

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 - Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending
- I** Tax-exempt status:
 - 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
- J** Website: ▶ WWW.JEWISHPALMBEACH.ORG
- K** Form of organization:
 - Corporation Trust Association Other ▶

C Name of organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE HARVARD CIRCLE NO 100

City or town, state or province, country, and ZIP or foreign postal code
WEST PALM BEACH, FL 33409

F Name and address of principal officer
KATHY G SIGALL
ONE HARVARD CIRCLE NO 100
WEST PALM BEACH, FL 33409

D Employer identification number
59-0948696

E Telephone number
(561) 478-0700

G Gross receipts \$ 34,157,578

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

L Year of formation 1962 **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities PLEASE REFER TO MISSION DESCRIBED AT PART III, QUESTION 1					
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets					
3 Number of voting members of the governing body (Part VI, line 1a)		3	50		
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	48		
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	95		
6 Total number of volunteers (estimate if necessary)		6	2,290		
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	44,835		
7b Net unrelated business taxable income from Form 990-T, line 34		7b	-174,222		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	28,162,240	Current Year	21,006,114
	9 Program service revenue (Part VIII, line 2g)		330,022		477,105
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,102,121		4,646,973
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,623,781		4,545,547
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,218,164		30,675,739
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,917,464		14,597,739
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,094,948		6,358,636
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,122,660				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,686,049		4,428,308	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		25,698,461		25,384,683	
19 Revenue less expenses Subtract line 18 from line 12		7,519,703		5,291,056	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	154,155,873	End of Year	158,667,920
	21 Total liabilities (Part X, line 26)		38,784,443		36,042,471
	22 Net assets or fund balances Subtract line 21 from line 20		115,371,430		122,625,449

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-05-10
KATHY G SIGALL CHIEF FINANCIAL OFFICER
Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date
DAVID HOLLANDER DAVID HOLLANDER

Firm's name ▶ MORRISON BROWN ARGIZ & FARRA LLC Firm's EIN ▶ 01-0720052
Firm's address ▶ 225 NE MIZNER BLVD SUITE 685 Phone no (561) 909-2100
BOCA RATON, FL 33432

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING ORGANIZATION OF THE JEWISH COMMUNITY OUR MISSION IS TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEET HUMAN NEEDS THAT ARE UNIQUELY THE OBLIGATION OF THE JEWISH COMMUNITY

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

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

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

4a (Code) (Expenses \$ 2,559,427 including grants of \$) (Revenue \$ 146,927)
 See Additional Data

4b (Code) (Expenses \$ 1,211,992 including grants of \$) (Revenue \$ 105,705)
 See Additional Data

4c (Code) (Expenses \$ 950,822 including grants of \$) (Revenue \$ 214,195)
 See Additional Data

(Code) (Expenses \$ 15,212,327 including grants of \$ 14,597,739) (Revenue \$ 10,278)
 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

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	Yes	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	Yes	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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 columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (50), 1b (48), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (Yes), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (FL), 18 (Own website, Another's website, Upon request, Other), 19, 20 (KATHY SIGALL SENIOR VICE PRESIDENT ONE HARVARD CIRCLE WEST PALM BEACH, FL 33409 (561) 478-0700).

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							1,307,314	0	193,903	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FISHER CONTRACTING CORP 4133 BURNS ROAD PALM BEACH GARDENS, FL 33410	CONSTRUCTION	1,534,664
G4S SECURE SOLUTIONS (USA) INC PO BOX 277469 ATLANTA, GA 30384	SECURITY	437,986
KENES TOURS GLOBAL SERVICE LTD 3 MENORAT HAMAOR ST TELAVIV IS	TRAVEL	264,560
NEXT LEVEL TECHNOLOGY GROUP 8610 WHISPERING OAKS WAY WEST PALM BEACH, FL 33411	TECHNOLOGY	152,088

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	12,506,118				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	8,499,996				
	g Noncash contributions included in lines 1a-1f \$ _____		3,543,599				
	h Total. Add lines 1a-1f			21,006,114			
Program Service Revenue			Business Code				
	2a DESIGNATED PROGRAM REVENUE		900099	477,105	477,105		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			477,105				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,225,403		44,835	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			2,421,570		2,421,570
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses		322,452			
		c Net income or (loss) from fundraising events			67,330		67,330
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a ELIMINATION OF ALLOWANCE		900099	2,849,805			2,849,805	
b MISCELLANEOUS EVENT REVENUE		900099	570,115			570,115	
c ADMIN FEES		900099	326,794			326,794	
d All other revenue			731,503			731,503	
e Total. Add lines 11a-11d			4,478,217				
12 Total revenue. See Instructions			30,675,739	477,105	44,835	9,147,685	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,597,739	14,597,739		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	530,930	71,422	179,502	280,006
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	4,571,297	1,727,665	557,779	2,285,853
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	333,079	123,862	42,344	166,873
9 Other employee benefits.	571,020	209,094	78,952	282,974
10 Payroll taxes.	352,310	130,136	50,540	171,634
11 Fees for services (non-employees)				
a Management.				
b Legal.	34,895	25,912	3,502	5,481
c Accounting.	51,946	38,573	5,213	8,160
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	104,394		104,394	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.				
13 Office expenses.	283,515	95,296	31,371	156,848
14 Information technology.				
15 Royalties.				
16 Occupancy.	10,301	2,899	1,716	5,686
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,813,694	1,413,502	35,043	365,149
20 Interest.	299,831	299,831		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	1,006,531	732,814	106,696	167,021
23 Insurance.	39,838	10,361	11,490	17,987
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROFESSIONAL FEES	397,206	294,950	39,859	62,397
b REPAIRS AND MAINTENANCE	143,023	38,573	40,462	63,988
c MISCELLANEOUS	72,904	50,553	6,738	15,613
d STAFFING AND EMPLOYEE R	50,525	13,140	14,573	22,812
e All other expenses	119,705	58,246	17,281	44,178
25 Total functional expenses. Add lines 1 through 24e.	25,384,683	19,934,568	1,327,455	4,122,660
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	9,287,435	1	7,795,569
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	11,383,374	3	7,912,570
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	226,750	5	97,750
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	3,105,465	7	9,279,099
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	284,850	9	171,013
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	34,344,601		
	b Less accumulated depreciation	3,330,367		
		29,744,462	10c	31,014,234
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	99,356,955	12	101,729,779
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	766,582	15	667,906	
16 Total assets. Add lines 1 through 15 (must equal line 34)	154,155,873	16	158,667,920	
Liabilities	17 Accounts payable and accrued expenses	809,151	17	1,064,228
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	13,947,368	20	13,421,053
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,826,596	24	2,826,596
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	21,201,328	25	18,730,594
	26 Total liabilities. Add lines 17 through 25	38,784,443	26	36,042,471
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	71,981,946	27	78,365,584
	28 Temporarily restricted net assets	8,500,944	28	8,985,304
	29 Permanently restricted net assets	34,888,540	29	35,274,561
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	115,371,430	33	122,625,449
	34 Total liabilities and net assets/fund balances	154,155,873	34	158,667,920

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,675,739
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,384,683
3	Revenue less expenses Subtract line 2 from line 1	3	5,291,056
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,371,430
5	Net unrealized gains (losses) on investments	5	1,962,963
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	122,625,449

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Form 990 (2017)

Form 990, Part III, Line 4a:

FEDERATION OPERATING PROGRAMMISSIONS - THE MISSIONS PROGRAM DEVELOPS, COORDINATES AND FACILITATES IMMERSIVE CONTENT RICH TRAVEL EXPERIENCES THAT HIGHLIGHT THE BREADTH AND DEPTH OF PROJECTS AND PROGRAMS THAT THE FEDERATION SUPPORTS IN ISRAEL, THE FORMER SOVIET UNION AND OTHER COUNTRIES MOSAIC - THE MOSAIC PROGRAM PRODUCES THE TELEVISION SHOW MOSAIC, WHICH CAN BE SEEN ON SUNDAY MORNINGS ON THE LOCAL NBC AFFILIATE THIS PROGRAM CONSISTS OF INFORMATIONAL INTERVIEWS RELATED TO LOCAL, NATIONAL AND INTERNATIONAL JEWISH ISSUES AND THEIR IMPACT ON THE LOCAL JEWISH COMMUNITY ISRAEL AND OVERSEAS - THE ISRAEL & OVERSEAS DEPARTMENT OF THE FEDERATION OVERSEES AND EVALUATES A COMPREHENSIVE SPECTRUM OF PARTNERSHIP PROGRAMS THAT DIRECTLY IMPACT AND BENEFIT THE LIVES OF THOUSANDS OF JEWS THROUGHOUT THE WORLD SPECIFICALLY, THE FEDERATION PROVIDES FUNDING, OVERSIGHT AND DIRECT INVOLVEMENT IN THE FOLLOWING PARTNERSHIPS IN THE TZAHAR (TZFAT, HATZOR AND ROSH PINA) REGION IN ISRAEL THROUGH PROGRAMS FOCUSING ON ECONOMIC DEVELOPMENT, EDUCATION, AND ASSISTANCE FOR AT-RISK YOUTH (YOUTH FUTURES), IN THE CITY OF RAMLA, ISRAEL THROUGH PACT (PARENTS AND CHILDREN TOGETHER) AND ENP (ETHIOPIAN NATIONAL PROJECT) OFFERING AFTER-SCHOOL ENRICHMENT PROGRAMS, AND IN ST PETERSBURG, RUSSIA THROUGH AN ARRAY OF WELFARE AND JEWISH RENEWAL INITIATIVES ALSO, THE VOLUNTEER SHALIACH'S (EMISSARY FROM ISRAEL) GOAL IS TO WORK THROUGHOUT THE LOCAL COMMUNITY IN A VARIETY OF SETTINGS AND WITH ALL AGE GROUPS TO PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS TO STRENGTHEN THEIR CONNECTION TO ISRAEL AND EMBED THEIR SENSE OF BELONGING TO THE PEOPLE OF ISRAEL ISRAEL PROGRAM CENTER - THE ISRAEL PROGRAM CENTER CREATES OPPORTUNITIES FOR INDIVIDUALS AND COHORTS OF THE PALM BEACH JEWISH COMMUNITY TO DEVELOP AUTHENTIC AND MEANINGFUL ENGAGEMENT WITH AND CONNECTIONS TO ISRAEL THIS IS ACCOMPLISHED THROUGH A WIDE VARIETY OF EDUCATIONAL PROGRAMMING ACTIVITIES THAT FOCUS ON THE SPECIFIC NEEDS, DESIRES AND NATURE OF THE DIFFERENT COMMUNITIES AND COHORTS JEWISH COMMUNITY FOUNDATION PROGRAMS - THE PROGRAMMING OF THE JEWISH COMMUNITY FOUNDATION IS TO PERPETUATE PERMANENT FINANCIAL SUPPORT TO SUSTAIN A VIBRANT JEWISH COMMUNITY LOCALLY, IN ISRAEL AND THROUGHOUT THE WORLD THIS IS ACCOMPLISHED THROUGH MEANINGFUL PARTNERSHIPS WITH DONOR, JEWISH COMMUNITY ORGANIZATIONS AND SYNAGOGUES THE PROGRAM ALSO PROVIDES CONTINUING EDUCATION PROGRAMS FOR LOCAL BUSINESS PROFESSIONALS RELATING TO THE NOT-FOR-PROFIT SECTOR OUTREACH - THE OUTREACH PROGRAM SERVES AS THE EDUCATION AND ENGAGEMENT ARM OF THE FINANCIAL RESOURCE DEVELOPMENT DEPARTMENT BY OFFERING PROGRAMS AND EVENTS THAT HIGHLIGHT THE FEDERATION'S MISSION FUNDRAISING IS NOT PART OF THESE PROGRAMS, RATHER THE GOAL IS TO SHARE THE REASONS WHY IS IT IMPORTANT TO BE INVOLVED WITH FEDERATION YOUNG ADULT ENGAGEMENT - THE YOUNG ADULT ENGAGEMENT PROGRAM FOCUSES ON CULTIVATION AND PHILANTHROPIC JOURNEYS OF YOUNG ADULTS AGES 22-45 THROUGH A VARIETY OF PROGRAMS, INCLUDING BUT NOT LIMITED TO, VOLUNTEER OPPORTUNITIES, SOCIAL OUTINGS, IMMERSIVE EXPERIENCES AND FUNDRAISING EVENTS, THE DEPARTMENT'S END GOAL IS TO ENSURE THE FUTURE OF JEWISH LEADERSHIP IN THE PALM BEACHES STRATEGIC COMMUNITY RELATIONS - THE STRATEGIC COMMUNITY RELATIONS PROGRAM CREATES STRATEGIC PARTNERSHIPS WITH OTHER NOT-FOR-PROFIT ORGANIZATIONS WHOSE MISSION ALIGNS WITH THE MISSION OF THE JEWISH FEDERATION COMMUNITY WIDE SERVICES - THE COMMUNITY WIDE SERVICES PROGRAM HOUSES ALL ACTIVITIES RELATED TO RESEARCH AND ANALYSIS OF THE JEWISH COMMUNITY POPULATION OF THE GREATER PALM BEACHES

Form 990, Part III, Line 4b:

AGENCY SERVICES AND CAMPUS OPERATIONS SHOOD ROAD CAMPUS - THE HOOD ROAD CAMPUS MAINTAINS THE REAL ESTATE AND FACILITIES OWNED BY THE FEDERATION IN PALM BEACH GARDENS, WHICH INCLUDES LAND AS WELL AS THE BUILDING FOR THE ARTHUR I MEYER JEWISH ACADEMY AGENCY SERVICES - THE AGENCY SERVICES PROGRAM PROVIDES SUPPORT SERVICES FOR MARKETING/FUNDRAISING/PROGRAM FOR THE MANDEL JCC, THE ARTHUR I MEYER JEWISH ACADEMY, & COMMISSION FOR JEWISH EDUCATION

Form 990, Part III, Line 4c:

COMMUNITY PROGRAM CENTER JEWISH COMMUNITY RELATIONS COUNCIL - THE COMMUNITY RELATIONS PROGRAM HELPS TO ENSURE A VIBRANT JEWISH FUTURE BY CONVENING, EDUCATING AND MOBILIZING THE JEWISH COMMUNITY TO (1) PROMOTE A SECURE JEWISH AND DEMOCRATIC STATE OF ISRAEL, (2) COMBAT ANTI-SEMITISM, DISCRIMINATION AND BIGOTRY, (3) FOSTER UNDERSTANDING WITHIN AND BEYOND THE JEWISH COMMUNITY, AND (4) CHAMPION A JUST AND PLURALISTIC SOCIETY MANDEL CENTER FOR LEADERSHIP DEVELOPMENT - THE VISION OF THE MANDEL CENTER FOR LEADERSHIP DEVELOPMENT IS TO BUILD A COMMUNITY IN WHICH THE JEWISH FEDERATION OF PALM BEACH COUNTY CREATES AND NOURISHES A CULTURE OF STRONG LEADERSHIP THE MANDEL CENTER ENCOURAGES COMMUNITY MEMBERS TO SERVE AS LEADERS FOR THE JEWISH FEDERATION AND TO SEEK ONGOING LEARNING AND DEVELOPMENT THE MISSION OF THE MANDEL CENTER IS TO ENGAGE AND DEVELOP HIGH PERFORMANCE VOLUNTEER AND PROFESSIONAL LEADERS ITS GOAL IS TO RECRUIT, INSPIRE, TRAIN AND RETAIN LEADERS WHO HAVE THE VALUES, COMMITMENT AND SKILLS TO GIVE HIGH QUALITY LEADERSHIP TO THE JEWISH FEDERATION GROSS FAMILY FOUNDATION PROGRAMS - AS THE NUMBER OF LIVING HOLOCAUST SURVIVORS DECREASES AND GLOBAL ANTISEMITISM INCREASES, THE GROSS FAMILY CENTER FOR THE STUDY OF ANTISEMITISM AND THE HOLOCAUST AND JEWISH FEDERATION OF PALM BEACH COUNTY ARE WORKING TOGETHER TO RAISE AWARENESS OF THE HOLOCAUST AND PREJUDICE FACED BY JEWISH PEOPLE AROUND THE WORLD THE GROSS FAMILY CENTER SPEAKER SERIES PROVIDES THE PALM BEACHES WITH INNOVATIVE PROGRAMMING THAT EXPLORES THE EXPERIENCES AND CONSEQUENCES OF ANTISEMITISM, RACISM AND VIOLATIONS OF HUMAN RIGHTS THIS SPEAKER SERIES FREE AND OPEN TO THE PUBLIC FEATURES PROMINENT EXPERTS AND INTERNATIONAL SPEAKERS, CONNECTING COMMUNITY MEMBERS TO A SIGNIFICANT ASPECT OF THE JEWISH EXPERIENCE

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
PAUL R FINE ANNUAL CAMPAIGN CHAIR	2 00	X						0	0	0
LYNN KASTON WOMEN'S PHILANTHROPY BOARD CHAIR	2 00	X						0	0	0
CINDY SCHLOSSBERG WOMEN'S PHILANTHROPY CAMPAIGN CHAIR	2 00	X						0	0	0
MICHAEL KOHNER AMFOC CHAIR	2 00	X						0	0	0
ANDREW R COMITER COMMUNITY PLANNING & INVESTMENTS CHAIR	2 00	X						0	0	0
STEVE ELLISON HUMAN RESOURCES COMMITTEE CHAIR	2 00	X						0	0	0
MARK F LEVY ISRAEL & GLOBAL INITIATIVES CHAIR	2 00	X						0	0	0
RICHARD B COMITER JEWISH COMMUNITY FOUNDATION CHAIR	2 00	X						0	0	0
STACEY LEVY MARKETING CHAIR	2 00	X						0	0	0
RICHARD B BAER MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
JIM BALDINGER MEMBER AT LARGE	2 00	X						0	0	0
ANTHONY BEYER MEMBER AT LARGE	2 00	X						0	0	0
CYNTHIA R BROWN MEMBER AT LARGE	2 00	X						0	0	0
JAN BURKE MEMBER AT LARGE	2 00	X						0	0	0
MARTIN CASS MEMBER AT LARGE	2 00	X						0	0	0
SHERYL DAVIDOFF MEMBER AT LARGE	2 00	X						0	0	0
STACEY ELLISON MEMBER AT LARGE	2 00	X						0	0	0
LIBBY FISHMAN MEMBER AT LARGE	2 00	X						0	0	0
DICK FLAH MEMBER AT LARGE	2 00	X						0	0	0
ROBERT GORDON MEMBER AT LARGE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHARLES GOTTESMAN MEMBER AT LARGE	2 00	X						0	0	0
BARBARA KAY MEMBER AT LARGE	2 00	X						0	0	0
MICHAEL LAMPERT MEMBER AT LARGE	2 00	X						0	0	0
ARTHUR LEHRHOFF MEMBER AT LARGE	2 00	X						0	0	0
GARY LESSER MEMBER AT LARGE	2 00	X						0	0	0
VIVIAN F LIEBERMAN MEMBER AT LARGE	2 00	X						0	0	0
MORTON L MANDEL MEMBER AT LARGE	2 00	X						0	0	0
JUSTIN PAUL MEMBER AT LARGE	2 00	X						0	0	0
EDWIN ROBBINS MEMBER AT LARGE	2 00	X						0	0	0
RABBI ANDREW ROSENKRANZ MEMBER AT LARGE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
GARY L SCHOTTENSTEIN MEMBER AT LARGE	2 00	X						0	0	0
ALYSON SELIGMAN MEMBER AT LARGE	2 00	X						0	0	0
BRIAN M SEYMOUR MEMBER AT LARGE	2 00	X						0	0	0
KEVIN SHAPIRO MEMBER AT LARGE	2 00	X						0	0	0
CRAIG STORCH MEMBER AT LARGE	2 00	X						0	0	0
GARY WALK MEMBER AT LARGE	2 00	X						0	0	0
JOEL YUDENFREUND MEMBER AT LARGE	2 00	X						0	0	0
SANFORD M BAKLOR MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0
ALEC ENGELSTEIN MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0
BETTE GILBERT MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ARLENE KAUFMAN MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0
JUDITH A LEVY MEMBER AT LARGE/PAST BOARD CHAIR	2 00	X						0	0	0
IRA GERSTEIN BOARD CHAIR	10 00			X				0	0	0
SAM D LIEBOVICH VICE CHAIR	2 00			X				0	0	0
ARTHUR LORING VICE CHAIR /PAST BOARD CHAIR	2 00			X				0	0	0
BENTE S LYONS VICE CHAIR	2 00			X				0	0	0
HOPE SILVERMAN VICE CHAIR	2 00			X				0	0	0
RON PERTNOY SECRETARY	2 00			X				0	0	0
BARRY S BERG TREASURER	10 00			X				0	0	0
RAYMOND L GOLDEN IMMEDIATE PAST CHAIR	2 00			X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
MICHAEL HOFFMAN PRESIDENT & CEO	51 00 4 00			X				292,661	0	42,709
KATHY SIGALL CHIEF FINANCIAL OFFICER	43 00 2 00			X				157,832	0	21,420
DEBRA ROSHFELD CHIEF OPERATING OFFICER	48 00 2 00					X		230,487	0	26,764
DAVID FOX CHIEF DEVELOPMENT OFFICER	43 00 2 00					X		219,485	0	39,610
CAROLYN ROSE VP JEWISH COMMUNITY FOUNDATION	43 00 2 00					X		145,929	0	19,826
ILAN HURVITZ CHIEF OPERATING OFFICER	43 00 2 00					X		135,733	0	25,395
MINDY HANKEN VP MANDEL CENTER	43 00					X		125,187	0	18,179

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number

59-0948696

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	29,073,864	19,414,313	22,583,747	28,162,240	21,006,114	120,240,278
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29,073,864	19,414,313	22,583,747	28,162,240	21,006,114	120,240,278
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						3,937,383
6 Public support. Subtract line 5 from line 4						116,302,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	29,073,864	19,414,313	22,583,747	28,162,240	21,006,114	120,240,278
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,112,934	3,568,829	1,614,801	3,102,121	4,646,973	17,045,658
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,174,940	1,717,780	1,303,757	1,953,803	5,022,650	11,172,930
11 Total support. Add lines 7 through 10						148,458,866

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	78.340 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	82.770 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY
INC

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number
59-0948696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	100	
2 Aggregate value of contributions to (during year)	4,284,710	
3 Aggregate value of grants from (during year)	2,702,907	
4 Aggregate value at end of year	25,933,916	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
 - 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	49,563,237	47,036,709	49,593,888	43,361,749	35,753,729
b Contributions	1,385,214	771,812	2,286,881	7,734,551	3,604,523
c Net investment earnings, gains, and losses	4,160,774	4,952,848	-1,411,693	758,882	5,288,262
d Grants or scholarships					
e Other expenditures for facilities and programs	2,820,721	3,012,399	3,248,376	2,068,920	1,107,869
f Administrative expenses	199,837	185,733	183,991	192,374	176,896
g End of year balance	52,088,667	49,563,237	47,036,709	49,593,888	43,361,749

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 27 000 %
 - b** Permanent endowment ▶ 64 000 %
 - c** Temporarily restricted endowment ▶ 9 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) STATE OF ISRAEL BONDS	492,097	F
(B) BOND MUTUAL FUNDS	15,565,640	F
(C) EQUITY MUTUAL FUNDS	45,389,586	F
(D) MONEY MARKET MUTUAL FUNDS	4,935,135	F
(E) PRIVATE EQUITY	5,951,714	F
(F) REAL ASSET FUNDS	9,171,918	F
(G) COMMON STOCK	1,082,325	F
(H) BONDS	2,214,572	F
(I) HEDGE FUND LIMITED PARTNERSHIP	16,926,792	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	101,729,779	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ALLOCATIONS PAYABLE	8,162,749
SPLIT INTEREST AGREEMENTS	3,219,939
DUE TO AFFILIATES AND SUPPORTING FOUNDATIONS	2,777,934
DESIGNATED CAMPAIGN GIFTS	336,890
DUE TO PALM BEACH JEWISH COMMUNITY CAMPUS CORPORATION	3,844,311
CAPITAL LEASES	388,771
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	18,730,594

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	31,531,113
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	1,962,963	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-104,394	
e	Add lines 2a through 2d			2e 1,858,569
3	Subtract line 2e from line 1			3 29,672,544
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,003,195	
c	Add lines 4a and 4b			4c 1,003,195
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 30,675,739

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

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

1	Total expenses and losses per audited financial statements		1	24,277,094
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 0
3	Subtract line 2e from line 1			3 24,277,094
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	1,107,589	
c	Add lines 4a and 4b			4c 1,107,589
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 25,384,683

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) STATE OF ISRAEL BONDS	492,097	F
(A) BOND MUTUAL FUNDS	15,565,640	F
(B) EQUITY MUTUAL FUNDS	45,389,586	F
(C) MONEY MARKET MUTUAL FUNDS	4,935,135	F
(D) PRIVATE EQUITY	5,951,714	F
(E) REAL ASSET FUNDS	9,171,918	F
(F) COMMON STOCK	1,082,325	F
(G) BONDS	2,214,572	F
(H) HEDGE FUND LIMITED PARTNERSHIP	16,926,792	F

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FEDERATION IS A NONPROFIT CORPORATION WHOSE REVENUE IS DERIVED FROM CONTRIBUTIONS AND OTHER FUNDRAISING ACTIVITIES THE FEDERATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND SALES AND USE TAX UNDER THE LAWS OF THE STATE OF FLORIDA DURING THE YEARS ENDED JUNE 30, 2018 AND 2017, THE FEDERATION GENERATED NET UNRELATED BUSINESS LOSSES FROM CERTAIN ALTERNATIVE INVESTMENTS NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES WERE RECORDED AS THE AMOUNTS ARE IMMATERIAL TO THESE CONSOLIDATED FINANCIAL STATEMENTS THE FEDERATION RECOGNIZES AND MEASURES TAX POSITIONS BASED ON THEIR TECHNICAL MERIT AND ASSESSES THE LIKELIHOOD THAT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD INTEREST AND PENALTIES ON TAX LIABILITIES, IF ANY, WOULD BE RECORDED IN INTEREST EXPENSE AND OTHER NON-INTEREST EXPENSE, RESPECTIVELY THE U S FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS THE FEDERATION IS GENERALLY NO LONGER SUBJECT TO U S FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INVESTMENT MANAGEMENT FEES -104,394

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DESIGNATED GIFTS 1,003,195

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DESIGNATED GIFTS 1,003,195 INVESTMENT MANAGEMENT FEES 104,394

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number

59-0948696

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) ISRAEL	0	1	PROGRAM SERVICES	YOUTH FUTURES, PARTNERSHIP 2000, PACT	40,000
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			40,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	1			40,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	YOUTH FUTURES-ASSIST YOUTH AT-RISK IN THE PERIPHERY OF ISRAEL, AFFORDING THEM THE SAME OPPORTUNITIES FOR ACHIEVEMENT THAT CHILDREN RECEIVE IN THE CENTER OF THE COUNTRY PARTNERSHIP 2000- TO IMPROVE THE QUALITY OF LIFE IN ISRAEL'S PERIPHERY AND STRENGTHEN THE JEWISH COMMUNITY OF THE GREATER PALM BEACHES CONNECTION TO ISRAEL, 3 MAIN AREAS ARE ECONOMIC DEVELOPMENT WITH A FOCUS ON TOURISM, EDUCATION, AND PEOPLE TO PEOPLE PROGRAMS PACT-PROVIDES PRE-SCHOOL AND SUPPLEMENTAL PROGRAMS FOR EACH ETHIOPIAN-ISRAELI CHILD IN RAMLA THIS LONG STANDING PARTNERSHIP CONTINUES TO MAKE AN IMPRINT ON THE LIVES OF YOUNG ETHIOPIAN ISRAELIS, PROVIDING THEM WITH THE ACADEMIC AND SOCIAL SUPPORT THEY NEED TO HELP MOVE THESE YOUNGSTERS TOWARD PARITY WITH THEIR VETERAN ISRAELI COUNTERPARTS

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number

59-0948696

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HIGH RIDGE (event type)	FEDERATION CARD PARTY (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	151,118	171,334		322,452
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	151,118	171,334		322,452
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	440			440
	6 Rent/facility costs				
	7 Food and beverages		30,563		30,563
	8 Entertainment	115,905	108,214		224,119
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				255,122
11 Net income summary Subtract line 10 from line 3, column (d) ▶				67,330	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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...
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

Table with 8 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

Return Reference	Explanation
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
SCHEDULE I, PART I, LINE 2	JEWISH FEDERATION OF PALM BEACH COUNTY, INC REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICA (JFNA), WHICH IS A 501 (C)(3) DOMESTIC U S CHARITY IN ADDITION, JFNA, AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA , AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - BOTH 501 (C) (3) ORGANIZATIONS-- EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F

Additional Data

Software ID:
Software Version:
EIN: 59-0948696
Name: JEWISH FEDERATION OF PALM BEACH COUNTY
INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATIONS OF NORTH AMERICA 25 BROADWAY SUITE 17 NEW YORK, NY 10004	13-1624240		4,931,054				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MANDEL JEWISH COMMUNITY CENTER OF THE PALM BEACHES INC 8500 JOG ROAD BOYNTON BEACH, FL 33472	59-1582799		1,439,490				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY INC 5841 CORPORATE WAY STE 200 WEST PALM BEACH, FL 33407	59-1520581		1,382,058				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KRAMER SENIOR SERVICES AGENCY INC 4847 FRED GLADSTONE DRIVE WEST PALM BEACH, FL 33417	90-0730105		846,252				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
ARTHUR I MEYER JEWISH ACADEMY 5225 HOOD ROAD PALM BEACH GARDENS, FL 33418	59-1491258		658,945				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH RESIDENTIAL AND FAMILY SERVICES INC 5841 CORPORATE WAY STE 200 WEST PALM BEACH, FL 33407	65-0737159		256,103				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT ISRAEL FOUNDATION 33 E 33RD ST 7TH FLOOR NEW YORK, NY 10016	13-4092050		231,181				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE 800 8TH ST NW WASHINGTON, DC 20001	52-1844823		191,180				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
PALM BEACH DAY ACADEMY INC 241 SEAVIEW AVENUE PALM BEACH, FL 33480	59-0873834		162,667				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES 1 HARVARD CIRCLE SUITE 100 WEST PALM BEACH, FL 33409	65-0219982		159,277				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
OHR TORAH STONE INSTITUTIONS OF ISRAEL 49 WEST 45TH STREET SUITE 701 NEW YORK, NY 10036	13-3275531		150,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE EMANU-EL OF PALM BEACH INC 190 NORTH COUNTY ROAD PALM BEACH, FL 33480	59-1027143		128,896				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC 220 E 42ND STREET STE 400 NEW YORK, NY 10017	13-1656634		125,441				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ACTIVE MINDS INC 2001 S STREET NW SUITE 630 WASHINGTON, DC 20009	20-0587172		100,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277	11-0303001		62,165				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 2929 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685		62,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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JEWISH WOMEN'S FOUNDATION OF THE GREATER PALM BEACHES 500 SOUTH AUSTRALIAN AVE STE 517 WEST PALM BEACH, FL 33401	47-1611411		60,700				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
PALM BEACH OPERA INC 1800 SOUTH AUSTRALIAN AVENUE SUITE 301 WEST PALM BEACH, FL 33409	59-1060864		53,250				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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NCSY 11 BROADWAY NEW YORK, NY 10004	13-5623717		50,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RAYMOND F KRAVIS CENTER FOR THE PERFORMING ARTS 701 OKEECHOBEE BOULEVARD WEST PALM BEACH, FL 33401	59-2245054		49,850				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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TOWN OF PALM BEACH UNITED WAY INC 44 COCOANUT ROW - SUITE M-201 PALM BEACH, FL 33480	59-0637885		48,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE JUDEA OF PALM BEACH COUNTY INC 4311 HOOD ROAD PALM BEACH GARDENS, FL 33410	59-2100649		40,700				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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REUT USA 8383 WILSHIRE BOULEVARD SUITE 400 BEVERLY HILLS, CA 90211	20-3585888		36,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JEWISH AGENCY FOR ISRAEL NORTH AMERICA 633 THIRD AVENUE 32ND FLOOR STE C NEW YORK, NY 10017	23-0053483		35,750				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1111 19TH STREET NW STE 500 WASHINGTON, DC 20036	52-1376034		35,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
HILLEL OF BROWARD & PALM BEACH 777 GLADES ROAD - BLDG LY-3A BOCA RATON, FL 33431	56-2472825		34,800				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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SCHWAB CHARITABLE PO BOX 628298 ORLANDO, FL 32862	31-1640316		31,083				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MIAMI CITY BALLET 2200 LIBERTY AVENUE MIAMI BEACH, FL 33139	59-2578534		28,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK CITY, NY 10006	13-3442022		25,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RAILS-TO-TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006		22,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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PLANNED PARENTHOOD OF SOUTH EAST AND NORTH FLORIDA 2300 NORTH FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	59-1391115		22,200				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
OLIVER'S HOUSE INCORPORATED 216 30TH STREET WEST PALM BEACH, FL 33407	65-1124991		20,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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AHRC NEW YORK CITY FOUNDATION INC 83 MAIDEN LANE 8TH FLOOR NEW YORK, NY 10038	13-3779611		20,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHABAD OF PALM BEACH GARDENS 6100 PGA BLVD PALM BEACH GARDENS, FL 33418	20-5197484		19,180				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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TEMPLE MICAH 2829 WISCONSIN AVENUE NW WASHINGTON, DC 20007	52-0845118		19,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CAMP JUDAEA 1440 SPRING ST NW ATLANTA, GA 30309	58-6014651		16,649				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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WEST SIDE CENTER FOR COMMUNITY LIFE INC 263 W 86TH STREET NEW YORK, NY 10024	71-0908184		16,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF MAGEN DAVID ADOM 3300 PGA BOULEVARD SUITE 970 PALM BEACH GARDENS, FL 33410	13-1790719		15,952				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC 1325 SOUTH CONGRESS AVENUE SUITE 209 BOYNTON BEACH, FL 33426	13-1656651		15,324				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
INTERNATIONAL PLANNED PARENTHOOD FEDERATION WESTERN HEMISPHERE REGION INC 125 MAIDEN LANE 9TH FLOOR NEW YORK, NY 10038	13-1845455		15,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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PILCHUCK GLASS SCHOOL 240 SECOND AVENUE SOUTH SUITE 1 SEATTLE, WA 98104	91-0963132		15,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE ART GUILD OF PORT WASHINGTON 200 PORT WASHINGTON BLVD MANHASSET, NY 11030	11-3532550		15,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

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JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY 9901 DONNA KLEIN BOULEVARD BOCA RATON, FL 33428	59-1945109		14,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE ISRAEL 1901 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33407	59-0696295		13,400				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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THE SOCIETY OF THE FOUR ARTS INC 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318		11,700				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INST OF SCIENCE INC 5900 N ANDREWS AVENUE SUITE 415 FT LAUDERDALE, FL 33309	13-1623886		11,200				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET 16TH FLOOR NEW YORK, NY 10006	13-3433452		11,100				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE ISRAEL MUSEUM 545 FIFTH AVENUE SUITE 920 NEW YORK, NY 10017	23-7182582		10,900				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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CAMP SHALOM OF CENTRAL FLORIDA 455 NE 5TH AVENUE SUITE D-411 DELRAY BEACH, FL 33483	59-1349853		10,729				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JUPITER MEDICAL CENTER FOUNDATION INC 1210 SOUTH OLD DIXIE HIGHWAY JUPITER, FL 33458	65-0132406		10,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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THE INSTITUTE FOR THE ADVANCEMENT OF EDUCATION IN JAFFA 171-06 76TH AVE FLUSHING, NY 11366	11-2697261		10,360				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN JEWISH WORLD SERVICE INC 45 WEST 36TH STREET 11TH FLOOR NEW YORK, NY 10018	22-2584370		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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BETH EL CONGREGATION (OH) 750 WHITE POND ROAD AKRON, OH 44320	34-0760585		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BRIGHAM & WOMENS HOSPITAL INC 116 HUNTINGTON AVENUE 3RD FLOOR BOSTON, MA 02116	04-2312909		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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CARP-COMPREHENSIVE ALCOHOLISM REHABILITATION PROGRAMS INC 1626 OKEECHOBEE ROAD WEST PALM BEACH, FL 33401	59-1447364		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CENTERLINK INC PO BOX 24490 FT LAUDERDALE, FL 33307	52-2292725		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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HARLEM VALLEY RAIL TRAIL ASSOCIATION INC PO BOX 356 MILLERTON, NY 12546	14-1798581		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KENNEDY KRIEGER INSTITUTE 707 NORTH BROADWAY BALTIMORE, MD 21205	52-1328369		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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LOWN CARDIOVASCULAR RESEARCH FOUNDATION 21 LONGWOOD AVENUE BROOKLINE, MA 02146	04-3291770		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD SUITE 1200 JENKINTOWN, PA 19046	23-7825575		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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THE COMMUNITY SYNAGOGUE- TEMPLE BETH AM 160 MIDDLE NECK ROAD PORT WASHINGTON, NY 11050	11-1992681		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THOMAS JEFFERSON UNIVERSITY 125 S 9TH STREET SUITE 6 PHILADELPHIA, PA 19107	23-1352651		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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YOUNG ADULT INSTITUTE INC 460 WEST 34TH STREET NEW YORK, NY 10001	11-2030172		10,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
URJ - CAMP COLEMAN 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143		9,619				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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FRIENDS OF ISRAEL DEFENSE FORCES 7700 CONGRESS AVENUE STE 3207 BOCA RATON, FL 33487	13-3156445		9,400				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JAZZ AT ASPEN SNOWMASS 110 EAST HALLAM SUITE 104 ASPEN, CO 81611	84-1220222		9,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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JEWISH FEDERATION OF GREATER HOUSTON 5603 S BRAESWOOD BOULEVARD HOUSTON, TX 77096	74-1109654		9,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
INNER CITY INNOVATORS INC 505 15TH STREET WEST PALM BEACH, FL 33401	81-3809173		8,750				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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INSIGHT THROUGH EDUCATION INC 101 PEMBROKE DRIVE PALM BEACH GARDENS, FL 33418	27-3388434		8,400				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ISRAEL TENNIS CENTERS FOUNDATION 3275 WEST HILLSBORO BLVD SUITE 102 DEERFIELD BEACH, FL 33442	13-2961273		8,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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TEMPLE SHAAREI SHALOM 9085 HAGEN RANCH ROAD BOYNTON BEACH, FL 33437	65-0347907		8,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
COMMUNITY CHEST OF PORT WASHINGTON INC 382 MAIN STREET PORT WASHINGTON, NY 11050	11-1614994		7,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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ASSOCIATED JEWISH CHARITIES OF BALTIMORE 101 WEST MOUNT ROYAL AVE BALTIMORE, MD 21201	52-6024192		7,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHEROKEE CREEK BOYS SCHOOL 198 COOPER ROAD WESTMINSTER, SC 29696	27-1766853		7,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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FRIENDS SEMINARY 222 E 16TH STREET NEW YORK, NY 10003	13-5562223		7,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
TEMPLE BETH SHOLOM 1901 KRESSON ROAD CHERRY HILL, NJ 08003	21-0693430		7,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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ANTI-DEFAMATION LEAGUE 1 PARK PLACE BOCA RATON, FL 33487	13-1818723		6,700				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SHAW JCC OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320	34-0174521		6,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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UNITED STATES HOLOCAUST MEMORIAL MUSEUM 100 RAOUL WALLENBERG PLACE SW WASHINGTON, DC 20024	52-1309391		5,750				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL 26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	23-1907729		5,500				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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(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
RICHARD DAVID KANN MELANOMA TASK FORCE INC 2751 S DIXIE HIGHWAY SUITE 2A WEST PALM BEACH, FL 33405	65-0653295		5,350				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FOREVER FROSTY FOUNDATION INC PO BOX 2118 JUPITER, FL 33468	81-1478277		5,300				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012		5,287				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ACADIA CENTER ENVIRONMENT NORTHEAST PO BOX 583 ROCKPORT, ME 04856	01-0518193		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
ADOPT-A-FAMILY OF THE PALM BEACHES 1712 SECOND AVE NORTH LAKE WORTH, FL 33460	59-2471253		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET - 18TH FLOOR NEW YORK, NY 10004	13-6213516		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
BALTIMORE MUSEUM OF INDUSTRY 1415 KEY HIGHWAY BALTIMORE, MD 21230	52-1205675		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
CAMP BAUERCREST INC 17 OLD COUNTY ROAD AMESBURY, MA 01913	04-6002096		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHESAPEAKE BAY TRUST 60 WEST ST SUITE 405 ANNAPOLIS, MD 21401	52-1454182		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
CHILDREN'S GOLF FOUNDATION INC 7301 HAVERHILL ROAD N RIVIERA BEACH, FL 33407	65-0262208		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CHRISTIANS REACHING OUT TO SOCIETY 3677 23RD AVENUE SOUTH B-101 LAKE WORTH, FL 33461	59-1802917		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
COMMITTEE FOR ACCURACY IN MIDDLE EAST REPORTING IN AMERICA INC PO BOX 35040 BOSTON, MA 02135	52-1332702		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
CONSERVATION COLORADO EDUCATION FUND 1536 WYNKOOP ST SUITE 510 DENVER, CO 80202	84-0614285		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
DONORSCHOOSE INC 134 WEST 37TH STREET 11TH FLOOR NEW YORK, NY 10018	13-4129457		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER, FL 33458	26-3520396		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENVIRONMENTAL INTEGRITY PROJECT 1000 VERMONT AVENUE NW ELEVENTH FLOOR WASHINGTON, DC 20005	20-1326922		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
FEEDING SOUTH FLORIDA 4925 PARK RIDGE BLVD BOYNTON BEACH, FL 33426	59-2097520		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
ISLANDERS CHILDREN'S FOUNDATION ISLANDERS EXECUTIVE OFFICE 2 MERRICK AVENUE EAST MEADOW, NY 11554	06-1671668		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
KRMA-US PARTNERS LTD 13217 NEW HAMPSHIRE AVENUE 4291 SILVER SPRING, MD 20914	46-2768808		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
LEWY BODY DEMENTIA ASSOCIATION INC 912 KILLIAN HILL ROAD SW LILBURN, GA 30047	05-0577683		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
LONG ISLAND CARES INC 10 DAVIDS DRIVE HAUPPAUGE, NY 11788	11-2524512		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
LOS ANGELES LEADERSHIP ACADEMY 2670 GRIFFIN AVENUE LOS ANGELES, CA 90031	95-4862553		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
MANNA FOOD CENTER INC 9311 GAITHER ROAD GAITHERSBURG, MD 20877	52-1289203		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
MOSAIC THEATER COMPANY OF DC 1333 H ST NE WASHINGTON, DC 20002	47-2641919		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
NATIONAL IMMIGRATION LAW CENTER 3435 WILSHIRE BLVD STE 1600 LOS ANGELES, CA 90010	95-4539765		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
NORTHWELL HEALTH FOUNDATION 2000 MARCUS AVENUE NEW HYDE PARK, NY 11042	11-2965575		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
OCEAN FOUNDATION 1320 19TH STREET NW 5TH FLOOR WASHINGTON, DC 20036	71-0863908		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
PEF ISRAEL ENDOWMENT FUNDS INC 630 THIRD AVENUE SUITE 1501 NEW YORK, NY 10017	13-6104086		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
RED DEVILS INC PO BOX 36291 TOWSON, MD 21286	74-3070929		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(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
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
SOME INC 71 O STREET NW WASHINGTON, DC 20001	23-7098123		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE AVALON THEATER PROJECT INC 5612 CONNECTICUT AVENUE NW WASHINGTON, DC 20015	52-2360410		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE CHILDRENS SCHOLARSHIP FUND 8 WEST 38TH STREET 9TH FLOOR NEW YORK, NY 10018	13-4002189		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ED FOUNDATION PO BOX 909 PORT WASHINGTON, NY 11050	74-3027311		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION
THE ISRAEL BRIDGE 209 COCONUT KEY DRIVE PALM BEACH GARDENS, FL 33418	01-0848028		5,000				GENERAL SUPPORT TO CARRY OUT THE MISSION OF THE ORGANIZATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

2017
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number
59-0948696

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 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	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL HOFFMAN PRESIDENT & CEO	(i)	285,146	0	7,515	21,157	21,553	335,371	0
	(ii)	0	0	0	0	0	0	0
2 KATHY SIGALL CHIEF FINANCIAL OFFICER	(i)	157,832	0	0	12,846	8,574	179,252	0
	(ii)	0	0	0	0	0	0	0
3 DEBRA ROSHFELD CHIEF OPERATING OFFICER	(i)	230,487	0	0	18,532	8,231	257,250	0
	(ii)	0	0	0	0	0	0	0
4 DAVID FOX CHIEF DEVELOPMENT OFFICER	(i)	219,485	0	0	18,394	21,216	259,095	0
	(ii)	0	0	0	0	0	0	0
5 CAROLYN ROSE VP JEWISH COMMUNITY FOUNDATION	(i)	140,929	5,000	0	11,650	8,175	165,754	0
	(ii)	0	0	0	0	0	0	0
6 ILAN HURVITZ CHIEF OPERATING OFFICER	(i)	135,733	0	0	11,122	14,273	161,128	0
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
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Schedule K (Form 990)
 Department of the Treasury
 Internal Revenue Service
 Name of the organization
 JEWISH FEDERATION OF PALM BEACH COUNTY
 INC

Supplemental Information on Tax-Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection
 Employer identification number
 59-0948696

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A COLORADO EDUCATION AND CULTURAL FACILITIES AUTHORITY	84-0896727		09-10-2013	15,000,000	CONSTRUCTION, EQUIPMENT, AND COST OF ISSUANCE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		
15	Were the bonds issued as part of an advance refunding issue?		X		
16	Has the final allocation of proceeds been made?		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		

Part III Private Business Use

		A	B	C	D
		Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.**
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number

59-0948696

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

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

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

- 2 Enter the amount of tax incurred by 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	CHIEF EXECUTIVE OFFICER	PURCHASE HOME DUE TO RELOCATION		X	115,000	97,750		No	Yes		Yes	
Total						▶ \$	97,750					

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

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) GARY WALK	BOARD MEMBER AT LARGE	14,485	LEGAL SERVICE		No
(2) MARTIN CASS	BOARD MEMBER AT LARGE	1,270	ACCOUNTING SERVICE		No
(3) ALYSON SELIGMAN	BOARD MEMBER AT LARGE	53,942	MARKETING		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number
59-0948696

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	157	3,478,132	FMV OF SHARES RECEIVED
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous	X	5	65,467	FACE VALUE OF BONDS
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	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 is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number

59-0948696

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	BARRY BERG- FATHER-IN-LAW TO RACHEL BERG (EMP) BARBARA KAY- MOTHER OF SUSAN SHULMAN-PERTNOY, MOTHER-IN-LAW TO RON PERTNOY ALAN SHULMAN- FATHER OF SUSAN SHULMAN PERTNOY (BOD), FATHER-IN-LAW TO RON PERTNOY (BOD & CC) RON PERTNOY- HUSBAND OF SUSAN PERTNOY (BOD), SON-IN-LAW OF ALAN SHULMAN (CC), SON-IN-LAW OF BARBARA KAY (BOD) SUSAN PERTNOY- WIFE OF RON PERTNOY (CC & BOD), DAUGHTER OF BARBARA KAY (BOD), DAUGHTER OF ALAN SHULMAN (BOD) SANDY BAKLOR- HUSBAND TO ARLENE KAUFMAN (BOD) ANDREW COMITER - SON OF RICHARD COMITER (BOD) MARK LEVY (CC) -CONTRACTUAL RELATIONSHIP WITH RONALD PERTNOY (CC & BOD) STEVEN ELLISON - HUSBAND TO STACEY ELLISON (BOD) JIM BALDINGER - BROTHER-IN-LAW TO GARY LESSER RABBI ANDREW ROSENKRANZ - HUSBAND OF ERICA ROSENKRANZ

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE NOMINATING COMMITTEE PREPARES A SLATE OF NEW BOARD MEMBERS TO BE APPROVED BY THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETED FORM 990 IS PRESENTED BY THE AUDITOR TO THE 20 MEMBER EXECUTIVE COMMITTEE AND THE 8_ MEMBER AUDIT COMMITTEE FOR THEIR REVIEW THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE AVAILABLE ONLY TO THE 50 VOTING MEMBERS OF THE BOARD OF DIRECTORS THE COMPLETED FORM 990 IS POSTED ON THIS SECURE PORTAL AND BOARD MEMBERS ARE NOTIFIED THAT THE COMPLETED FORM 990 IS POSTED FOR THEIR REVIEW

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EMPLOYEES ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY AND ASKED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM WHEN FIRST HIRED AND THEN ANNUALLY AFTER THAT RETURN OF SIGNED FORMS IS MONITORED AND INDIVIDUAL FOLLOW UP IS DONE FOR 100% COMPLIANCE MEMBERS OF THE BOARD OF DIRECTORS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY AND ASKED TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY AT A BOARD MEETING THE PRESIDENT REVIEWS WHY IT IS NECESSARY FOR ALL BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM RETURN OF SIGNED FORMS IS MONITORED AND INDIVIDUAL FOLLOW UP IS DONE BY MAIL AND AT BOARD MEETINGS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	CEO THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FOR CEO COMPENSATION C OMPILED BY AN INDEPENDENT NATIONAL HR CONSULTING FIRM, INCLUDING DATA FROM THE OTHER LARGE CITY JEWISH FEDERATIONS AND EXTERNAL MARKET DATA FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS THE COMPENSATION COMMITTEE DOCUMENTS ITS DECISIONS IN A LETTER SIGNED BY TH E 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 I N EXECUTIVE SESSION FOR OTHER SENIOR MANAGEMENT COMPENSATION DECISIONS, THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FROM OTHER JEWISH FEDERATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS AVAILABLE ON THE JEWISH FEDERATION OF PALM BEACH COUNTY, INC 'S WEBSITE, ON GUIDESTAR AND UPON REQUEST GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND BYLAWS ARE AVAILABLE ON THE JEWISH FEDERATION OF PALM BEACH COUNTY, INC S' WEBSITE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NO CHANGES FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Employer identification number
59-0948696

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

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

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

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

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	

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	B	1,964,298	CASH
(2) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	E	2,826,596	CASH
(3) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	K	2,306,641	MARKET VALUE
(4) PALM BEACH JEWISH COMMUNITY CAMPUS CORP	O	0	
(5) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	B	135,661	CASH
(6) NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	O	0	

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	

Part VII **Supplemental Information**

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

Additional Data

Software ID:

Software Version:

EIN: 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY
INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PALM BEACH JEWISH COMMUNITY CAMPUS CORP	B	1,964,298	CASH
PALM BEACH JEWISH COMMUNITY CAMPUS CORP	E	2,826,596	CASH
PALM BEACH JEWISH COMMUNITY CAMPUS CORP	K	2,306,641	MARKET VALUE
PALM BEACH JEWISH COMMUNITY CAMPUS CORP	O	0	
NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	B	135,661	CASH
NORTH PALM BEACH COUNTY JEWISH COMMUNITY CAMPUS CORPORATION	O	0	