

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2022

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>JEWISH FEDERATION OF PALM BEACH COUNTY, INC.</u>		<b>D</b> Employer identification number <u>59-0948696</u>
	Doing Business As		<b>E</b> Telephone number <u>(561) 478-0700</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>60,922,811.</u>
	<u>1 HARVARD CIRCLE</u>	<u>100</u>	
City or town, state or province, country, and ZIP or foreign postal code <u>WEST PALM BEACH, FL 33409</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>F</b> Name and address of principal officer: <u>MICHAEL HOFFMAN</u> <u>1 HARVARD CIRCLE, STE 100, WEST PALM BEACH, FL 33409</u>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <u>WWW.JEWISHPB.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>1962</u>	<b>M</b> State of legal domicile: <u>FL</u>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>59</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>58</u>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<u>112</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<u>2,000</u>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>134,134.</u>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>NONE</u>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>27,510,361.</u>	<u>35,878,453.</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>505,277.</u>	<u>6,821,301.</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>2,851,918.</u>	<u>1,378,740.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>191,290.</u>	<u>2,056,910.</u>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>31,058,846.</u>	<u>46,135,404.</u>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>18,927,170.</u>	<u>19,666,353.</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<u>NONE</u>	<u>NONE</u>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>8,105,505.</u>	<u>9,152,620.</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<u>NONE</u>	<u>NONE</u>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,017,378.</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>4,544,972.</u>	<u>8,463,691.</u>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>31,577,647.</u>	<u>37,282,664.</u>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<u>-518,801.</u>	<u>8,852,740.</u>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<u>173,351,339.</u>	<u>189,518,360.</u>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<u>41,769,915.</u>	<u>42,186,928.</u>
		<u>131,581,424.</u>	<u>147,331,432.</u>

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<u>Michael Hoffman</u> Signature of officer	<u>09/04/24</u> Date			
	<u>Michael Hoffman, President and CEO</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>PAUL HAMMERSCHMIDT</u>	Preparer's signature <u>PAUL HAMMERSCHMIDT</u>	Date <u>4/8/2024</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01384178</u>
	Firm's name ▶ <u>BDO USA</u>		Firm's EIN ▶ <u>13-5381590</u>		
	Firm's address ▶ <u>200 PARK AVENUE, 38TH FLOOR NEW YORK, NY 10166</u>		Phone no. <u>212-885-8000</u>		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING ORGANIZATION OF THE JEWISH COMMUNITY. OUR MISSION IS TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEETING HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b>	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. <b>2a</b> 112		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? . . . . . If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (59), 1b (58), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

LEAH HOLCZER 1 HARVARD CIRCLE, SUITE 100, WEST PALM BEACH, FL 33409
561-478-0700

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HOFFMAN CHIEF EXECUTIVE OFFICER	53.00 2.00			X				366,622.	NONE	54,187.
(2) MATTHEW KERNKRAUT CHIEF DEVELOPMENT OFFICER	43.00 2.00				X			303,747.	NONE	44,558.
(3) KATHY SIGALL CHIEF FINANCIAL OFFICER	43.00 2.00			X				230,367.	NONE	23,971.
(4) MINDY HANKEN CHIEF PROGRAM OFFICER	43.00 2.00				X			206,696.	NONE	25,505.
(5) LEAH HOLCZER VICE PRESIDENT, FINANCE	43.00 2.00					X		152,574.	NONE	36,429.
(6) RACHEL BERG VP, WOMEN'S PHILANTHROPY	43.00 2.00					X		148,827.	NONE	37,698.
(7) SARAH ROGERS SENIOR VP, DEVELOPMENT	43.00 2.00					X		155,778.	NONE	29,429.
(8) JEFF TRYNZ SENIOR VP, EXTERNAL AFFAIRS	43.00 2.00					X		163,606.	NONE	13,669.
(9) HOPE LEVIN VICE PRESIDENT, MAJOR GIVING	43.00 2.00					X		149,041.	NONE	19,718.
(10) SUSAN SHULMAN PERTNOY BOARD CHAIR	10.00 4.00	X		X				NONE	NONE	NONE
(11) STEVE ELLISON VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(12) ARTHUR LORING VICE CHAIR	2.00 4.00	X		X				NONE	NONE	NONE
(13) LYNN PESECKIS VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE
(14) BRIAN SEYMOUR VICE CHAIR	2.00 NONE	X		X				NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) BERYL SIMONSON TREASURER	2.00 NONE	X		X			NONE	NONE	NONE	
( 16) MARK LEVY SECRETARY	2.00 NONE	X		X			NONE	NONE	NONE	
( 17) HOPE SILVERMAN IMMEDIATE PAST BOARD CHAIR	2.00 4.00	X					NONE	NONE	NONE	
( 18) CHARLES GOTTESMAN DEVELOPMENT AND CAMPAIGN CHAIR	2.00 NONE	X					NONE	NONE	NONE	
( 19) RONDA STARR WOMEN'S PHILANTHROPY CHAIR	2.00 NONE	X					NONE	NONE	NONE	
( 20) VIVIAN LIEBERMAN WOMEN'S PHILANTHROPY CAMPAIGN	2.00 NONE	X					NONE	NONE	NONE	
( 21) ROSLYN LEOPOLD COMMUNITY STRATEGY & PLANNING	2.00 NONE	X					NONE	NONE	NONE	
( 22) LYNN KASTON HUMAN RESOURCES AND LEADERSHIP	2.00 NONE	X					NONE	NONE	NONE	
( 23) ARTIE LEHRHOFF ISRAEL & OVERSEAS CHAIR	2.00 NONE	X					NONE	NONE	NONE	
( 24) JOEL YUDENFREUND JEWISH COMMUNITY FOUND. CHAIR	2.00 NONE	X					NONE	NONE	NONE	
( 25) IRA M. GERSTEIN MEMBER-AT-LARGE	2.00 NONE	X					NONE	NONE	NONE	
<b>1b Sub-total</b>							1,877,258.	NONE	285,164.	
<b>c Total from continuation sheets to Part VII, Section A</b>							NONE	NONE	NONE	
<b>d Total (add lines 1b and 1c)</b>							1,877,258.	NONE	285,164.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 16

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

**Section B. Independent Contractors**

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

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

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



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

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

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		
<b>4</b> 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 . . . . .		
<b>5</b> 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 . . . . .		

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) HAROLD DANENBERG BOARD OF DIRECTOR	2.00 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	X					NONE	NONE	NONE	
( 40) RAYMOND GOLDEN BOARD OF DIRECTOR	2.00 NONE	X					NONE	NONE	NONE	
( 41) ROBERT GORDON BOARD OF DIRECTOR	2.00 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	
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated 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		
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		

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 48) MICHAEL KOHNER BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 49) PAUL KOZLOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 50) PATTI LEHRHOFF BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 51) BRIAN LEMELMAN BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 52) STACEY LEVY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 53) SAM LIEBOVICH BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 54) KAREN LIST BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 55) ZELDA MASON BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 56) ROBERT NAFTALY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 57) CAROLINE CUMMINGS RAFFERTY BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
( 58) CINDY SCHLOSSBERG BOARD OF DIRECTOR	2.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

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

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

**Section B. Independent Contractors**

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

Table with columns (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	19,666,353.	19,666,353.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	NONE			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,325,819.	464,654.	258,755.	602,410.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	5,866,031.	2,954,860.	1,046,959.	1,864,212.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	370,765.	203,053.	64,400.	103,312.
<b>9</b> Other employee benefits . . . . .	1,107,975.	578,758.	195,501.	333,716.
<b>10</b> Payroll taxes . . . . .	482,030.	245,685.	85,719.	150,626.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	NONE			
<b>b</b> Legal . . . . .	28,063.	14,841.	2,976.	10,246.
<b>c</b> Accounting . . . . .	59,758.		59,758.	
<b>d</b> Lobbying . . . . .	NONE			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	87,915.		87,915.	
<b>g</b> 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.
<b>12</b> Advertising and promotion . . . . .	NONE			
<b>13</b> Office expenses . . . . .	356,181.	126,834.	69,510.	159,837.
<b>14</b> Information technology . . . . .	NONE			
<b>15</b> Royalties . . . . .	NONE			
<b>16</b> Occupancy . . . . .	6,815.	1,069.	5,746.	
<b>17</b> Travel . . . . .	42,812.	28,553.	10,187.	4,072.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	3,336,174.	2,649,805.	309,054.	377,315.
<b>20</b> Interest . . . . .	602,900.	417,476.	178,758.	6,666.
<b>21</b> Payments to affiliates . . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,005,007.	823,747.	90,309.	90,951.
<b>23</b> Insurance . . . . .	60,712.		60,712.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT EXPENSE . . . . .	1,408,210.		1,408,210.	
<b>b</b> REPAIRS AND MAINTENANCE . . . . .	340,237.	303,869.	36,368.	
<b>c</b> SECURITY . . . . .	21,620.	15,628.	4,133.	1,859.
<b>d</b> MISCELLANEOUS . . . . .	673,386.	408,098.	55,707.	209,581.
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	37,282,664.	29,121,299.	4,143,987.	4,017,378.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

Part X Balance Sheet

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

Table with columns for Assets, Liabilities, and Net Assets or Fund Balances. Rows include items like Cash, Savings, Investments, Accounts payable, and Total assets/liabilities. Includes sub-rows for depreciation (10a, 10b, 10c) and checkboxes for FASB ASC 958 compliance.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	46,135,404.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	37,282,664.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	8,852,740.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	131,581,424.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	6,897,268.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	147,331,432.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)



**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Employer identification number  
**59-0948696**

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

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

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

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

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

Schedule A (Form 990) 2022

JSA  
2E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 88.51%; 15 Public support percentage from 2021 Schedule A, Part II, line 14 84.01%; 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [ ]; 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 17b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. [ ]

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)); 16 Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Rows: 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)); 18 Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

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

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

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

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

Section 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		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> 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	<b>Excess distributions carryover to 2023.</b> 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 . . . .		
e	Excess from 2022 . . . .		

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

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	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.
<b>TOTALS</b>	<b>1,800,576.</b>	<b>1,412,182.</b>	<b>1,157,427.</b>	<b>191,290.</b>	<b>525,373.</b>	<b>5,086,848.</b>



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 1,094,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
—		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>JEWISH FEDERATION OF PALM BEACH COUNTY, INC.</b>	<b>Employer identification number</b> 59-0948696
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

INC.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and funds, and Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, Total acreage, and various monitoring and reporting questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and revenue/assets for financial gain.

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

Schedule D (Form 990) 2022

JSA 2E1268 1.000

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount    |
|---|-----------|
| c Beginning balance . . . . .             | <b>1c</b> |
| d Additions during the year . . . . .     | <b>1d</b> |
| e Distributions during the year . . . . . | <b>1e</b> |
| f Ending balance . . . . .                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	62,788,376.	73,224,574.	54,130,485.	53,873,681.	52,088,667.
b Contributions . . . . .	3,886,199.	1,464,632.	4,960,804.	1,937,629.	2,427,551.
c Net investment earnings, gains, and losses . . . . .	4,945,348.	-8,361,402.	17,166,472.	1,434,353.	2,504,496.
d Grants or scholarships . . . . .	3,580,779.	3,279,941.	2,800,468.	2,906,196.	2,940,280.
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	234,125.	259,487.	232,719.	208,982.	206,753.
g End of year balance . . . . .	67,805,019.	62,788,376.	73,224,574.	54,130,485.	53,873,681.

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

- a Board designated or quasi-endowment 28.2100 %
- b Permanent endowment 64.1000 %
- c Term endowment 7.6900 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations . . . . .
- (ii) Related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		5,827,000.		5,827,000.
b Buildings . . . . .		25,135,801.	8,679,040.	16,456,761.
c Leasehold improvements . . . . .		3,518,933.		3,518,933.
d Equipment . . . . .		830,331.	61,969.	768,362.
e Other . . . . .		23,000.		23,000.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				26,594,056.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) BOND MUTUAL FUNDS	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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)	
<b>Total.</b> (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 XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

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 or 22.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Employer identification number:  
59-0948696

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
<b>(1)</b> 92ND STREET Y 1395 LEXINGTON AVE, NEW YORK, NY 10130	13-1624229	501 (C) (3)	25,000.				GENERAL SUPPORT	
<b>(2)</b> ALLIANCE FOR MIDDLE EAST PEACE, INC. 1725 I ST NW, STE 300 WASHINGTON, DC 20006	20-5879279	501 (C) (3)	20,000.				GENERAL SUPPORT	
<b>(3)</b> ALZHEIMER'S DISEASE & RELATED DISORDERS 14010 ROOSEVELT BLVD. CLEARWATER, FL 33762	13-3039601	501 (C) (3)	25,500.				GENERAL SUPPORT	
<b>(4)</b> ALZHEIMER'S DRUG DISCOVERY FOUNDATION 57 W. 57TH ST, STE 904 NEW YORK, NY 10019	20-1082179	501 (C) (3)	31,800.				GENERAL SUPPORT	
<b>(5)</b> AMERICAN FRIENDS OF BETH HATEFUTSOH 633 THIRD AVE, 21ST FL NEW YORK, NY 11017	13-2928469	501 (C) (3)	35,000.				GENERAL SUPPORT	
<b>(6)</b> AMERICAN FRIENDS OF MAGEN DAVID ADOM 4371 NORTHLAKE PALM BEACH GARDEN, FL 33410	13-1790719	501 (C) (3)	42,800.				GENERAL SUPPORT	
<b>(7)</b> AMERICAN FRIENDS OF SHEBA MEDICAL CENTER 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	13-3733541	501 (C) (3)	50,000.				GENERAL SUPPORT	
<b>(8)</b> AMERICAN FRIENDS OF THE ISRAEL DEMOCRACY THE MARCUS FAMILY OFFICE ATLANTA, GA 30327	13-3348313	501 (C) (3)	50,000.				GENERAL SUPPORT	
<b>(9)</b> AMERICAN FRIENDS OF THE ISRAEL MUSEUM 545 5TH AVE, STE 920 NEW YORK, NY 10017	23-7182582	501 (C) (3)	99,300.				GENERAL SUPPORT	
<b>(10)</b> 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	
<b>(11)</b> AMERICAN FRIENDS OF THE ISRAEL SPORT CENTER 1 NORTHFIELD PLZ, NORTHFIELD, IL 60093	27-5126671	501 (C) (3)	10,000.				GENERAL SUPPORT	
<b>(12)</b> AMERICAN FRIENDS OF THE PERES INSTITUTE 1800 N BAYSHORE DR, APT 407 MIAMI, FL 33132	13-3940178	501 (C) (3)	140,000.				GENERAL SUPPORT	
<b>2</b> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								122
<b>3</b> Enter total number of other organizations listed in the line 1 table								

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

INC.

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> AMERICAN ISRAEL EDUCATION FOUNDATION, INC. 251 H STREET, NW WASHINGTON, DC 20001	52-1623781	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(2)</b> AMERICAN JEWISH COMMITTEE 165 EAST 56TH ST, 3RD FL NEW YORK, NY 10022	13-5563393	501 (C) (3)	27,430.				GENERAL SUPPORT
<b>(3)</b> AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE P.O. BOX 4124 NEW YORK, NY 10163-4124	13-1656634	501 (C) (3)	120,000.				GENERAL SUPPORT
<b>(4)</b> AMERICANS FOR BEN-GURION UNIVERSITY P.O. BOX 7410310 CHICAGO, IL 60674-0310	23-7270753	501 (C) (3)	11,000.				GENERAL SUPPORT
<b>(5)</b> ANTI-DEFAMATION LEAGUE 5295 TOWN CTR RD BOCA RATON, FL 33486	13-1818723	501 (C) (3)	259,080.				GENERAL SUPPORT
<b>(6)</b> ARTHUR I. MEYER JEWISH PREPARATORY SCHOOL 5225 HOOD ROAD PALM BEACH GARDENS, FL 33418	59-1491258	501 (C) (3)	683,415.				GENERAL SUPPORT
<b>(7)</b> ARTIS CONTEMPORARY ISRAELI ART FUND, INC. P.O. BOX 1536 NEW YORK, NY 10276	26-4184988	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(8)</b> BIRTHRIGHT ISRAEL FOUNDATION 500 S AUSTRALIAN AVE W PALM BEACH, FL 33401	13-4092050	501 (C) (3)	1,416,981.				GENERAL SUPPORT
<b>(9)</b> BRANDEIS UNIVERSITY 415 SOUTH ST, MS 126 WALTHAM, MA 02453	04-2103552	501 (C) (3)	39,448.				GENERAL SUPPORT
<b>(10)</b> BRONFMAN YOUTH FELLOWSHIPS IN ISRAEL, INC. 420 LEXINGTON AVE NEW YORK, NY 10170	14-1836083	501 (C) (3)	36,000.				GENERAL SUPPORT
<b>(11)</b> CANCER RESEARCH INSTITUTE, INC. 29 BROADWAY FL 4 NEW YORK, NY 10006	13-1837442	501 (C) (3)	20,000.				GENERAL SUPPORT
<b>(12)</b> 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
- 3** Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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

Employer identification number  
59-0948696

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CENTRAL FUND OF ISRAEL 461 CENTRAL AVE CEDARHURST, NY 11516	13-2992985	501 (C) (3)	18,000.				GENERAL SUPPORT
<b>(2)</b> CENTRAL SYNAGOGUE 123 E 55TH STREET NEW YORK, NY 10022-3502	13-1628161	501 (C) (3)	15,400.				GENERAL SUPPORT
<b>(3)</b> CHABAD OF PALM BEACH GARDENS 6100 PGA BLVD, PALM BEACH GARDENS, FL 33418	20-5197484	501 (C) (3)	18,100.				GENERAL SUPPORT
<b>(4)</b> CHILDREN'S GOLF FOUNDATION, INC. 7301 HAVERHILL RD RIVIERA BEACH, FL 33407	65-0262208	501 (C) (3)	15,000.				GENERAL SUPPORT
<b>(5)</b> CITY YEAR, INC. 606 SOUTH OLIVE ST, LOS ANGELES, CA 90014	22-2882549	501 (C) (3)	10,800.				GENERAL SUPPORT
<b>(6)</b> CLEVELAND CLINIC FOUNDATION PHILANTHROPY INSTITUTE CLEVELAND, OH 44195	34-0714585	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(7)</b> COMFORT FOOD OF WASHINGTON COUNTY P.O. BOX 86 GREENWICH, NY 12834	46-4583890	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(8)</b> CORNELL UNIVERSITY 1300 YORK AVE., BOX 123 NEW YORK, NY 10021	15-0532082	501 (C) (3)	8,000.				GENERAL SUPPORT
<b>(9)</b> 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
<b>(10)</b> DIRECT RELIEF 6100 WALLACE BECKNELL SNT BARBARA, CA 93117	95-1831116	501 (C) (3)	100,000.				GENERAL SUPPORT
<b>(11)</b> DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(12)</b> 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
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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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59-0948696

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> FEEDING SOUTH FLORIDA 4925 PARK RIDGE BLVD BOYNTON BCH, FL 33426	59-2097520	501 (C) (3)	5,118.				GENERAL SUPPORT
<b>(2)</b> FERD & GLADYS ALPERT JEWISH FAMILY SVC, INC 5841 CORP. WAY WEST PALM BEACH, FL 33407	59-1520581	501 (C) (3)	804,278.				GENERAL SUPPORT
<b>(3)</b> FOCUSING PHILANTHROPY, INC. 1637 16TH ST, SANTA MONICA, CA 90404	45-2405071	501 (C) (3)	30,000.				GENERAL SUPPORT
<b>(4)</b> FOOD BANK OF THE ROCKIES 10700 E 45TH AVE., DENVER, CO 80239	84-0772672	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(5)</b> FOODBANK OF SANTA BARBARA COUNTY 4554 HOLLISTER AVE SANTA BARBARA, CA 93110	77-0169214	501 (C) (3)	25,000.				GENERAL SUPPORT
<b>(6)</b> FOUND FOR THE DEFENSE OF DEMOCRACIES, INC. P.O. BOX 33249 WASHINGTON, DC 20033	13-4174402	501 (C) (3)	6,000.				GENERAL SUPPORT
<b>(7)</b> FRIENDS OF ASOR FUND USA, INC. 43 LUBLIN TERR. LAKEWOOD, NJ 08701	81-0757923	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(8)</b> FRDS OF BEZALEL ACAD OF ARTS & DESIGN, INC. 79 MADISON AVE NEW YORK, NY 10016-7802	13-2952614	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(9)</b> FRIENDS OF ELMET 5215 OLD ORCHARD RD SKOKIE, IL 60077-1094	45-2212393	501 (C) (3)	100,000.				GENERAL SUPPORT
<b>(10)</b> FRIENDS OF ETHIOPIAN JEWS, INC. P.O. BOX 960059 BOSTON, MA 02196-0059	06-1512486	501 (C) (3)	50,000.				GENERAL SUPPORT
<b>(11)</b> FRIENDS OF ISRAEL DEFENSE FORCES P.O. BOX 4224 NEW YORK, NY 10163	13-3156445	501 (C) (3)	63,380.				GENERAL SUPPORT
<b>(12)</b> GIFT OF LIFE MARROW REGISTRY 5901 BROKEN SOUND BOCA RATON, FL 33487	22-3131232	501 (C) (3)	20,000.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I  
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**Grants and Other Assistance to Organizations,  
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INC.

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

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

Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Employer identification number

59-0948696

**Part I General Information on Grants and Assistance**

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

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

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

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

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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

59-0948696

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> LEVINE JEWISH RESIDENTIAL & FAMILY SERVICES 5841 CORPORATE WAY W PALM BEACH, FL 33407	65-0737159	501 (C) (3)	119,820.				GENERAL SUPPORT
<b>(2)</b> MANDEL JEWISH COMMUNITY CENTER 8500 JOG ROAD BOYNTON BEACH, FL 33472	59-1582799	501 (C) (3)	1,139,474.				GENERAL SUPPORT
<b>(3)</b> MANNA FOOD CENTER, INC. P.O. BOX 1196 DURANGO, CO 81302	52-1289203	501 (C) (3)	25,000.				GENERAL SUPPORT
<b>(4)</b> MIDDLE EAST PEACE DIALOGUE NETWORK, INC. P.O. BOX 943 APTCO, NJ 08004	22-3684183	501 (C) (3)	100,000.				GENERAL SUPPORT
<b>(5)</b> MORSELIFF FOUNDATION, INC. 4847 DAVID S MACK DR W PALM BEACH, FL 33417	59-2774476	501 (C) (3)	116,180.				GENERAL SUPPORT
<b>(6)</b> MUSICIANS ON CALL P.O. BOX 60187 NASHVILLE, TN 37206	13-4067116	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(7)</b> NATIONAL CENTER FOR HEBREW LANGUAGE 729 7TH AVE, 9TH FL NEW YORK, NY 10019	26-4077251	501 (C) (3)	18,000.				GENERAL SUPPORT
<b>(8)</b> NATIONAL MUSEUM OF AMERICAN JEWISH HISTORY 101 S. INDEPEN. MALL PHILADELPHIA, PA 19106	23-7379280	501 (C) (3)	26,000.				GENERAL SUPPORT
<b>(9)</b> NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD JENKINTOWN, PA 19046	23-7825575	501 (C) (3)	15,000.				GENERAL SUPPORT
<b>(10)</b> NORTH PALM BEACH COUNTY JEWISH COMMUNITY 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	46-1245509	501 (C) (3)	203,649.				GENERAL SUPPORT
<b>(11)</b> NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575	501 (C) (3)	25,000.				GENERAL SUPPORT
<b>(12)</b> 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
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Schedule I (Form 990) 2022



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Employer identification number

59-0948696

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> ONETABLE 228 PARK AVE S NEW YORK, NY 10003	46-4715368	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(2)</b> OPPORTUNITY, INC. 4171 WESTGATE AVE WEST PALM BEACH, FL 33409	59-0624429	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(3)</b> OVARIAN CANCER RESEARCH ALLIANCE P.O. BOX 32141 NEW YORK, NY 10087-2141	13-3806788	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(4)</b> 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
<b>(5)</b> PALM BEACH CIVIC ASSOCIATION THE PARAMOUNT BUILDING PALM BEACH, FL 33480	59-0542089	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(6)</b> PALM BEACH COUNTRY CLUB FOUNDATION 760 N. OCEAN BLVD. PALM BEACH, FL 33480	20-1330372	501 (C) (3)	6,000.				GENERAL SUPPORT
<b>(7)</b> PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 1 HARVARD CIRCLE WEST PALM BEACH, FL 33409	65-0006250	501 (C) (3)	3,062,817.				GENERAL SUPPORT
<b>(8)</b> PALM BEACH OPERA INC. 1800 S AUSTRALIAN WEST PALM BEACH, FL 33409	59-1060864	501 (C) (3)	97,400.				GENERAL SUPPORT
<b>(9)</b> PALM BEACH ORTHODOX SYNAGOGUE 120 N. COUNTY RD PALM BEACH, FL 33480	65-0478910	501 (C) (3)	6,972.				GENERAL SUPPORT
<b>(10)</b> PEACEWORKS NETWORK FOUNDATION P.O. BOX 1577-OCS NEW YORK, NY 10113	30-0102398	501 (C) (3)	300,000.				GENERAL SUPPORT
<b>(11)</b> 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
<b>(12)</b> 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
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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

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Internal Revenue Service

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Employer identification number

59-0948696

INC.

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> RAYMOND F KRAVIS CTR FOR PERFORMING ARTS 7010 KEECHOBEE BLVD W PALM BEACH, FL 33401	59-2245054	501 (C) (3)	30,110.				GENERAL SUPPORT
<b>(2)</b> REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE ST, OKLAHOMA CITY, OK 73179	73-1100380	501 (C) (3)	25,000.				GENERAL SUPPORT
<b>(3)</b> RICHARD DAVID KANN MELANOMA TASK FORCE, INC 2751 S. DIXIE HWY WEST PALM BEACH, FL 33405	65-0653295	501 (C) (3)	6,670.				GENERAL SUPPORT
<b>(4)</b> ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10065	13-1624158	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(5)</b> SOLOMON INSTITUTE, INC. 120 N COUNTY RD PALM BEACH, FL 33480	88-2748300	501 (C) (3)	25,000.				GENERAL SUPPORT
<b>(6)</b> SOUTH FLORIDA PBS P.O. BOX 610002 MIAMI, FL 33261-0002	59-0737868	501 (C) (3)	12,500.				GENERAL SUPPORT
<b>(7)</b> ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PLACE MEMPHIS, TN 38105	62-0646012	501 (C) (3)	29,645.				GENERAL SUPPORT
<b>(8)</b> TEMPLE EMANU-EL OF PALM BEACH INC. 190 N COUNTY RD PALM BEACH, FL 33480-3740	59-1027143	501 (C) (3)	57,498.				GENERAL SUPPORT
<b>(9)</b> TEMPLE ISRAEL NANCY & DON CARTER W PALM BEACH, FL 33407	59-0696295	501 (C) (3)	7,572.				GENERAL SUPPORT
<b>(10)</b> TEMPLE JUDEA OF PALM BEACH COUNTY, INC. 4311 HOOD ROAD PALM BEACH GARDENS, FL 33410	59-2100649	501 (C) (3)	13,531.				GENERAL SUPPORT
<b>(11)</b> TEMPLE MICAH 2829 WISCONSIN WASHINGTON, DC 20007-4702	52-0845118	501 (C) (3)	12,000.				GENERAL SUPPORT
<b>(12)</b> THE BREAST CANCER RESEARCH FOUNDATION, INC. 28 WEST 44TH ST, STE.609 NEW YORK, NY 10036	13-3727250	501 (C) (3)	51,550.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

Employer identification number  
59-0948696

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<b>(1)</b> THE DEFTANT REQUIEM FOUNDATION 5506 CT AVE. NW, WASHINGTON, DC 20015	26-3238489	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(2)</b> THE ISRAEL BRIDGE VICT. GREENSTEIN PLM BEACH GARDEN, FL 33418	01-0848028	501 (C) (3)	6,000.				GENERAL SUPPORT
<b>(3)</b> THE JEWISH FEDN. OF GREATER LOS ANGELES 6505 WILSHIRE BLVD. LOS ANGELES, CA 90048	95-1643388	501 (C) (3)	20,000.				GENERAL SUPPORT
<b>(4)</b> THE JEWISH PEOPLEHOOD ALLIANCE, INC. CHABRO INVT, INC. NEW YORK, NY 10022	83-3859068	501 (C) (3)	300,000.				GENERAL SUPPORT
<b>(5)</b> THE SOCIETY OF THE FOUR ARTS, INC. 100 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(6)</b> THOMAS JEFFERSON UNIVERSITY OFFICE OF INST. ADV. PHILADELPHIA, PA 19107	23-1352651	501 (C) (3)	12,500.				GENERAL SUPPORT
<b>(7)</b> TOWN OF PALM BEACH UNITED WAY, INC. 44 COCOANUT ROW PALM BEACH, FL 33480-4069	59-0637885	501 (C) (3)	23,750.				GENERAL SUPPORT
<b>(8)</b> UBUNTU PATHWAYS, INC. 32 BROADWAY, SUITE 414 NEW YORK, NY 10004	31-1705917	501 (C) (3)	10,000.				GENERAL SUPPORT
<b>(9)</b> UJA FEDERATION OF NEW YORK P.O. BOX 4227 NEW YORK, NY 10261	51-0172429	501 (C) (3)	136,835.				GENERAL SUPPORT
<b>(10)</b> UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG WASHINGTON, DC 20024	52-1309391	501 (C) (3)	10,300.				GENERAL SUPPORT
<b>(11)</b> WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH ST, NW WASHINGTON, DC 20036	52-1376034	501 (C) (3)	110,000.				GENERAL SUPPORT
<b>(12)</b> WIZO USA - WOMEN'S INTERNATIONAL ZIONIST 950 3RD AVE NEW YORK CITY, NY 10022	13-3041381	501 (C) (3)	10,000.				GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Schedule I (Form 990) 2022

**SCHEDULE I  
(Form 990)**

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

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

Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

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

Employer identification number

59-0948696

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE WASHINGTON, DC 20001	27-3521132	501 (C) (3)	100,618.				GENERAL SUPPORT
(2) WORLD JEWISH CONGRESS AMERICAN SECTION INC. 501 MADISON AVE, 9TH FL NEW YORK, NY 10022	13-1790756	501 (C) (3)	50,000.				GENERAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) 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
1						
2						
3						
4						
5						
6						
7						

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

PART I, LINE 2:

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

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

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

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>	<input checked="" type="checkbox"/>	
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
	MICHAEL HOFFMAN	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	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	230,367.	NONE	NONE	21,882.	2,089.	254,338.	NONE	
3	CHIEF FINANCIAL OFFICER	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	MINDY HANKEN	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	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	155,778.	NONE	NONE	12,596.	16,833.	185,207.	NONE	
6	SENIOR VP, DEVELOPMENT	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	HOPE LEVIN	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	160,442.	NONE	3,164.	12,300.	1,369.	177,275.	NONE	
8	SENIOR VP, EXTERNAL AFFAIRS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	RACHEL BERG	141,902.	NONE	6,925.	11,480.	26,218.	186,525.	NONE	
9	VP, WOMEN'S PHILANTHROPY	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
10									
11									
12									
13									
14									
15									
16									



**Part III Supplemental Information**

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

PART I, LINE 7:

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

THAT WERE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE.

**SCHEDULE L  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

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

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

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

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

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

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

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

Schedule L (Form 990) 2022

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BRUCE GENDELMAN INSURANCE SVCS	SEE PART V	450,849.	SEE PART V		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

PART II, LOANS TO AND FROM INTERESTED PERSONS:

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

PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

Employer identification number

59-0948696

INC.

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	114	1,819,843.	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .	X	1	50,000.	MARKET QUOTATION
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) 2022

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

---

PART I, COLUMN (B) :

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY,

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

59-0948696

**FORM 990, PART III, LINE 4D:**

1) AGENCY SERVICES AND CAMPUS OPERATIONS -

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

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

EXPENSES: \$1,375,065. 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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
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)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open to Public  
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

JEWISH FEDERATION OF PALM BEACH COUNTY,

59-0948696

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
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 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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
59-0948696

Open to Public  
Inspection

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

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

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

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP. 65-0006250 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501 (C) (3)	7	JFPBC	X	
(2)	NORTH PALM BEACH COUNTY JEWISH COMMUNITY 46-1245509 1 HARVARD CIRCLE, SUITE 100 WEST PALM BEACH, FL 33409	PROPERTY MGMT	FL	501 (C) (3)	7	JFPBC	X	
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a - s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>	PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	B	3,062,817.	CASH
<b>(2)</b>	PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	C	18,883.	CASH
<b>(3)</b>	PALM BEACH JEWISH COMMUNITY CAMPUS CORP.	E	2,826,596.	CASH
<b>(4)</b>	NORTH PALM BEACH COUNTY JEWISH COMMUNITY	B	203,649.	CASH
<b>(5)</b>				
<b>(6)</b>				

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

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

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

**Part VII** Supplemental Information

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

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