037.

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.
- RONALD PERTNOY, MEMBER-AT-LARGE AND SUSAN SHULMAN PERTNOY, BOARD CHAIR HAVE A FAMILY RELATIONSHIP.
- MARK LEVY, SECRETARY AND RONALD PERTNOY, MEMBER-AT-LARGE HAVE A

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection | Employer identification number |

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

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:

THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FOR CEO COMPENSATION COMPILED BY AN INDEPENDENT NATIONAL HR CONSULTING FIRM, INCLUDING DATA FROM THE OTHER LARGE CITY JEWISH FEDERATIONS AND EXTERNAL MARKET DATA FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS. THE

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY

59-0948696

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 59-0948696 JEWISH FEDERATION OF PALM BEACH COUNTY,

FORM 990, PART VII-COMPENSATION OF THE 5 HIG		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TACTICAL SECURITY CONSULTANTS, INC.		
1402 CLYDESDALE DRIVE LOXAHATCHIE, FL 33470	SECURITY	924,203.
GIL TRAVEL		
1511 WALNUT STREET, 2ND FLOOR PHILADELPHIA, PA 19102	TRANSPORTATION	476,529.
WEXNER FOUNDATION		ŕ
8000 WALTON PARKWAY, SUITE 110		
NEW ALBANY, OH 43054	PROFESSIONAL DEVE.	175,000.
PC CONNECTION SALES CORPORATION		
P.O. BOX 536472		
PITTSBURGH, PA 15253	INFORMATION TECH.	155,225.
BOARD OF JEWISH EDUCATION, INC.		
520 8TH AVENUE, 15TH FLOOR		
NEW YORK, NY 19176	PROFESSIONAL DEVE.	148,626.

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.

JEWISH FEDERATION OF PALM BEACH COUNTY,

Name of the organization Department of the Treasury Internal Revenue Service

Part I INC.

OMB No. 1545-0047 2022

Open to Public **Employer identification number** Inspection

59-0948696 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)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	vered "Yes" on For	т 990, Part IV,	, line 34, because	it had

Part II	one or more related tax-exempt organizations during the tax year.	the tax year.	anizauon answer		IIII 990, r ait iv,	mie 34, pecause	וומת	
	(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?	2(b)(13) led ?
							Yes	٩
(1) PALM 1	(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 65-0006250							
1 HAR	1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501(C)(3)	7	JFPBC	×	
(2) NORTH	(2) NORTH PALM BEACH COUNTY JEWISH COMMUNITY 46-1245509							
1 HAR	1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501(C)(3)	7	JFPBC	×	
(3)		_						
(4)								
(2)								
(9)								

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

2E1307 1.000

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62

59-0948696

Percentage ownership 3 (j) General or Yes No managing 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. partner? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) Ŷ Ξ Yes (g) Share of end-ofyear assets (f) Share of total income (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (d) Direct controlling (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of related organization Part III 2 3 4 3 9 5 Ξ

Section 512(b)(13) controlled entity? Yes No (h) Percentage ownership (g) Share of end-of-year assets (f) Share of total income (e)
Type of entity
(C corp, S corp, or trust) line 34, because it had one or more related organizations treated as a corporation or trust during the tax year (d)
Direct controlling entity (c) Legal domicile (state or foreign (b) Primary activity (a)
Name, address, and EIN of related organization Part IV (2) (3) (1) 4 (5) 9

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,

2E1308 1.000

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Page 3

59-0948696

Schedule R (Form 990) 2022

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule			<u>X</u>	Yes No
Total Compress miles in any crimity is listed in any of the following transactions with one or more related organizations listed in Parts II-IV?	elated organizations list	ted in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity			<u></u>	×
Gift. grant. or capital contribution to related organization(s)			4 q	×
			10	×
			19	×
Loans or loan guarantees by related organization(s)			9	×
			,	h.
f Dividends from related organization(s)			=	×
g Sale of assets to related organization(s)				×
h Purchase of assets from related organization(s),			- - - - -	×
i Exchange of assets with related organization(s)			;= : : :	×
j Lease of facilities, equipment, or other assets to related organization(s).				×
k Lease of facilities, equipment, or other assets from related organization(s)			+	×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	\times
 m Performance of services or membership or fundraising solicitations by related organization(s). 				×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				×
o Sharing of paid employees with related organization(s)			-19	×
p Reimbursement paid to related organization(s) for expenses				×
q Reimbursement paid by related organization(s) for expenses				×
			1	>
r Other transfer of cash or property to related organization(s)				× >
- 1	is line, including cove	red relationships and trans	action thresholds.	4
		, ,		
(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved	nining ed
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	В	3,062,817.	CASH	
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	C	18,883.	CASH	
(3) DAIM BEACH TEMICH COMMINITUR CAMPIIS CODE	Ĺ	90 90 0	υ Κ	
FALM DEACH JEWISH COMMONIII CAMPUS	ū	070	CASH	
(4) NORTH PALM BEACH COUNTY JEWISH COMMUNITY	В	203,649.	CASH	
(5)				
(9)				
, 4 <u>2</u> ;		Scl	Schedule R (Form 990) 2022	90) 2022

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59-0948696

Schedule R (Form 990) 2022

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

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.

Name, address, and EIN of entity (a) (b) (c) (b) (c) (d) (d) (d) (e) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant Are all partners income (related, section unrelated, excluded from tax under organizations?	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	ll or Perce	(k) Percentage ownership
			sections 512 - 514)	Yes No			Yes No		Yes	No	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(7)											
(8)											
(6)											
(10)											
(11)											
(12)											
(13)											
(14)											
(15)											
(16)											
								Sched	ule R (F	Schedule R (Form 990) 2022) 2022

65

Part VII Supplemental Information

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