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DLN: 93493135012282

Form **990** 

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2010

	ent of the Revenue	Treasury Service	► The organization may ha	ve to use a copy of this return to satisfy s	tate reportin	g requiren	nents	Open to Public Inspection		
A Fo	rthe 2	2010 ca	 lendar year, or tax year begiı	nning 07-01-2010 and ending 06-30-201	1					
<b>B</b> Che	ck if ap	pplicable	C Name of organization JEWISH FEDERATION OF PALM E	REACH COUNTY INC		D Emp	loyer i	dentification number		
— Add	ress ch	ange		BEACH COUNTY INC		59-	09486	596		
Nan	ne char	nge	Doing Business As			E Telephone number				
┌ Inıtı	al retur	m	Number and street (or P.O. boy	ıf maıl ıs not delivered to street address)	Room/suite	_				
	mınated		4601 COMMUNITY DRIVE	ii iiiaii is not delivered to street address)	Room, suite	(56.	1)4/8	3-0700		
	ended r		City or town, state or country, a	nd 7IP + 4		<b>G</b> Gross	s receip	ts \$ 35,157,809		
_		pending	WEST PALM BEACH, FL 33417							
г Арр	lication	pending	- N							
			<b>F</b> Name and address of KATHY G SIGALL	principal officer	<b>H(a)</b> Is this	a group returi	n for affili	ates? Yes Vo		
			4601 COMMUNITY DRIV		<b>H(b)</b> Are a	ıll affılıates ır	ncluded	?		
			WEST PALM BEACH, FL	3341/				t (see instructions)		
<b>T</b> Tax	-exem	pt status	▼ 501(c)(3)	◀ (insert no )	H(c) Gro	up exemp	tion n	umber ►		
			W JEWISHPALMBEACH ORG							
			Corporation Trust Associ		L Year of f	ormation 1	962	<b>M</b> State of legal domicile FL		
	rt I	Sumi		,						
Governance	T	THE JEW COMMUI	ISH FEDERATION OF PALM NITY OUR MISSION IS TO	ssion or most significant activities 4 BEACH COUNTY IS THE COMMUNITY STRENGTHEN JEWISH IDENTITY, ENEI NIQUELY THE OBLIGATION OF THE JEV	RGIZE THE	RELATIO				
9	2 (	Sheck th	ıs box ► if the organization	discontinued its operations or disposed o	of more than	25% of its	neta	issets		
×5			•	erning body (Part VI, line 1a)		23 70 01 10.	) наста   з	103		
<u>8</u>			of independent voting membe		4	100				
Activities &				ın calendar year 2010 (Part V, line 2a)		•	5	94		
Act			nber of volunteers (estimate				6	1,129		
	<b>7a</b> ⊺	Γotal unr	elated business revenue fror	n Part VIII, column (C), line 12			7a	90,461		
	ЬΝ	Net unrel	ated business taxable incom	ne from Form 990-T, line 34			7b	0		
					Pri	or Year		Current Year		
	8	Contrib	outions and grants (Part VIII	, line 1 h)		24,217	361	24,233,186		
nue	9	Prograi	m service revenue (Part VII)	I, line 2g)		329,	333	393,840		
Revenue	10	Invest	ment income (Part VIII, colu	ımn (A), lines 3, 4, and 7d)		2,535,	780	3,067,012		
_	11		, ,	A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,505,	203	1,502,957		
	12		_	11 (must equal Part VIII, column (A), line	е	28,587	677	29,196,995		
	13			art IX, column (A), lines 1-3)		16,915	$\overline{}$	16,781,521		
	14			rt IX, column (A), line 4)			0	0		
	15	Salarıe	s, other compensation, empl	oyee benefits (Part IX, column (A), lines						
88		5-10)				6,271,	_	7,028,645		
Expenses	16a			IX, column (A), line 11e)			0	0		
<u>ਬ</u>	Ь		ndraising expenses (Part IX, column				<u> </u>			
	17			A), lines 11a-11d, 11f-24f)		2,170,	$\overline{}$	2,275,073		
	18			must equal Part IX, column (A), line 25)		25,357	-	26,085,239		
_ ep	19	Kevent	ie iess expenses Subtract II	ne 18 from line 12	Region!	3,229, ng of Curre		3,111,756		
8 9 10 10 10 10 10 10 10 10 10 10 10 10 10 1					_	ig or curre Year	ent	End of Year		
Pege	20	Total a	ssets (Part X, line 16)			109,677,	507	120,797,006		
Net Assets or Fund Balances	21					49,162	716	50,016,931		
žĒ	22	Netass	sets or fund balances Subtra	act line 21 from line 20		60,514,	791	70,780,075		
Par	t II	Signa	ature Block							
	edge a			mined this return, including accompanying so ete. Declaration of preparer (other than office						
		****	**			2012-05-09				
Sign		Signat	ture of officer			Date				
Here			y G Sigall CFO							
		<u> </u>	or print name and title							
		Print/Type preparer's		Preparer's signature DAVID HOLLANDER	ate	Check if se employed		PTIN		
Paid			ne MORRISON BROWN AGRIZ &	1		. ,		Firm's ETN h		

BOCA RATON, FL 33432

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

Firm's address • 225 NE MIZNER BLVD SUITE 685

Preparer

**Use Only** 

Firm's EIN

Phone no 🕨 (561) 909-

Form	990 (2010) Page <b>2</b>
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
COM	Briefly describe the organization's mission JEWISH FEDERATION OF PALM BEACH COUNTY IS THE COMMUNITY-BUILDING ORGANIZATION OF THE JEWISH MUNITY OUR MISSION IS TO STRENGTHEN JEWISH IDENTITY, ENERGIZE THE RELATIONSHIP WITH ISRAEL AND MEET AN 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?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 942,687 including grants of \$ ) (Revenue \$ 111,826 )  JEWISH TEEN INITIATIVES - RUNS PROGRAMS TO ENGAGE THE UNDER ENGAGED JEWISH TEEN, CREATES SOCIAL, CULTURAL AND EDUCATIONAL PROGRAMS SPECIFICALLY FOR JEWISH PRE-TEENS AND TEENS IN THE GREATER PALM BEACHES, ENHANCES AND PROMOTES EXISTING PROGRAMS FOR MIDDLE AND HIGH SCHOOL-AGE STUDENTS, AND SERVES AS A RESOURCE FOR LOCAL SYNAGOGUE YOUTH GROUPS AND JEWISH AGENCIES APPROXIMATELY 200 SESSIONS/EVENTS WERE HELD AT WHICH ABOUT 600 TEENS WERE DIRECTLY SERVED GESHER HAI - TEENS THAT PARTICIPATE LEARN ABOUT THEIR JEWISH HISTORY, SPEND TIME TRAVELING AND TOURING IN ISRAEL AND MAKE CONNECTIONS WITH MODERN ISRAELI SOCIETY, STRENGTHENING THEIR JEWISH IDENTITY AND CONNECTION TO ISRAEL APPROXIMATELY 25-30 TEENS PARTICIPATE IN THIS SUMMER PROGRAM WHICH INCLUDES PRE-TRIP PROGRAMMING AND POST TRIP FOLLOW-UP ISRAEL INCENTIVES - OFFERED IN THE FORM OF VOUCHERS AND NEED BASED SCHOLARSHIPS TO ENCOURAGE TEENS AND YOUNG ADULTS LIVING IN THE FEDERATION'S SERVICE AREA TO PARTICIPATE IN EDUCATIONAL ISRAEL EXPERIENCE PROGRAMS APPROXIMATELY 60 TEENS ARE RECIPIENTS OF INCENTIVE GRANTS AND SCHOLARSHIPS
4b	(Code ) (Expenses \$ 450,884 including grants of \$ ) (Revenue \$ )  ISRAEL & OVERSEAS - HANDLES GLOBAL PROJECTS INITIATED AND FUNDED BY THE FEDERATION THESE PROJECTS DIRECTLY IMPACT AND ENHANCE THE LIVES OF THOUSANDS OF JEWS THROUGHOUT THE WORLD PARTNERSHIP 2000 IS AN INNOVATIVE PROGRAM THAT REINFORCES THE BOND BETWEEN ISRAELI AND AMERICAN JEWS BY SHARING HUMAN AND FINANCIAL RESOURCES TO ENHANCE AND IMPROVE ISRAEL, IT'S PEOPLE AND OUR JEWISH COMMUNITY FEDERATION HAS PARTNERED IN THIS EFFORT WITH THE CITIES OF TZFAT, HATZOR AND ROSH PINA, KNOWN AS THE TZAHAR REGION, TO INTENSIFY OUR RELATIONSHIP WITH ISRAEL PARENTS AND CHILDREN TOGETHER (PACT) PROVIDES COMPREHENSIVE EARLY CHILDHOOD SERVICES TO HELP ETHIOPIAN-ISRAELI PRESCHOOLERS AND THEIR PARENTS BETTER ASSIMILATE INTO ISRAELI SOCIETY IN ST PETERSBURG, RUSSIA THE FEDERATION SUPPORTS SEVERAL CULTURAL, SPIRITUAL, EDUCATIONAL, SOCIAL AND WELFARE PROGRAMS THAT IMPACT THE 100,000 JEWISH CHILDREN, COLLEGE STUDENTS, FAMILIES AND SENIORS WHO LIVE IN ST PETERSBURG THE VOLUNTEER SHALIACH (EMISSARY FROM ISRAEL), WORKS THROUGHOUT THE FEDERATION'S 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
<b>4</b> c	(Code ) (Expenses \$ 495,002 including grants of \$ ) (Revenue \$ 48,040 )  PLANNED GIVING AND ENDOWMENT PROGRAMS - EDUCATES PROFESSIONAL ADVISORS AND DONORS ABOUT THE IMPORTANCE OF CREATING PERMANENT LEGACIES FOR THE BENEFIT OF THE FEDERATION, ITS PARTNER AGENCIES AND OTHER JEWISH PHILANTHROPIC CAUSES THIS IS ACCOMPLISHED THROUGH A SERIES OF SEMINARS, ONE-ON-ONE PRESENTATIONS AND OTHER MARKETING STRATEGIES THESE PROGRAMS REACH OVER 500 AREA PROFESSIONAL ADVISORS AS WELL AS HUNDREDS OF DONORS ANNUALLY JEWISH WOMEN'S FOUNDATION - PROVIDES EDUCATIONAL PROGRAMS FOR AND ABOUT JEWISH WOMEN AND GIRLS WHO HAVE UNIQUE NEEDS BOTH BECAUSE OF THEIR GENDER AND RELIGIOUS AND CULTURAL HERITAGE TWO EVENTS WERE HELD AT WHICH 100 PARTICIPANTS FROM THE COMMUNITY WERE IN ATTENDANCE
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description (Expenses \$ 18,735,072 including grants of \$ 16,781,521 ) (Revenue \$ 233,974 )
<b>4e</b>	Total program service expenses►\$ 20,623,645

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		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 $98-19$ ? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6	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? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	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? If "Yes," complete Schedule D, Part VII.	11b	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? If "Yes," complete Schedule D, Part VIII.	11c		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? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV .	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		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? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"		res	 N o
c	Complete Schedule L, Part IV	28b	Yes	
20	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Management	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	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 $\Box$ Yes $\Box$ No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 41			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4</b> a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	5c 6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
,	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from other sources (Do not not amounts due or haid to other sources			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			n
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13				1
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
I.	Enter the amount of recorned the arganization is required to maintain by the other.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>L</b>	If "Vac " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

**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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)		<b>1</b> /	B.1 -
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		NO
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	15b	Yes		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	Let the States with which a convent this Form 000 is required to be fled   Fl			
17	List the States with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. Another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization KATHY SIGALL CFO

4601 COMMUNITY DRIVE WEST PALM BEACH, FL 33417

(561)478-0700

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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 organ	nization nor any r	ensated any current officer, director, or trustee								
(A) Name and Title	(B) Average hours		<b>(C)</b> Position (check all that apply)				( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Highest compensated		organizations (W- 2/1099- MISC)	from the organization and related organizations
See Additional Data Table										

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

	(A) Name and Title	hours that apply) compensation compensation					(F) Estimated amount of othe compensation								
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organizat 2/1099-	ion (W-	organizations (W- 2/1099- MISC)		from rganizat relat organiza	the Ion and ed	
See A	dditional Data Table														L
															_
															_
												$\perp$			_
												$\perp$			-
												+			-
												+			-
															-
												+			-
															-
1b	Sub-Total						<u> </u>	►							]
С	Total from continuation sheets						_	<b>-</b>	1	256,581		0		238,854	┨
2	Total (add lines 1b and 1c) .  Total number of individuals (inc \$100,000 in reportable competed)		nıted to	thos	e lıs			•	<u> </u>			<u> </u>		230,031	J
													Yes	No	-
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc						mploy •	ee, o	or highest o	ompens:	ated employee	3	Yes		
4	For any individual listed on line organization and related organization											4	Yes		
5	Did any person listed on line 1a services rendered to the organi								_	nization o	r individual for	5	103	No	
	ation B. Indonondont Con	-tup stone											•		-
1	Complete this table for your five \$100,000 of compensation from	e highest comper		ndep	ende	ent o	contrac	ctors	that recei	ved more	e than				-
	Na	(A) me and business ad	dress							Descr	(B) iption of services		(C Comper		_
555 F	CIARY TECHNOLOGY PARTNERS LLC IFTH AVENUE 14TH FLOOR YORK, NY 10017									OMINISTRA UND SERVI	TION OF NON-PROF	П		139,832	_
															-
												$\dashv$			_
	Total number of independent con \$100,000 in compensation from			ot lın	nited	l to	those	liste	d above) w	ho receiv	ed more than				-

Total revenue Related Campaigns . 1a 15,599,558 b Membership dues 1b	90 (20	<u> </u>	ne				•	age <b>9</b>
Description						Related or exempt function	Unrelated business revenue	(D) Revenuexclude from tax under section 512, 513,0
Membership dues   1b   1b   1b   1c   1c   1c   1c   1c	4 -			15 500 559				514
2a   DESIGNATED PROGRAM REV   9000099   393,840   393,		· -		13,399,336				
2a DESIZAMTED PROGRAM REV   900009   393,840	<b>b</b> M	1embership dues	. 1b					
Business Code   900000   393,840	c F	fundraising events	. <b>. 1</b> c					
Business Code   900000   393,840	<b>d</b> R	Related organizations	. 1d					
Business Code   900000   393,840	e G	Government grants (contributions)	1e					
Business Code   900000   393,840	f Al	All other contributions, gifts, grants	, and <b>1f</b>	8,633,628		İ		j
Business Code   900000   393,840				1,460,188				
Business Code   900000   393,840	-	Fotal Add lines 1a-1f	•		24.233.186			
Designate   PROGRAM REV   900099   393,840				Business Code	,			
3 Investment income (including dividends, interest and other similar amounts)	<b>2a</b> D	DESIGNATED PROGRAM REV			393 840	393 840		
3 Investment income (including dividends, interest and other similar amounts)	_			300033	3,3,010	333,010		
3 Investment income (including dividends, interest and other similar amounts)	c <sup>–</sup>		<del></del>					
3 Investment income (including dividends, interest and other similar amounts)	d _		<del></del>					
3 Investment income (including dividends, interest and other similar amounts)	е –							
3 Investment income (including dividends, interest and other similar amounts)	f A		<del></del>					
3 Investment income (including dividends, interest and other similar amounts)	. T	Fotol Addings 25 2f	_		202.040			
1,937,203   90,46					393,840			
A income from investment of tax-exempt bond proceeds  5 Royalities		•		-	1,937,203		90,461	1,846,7
(i) Real   (ii) Personal   (ii) Personal   (iii) Personal   (iiii) Personal   (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				-				
Description	<b>5</b> R	Royalties		-				
b   less rental expenses   C   Rental income or (loss)			(ı) Real	(II) Personal				
expenses c Rental income or (loss) d Net rental income or (loss)								
Net rental income or (loss)								
d Net rental income or (loss)  (i) Securities (ii) Other  7a Gross amount from sales of assets other than inventory b Less cost or other hases and sales expenses c Gain or (loss)  4 Net gain or (loss)  5,700,621  1,129,809  4 Net gain or (loss)  1,129,809  5,700,621  1,129,809  1,129,809  8a Gross income from fundraising events (not including) 5 of contributions reported on line 1c) 5ee Part IV, line 18  Less direct expenses  C Net income or (loss) from fundraising events  Net income or (loss) from gaming activities See Part IV, line 19  B Less direct expenses  C Net income or (loss) from gaming activities  Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  11a OTHER REVENUE  900099  783,586  MISCELLANEOUS EVENT RE  2 ODMINISTRATIVE FEES								
Ta Gross amount from sales of assets other than inventory by Less cost or other basis and sales expenses c Gain or (loss) 1,129,809 1,12	<b>d</b> N	Net rental income or (loss)						
from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss)  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  1,129,809  8a Gross income from fundraising events (not including \$	_			(II) O ther				
than inventory b Less cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)  1,129,809  8a Gross income from fundraising events (not including \$	fr	rom sales of	6,830,430					
other basis and sales expenses c Gam or (loss) 1,129,809 1,129,80								
c Gamor (loss)  d Net gain or (loss)  1,129,809  8a Gross income from fundraising events (not including  \$ of contributions reported on line 1c) See Part IV, line 18  a 323,073  b Less direct expenses b 260,193  c Net income or (loss) from fundraising events .   9a Gross income from gaming activities See Part IV, line 19  a b Less direct expenses b  c Net income or (loss) from gaming activities .   10a Gross sales of inventory, less returns and allowances .  a b Less cost of goods sold . b 5  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a OTHER REVENUE 900099 783,586  b MISCELLANEOUS EVENT RE 900099 279,399			5,700,621					
d Net gain or (loss)			1 129 809					
Ba Gross income from fundraising events (not including  \$		l			1,129,809			1,129,8
(not including \$ of contributions reported on line 1c) See Part IV, line 18  a								
c Net income or (loss) from fundraising events	(r	not including						
c Net income or (loss) from fundraising events			line 1c)					
c Net income or (loss) from fundraising events								
c Net income or (loss) from fundraising events	<b>L</b> .							
9a Gross income from gaming activities See Part IV, line 19 . a b Less direct expenses				260,193	62,880			62,8
b Less direct expenses				1				,-
c Net income or (loss) from gaming activities				ь				
returns and allowances .  a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code  900099  783,586  b MISCELLANEOUS EVENT RE  C ADMINISTRATIVE FEES  900099  279,399	c N	Net income or (loss) from ga	ming activities					
a b Less cost of goods sold b c Net income or (loss) from sales of inventory ►  Miscellaneous Revenue Business Code  11a OTHER REVENUE 900099 783,586  b MISCELLANEOUS EVENT RE 900099 377,092  c ADMINISTRATIVE FEES 900099 279,399			;s					
b Less cost of goods sold b  c Net income or (loss) from sales of inventory ►  Miscellaneous Revenue  Business Code  900099  783,586  b MISCELLANEOUS EVENT RE  C ADMINISTRATIVE FEES  900099  279,399	re	eturns and allowances .	a					
c Net income or (loss) from sales of inventory ▶   Miscellaneous Revenue Business Code   11a OTHER REVENUE 900099   b MISCELLANEOUS EVENT RE 900099   c ADMINISTRATIVE FEES 900099   279,399	Ь∟	_ess cost of aoods sold .	. b					
11a OTHER REVENUE       900099       783,586         b MISCELLANEOUS EVENT RE       900099       377,092         c ADMINISTRATIVE FEES       900099       279,399								
b MISCELLANEOUS EVENT RE         900099         377,092           c ADMINISTRATIVE FEES         900099         279,399		Miscellaneous Revenue		Business Code				
C ADMINISTRATIVE FEES  900099  279,399	11a <sub>O</sub>	OTHER REVENUE		900099	783,586 			783,5
ADMINISTRATIVE FEES	<b>b</b> M	1ISCELLANEOUS EVENT 1	₹E	900099	377,092			377,0
d All other revenue	c A	ADMINISTRATIVE FEES		900099	279,399			279,3
	<b>d</b> A	All other revenue	•					
e Total. Add lines 11a-11d	е Т	f <b>otal.</b> Add lines 11a-11d			1,440,077	ļ		
12 Total revenue. See Instructions	12 -	ratal and Control	- -	-	. ,			<del> </del>

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations must omplete column (A) but are not required to $c$			(D).	
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	16,781,521	16,781,521		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	473,066	47,307	354,799	70,960
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	4,490,231	1,634,832	394,650	2,460,749
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)	500,671	174,709	84,585	241,377
9	Other employee benefits	1,212,441	925,642	74,422	212,377
10	Payroll taxes	352,236	122,082	54,377	175,777
а	Fees for services (non-employees) Management				
b	Legal	10,853	3,456	4,806	2,591
С	Accounting	46,480	14,803	20,581	11,096
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	208,869		208,869	
g	Other				
12	Advertising and promotion				
13	Office expenses	323,423	93,100	42,912	187,411
14	Information technology				
15	Royalties				
16	Occupancy	185,087	55,433	36,062	93,592
17 18	Travel				
19	Conferences, conventions, and meetings	1,061,287	577,786	35,427	448,074
20	Interest	41,990	41,990	22,121	,
21	Payments to affiliates	12,111	12,111		
22	Depreciation, depletion, and amortization	35,764	10,630	10,660	14,474
23	Insurance	44,283	13,162	13,200	17,921
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)			·	
а	REPAIRS AND MAINTENANCE	79,475	24,579	23,039	31,857
b	TELEPHONE	75,241	23,429	17,169	34,643
c	TRANSPORTATION	64,333	44,027	4,818	15,488
d	PROFESSIONAL FEES	45,179	14,388	20,005	10,786
e	STAFFING AND EMPLOYEE R	14,331	7,626	2,844	3,861
f	All other expenses	38,478	13,143	3,667	21,668
25	Total functional expenses. Add lines 1 through 24f	26,085,239	20,623,645	1,406,892	4,054,702
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			12,524,366	1	4,517,722
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			8,764,361	3	9,049,086
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and			
		Schedule L			60,000	5	0
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ , and contributing ensponsoring organizations of section $501(c)(9)$ voluntary employ organizations (see instructions)	nploy	ers, and			
ste		Schedule L				6	
Assets	7	Notes and loans receivable, net			1,241,915	7	1,327,902
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			265,615	9	202,816
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	211,459			
	b	Less accumulated depreciation	10b	172,427	77,173	10c	39,032
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11	•	82,187,849	12	101,036,142	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,556,228	15	4,624,306
	16	Total assets. Add lines 1 through 15 (must equal line 34)			109,677,507	16	120,797,006
	17	Accounts payable and accrued expenses .			1,424,054	17	2,017,392
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
Sə	21	Escrow or custodial account liability Complete Part IV of Schedule	₽D.			21	
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lial		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 Complete Part X of Schedule D			44,912,066	25	45,172,943
	26	Total liabilities. Add lines 17 through 25			49, 162, 716	26	50,016,931
5		Organizations that follow SFAS 117, check here ► 🗸 and comp	lete li	ines 27			
G		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			32,347,898	27	37,923,789
Ba	28	Temporarily restricted net assets			4,568,160	28	7,029,315
Fund	29	Permanently restricted net assets		23,598,733	29	25,826,971	
Fu		Organizations that do not follow SFAS 117, check here ► ┌ and	d com	plete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances			60,514,791	33	70,780,075
	34	Total liabilities and net assets/fund balances			109,677,507	34	120,797,006

Pal	Check if Schedule O contains a response to any question in this Part XI		•	. [~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29,1	196,99	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,085,239	
3	Revenue less expenses Subtract line 2 from line 1	3		3,1	.11,75	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60,514			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,153,5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		70,7	780,07	
Par	T XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			দ		
1	Accounting method used to prepare the Form 990			Yes	No	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes		
C	If "Yes," to 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		2c	Yes		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Separate basis  Both consolidated and separated basis	sued				
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?		3a		Νo	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b			

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DLN: 93493135012282

#### OMB No 1545-0047

OMB No 1545-004

2040

Open to Public Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

h

# 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. ► See separate instructions.

Employer identification number

JEWISH FEDERATION OF PALM BEACH COUNTY INC 59-0948696 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	<b>(vii)</b> A mount of support
			inst ructions))	Yes	No	Yes	No	Yes	No
Total									

Provide the following information about the supported organization(s)

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

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

	under Part III. II til	ie organization	ialis to quality	under the tests	iistea below, pi	ease comple	te Part III.)
	ection A. Public Support endar year (or fiscal year beginning	T	T				T
	ın) 🟲	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do	22 172 92	1 31,502,25	17,487,184	24,217,361	24 222 1	86 130,612,802
	not include any "unusual	33,172,82	31,502,25	17,487,184	24,217,361	24,233,1	130,612,802
_	grants ")						
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	<b>Total.</b> Add lines 1 through 3	33,172,82	1 31,502,25	0 17,487,184	24,217,361	24,233,1	86 130,612,802
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						
6	(f) <b>Public Support.</b> Subtract line 5		+				
•	from line 4						130,612,802
	ection B. Total Support		_				
Cal	endar year (or fiscal year	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	beginning in) ► A mounts from line 4	33,172,821	31,502,250	17,487,184	24,217,361	24,233,1	130,612,802
8	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
	dividends, payments received						
	on securities loans, rents, royalties and income from	2,279,646	2,927,355	1,715,480	2,535,780	1,937,2	11,395,464
	similar sources						
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	1,206,411	1,825,252	1,971,995	1,834,536	1,231,0	96 8,069,290
	capital assets (Explain in Part IV )						
11	Total support (Add lines 7						150,077,556
12	through 10) Gross receipts from related activity	ties, etc (See ins	tructions )			12	1,544,230
13	First Five Years If the Form 990 is		-	d third fourth or f	ifth tay vear as a		
	check this box and <b>stop here</b>			_,,,	,	001(0)(0) 0.9	<b>▶</b> □
	ection C. Computation of Pu	blic Support I	Porcontago				
14	Public Support Percentage for 201			11 column (f))		14	87 030 %
15	Public Support Percentage for 200	-				15	87 160 %
	33 1/3% support test—2010. If th	•	•	v on line 13 and l	line 1.4 is 33 1/20/		
104	and <b>stop here.</b> The organization qu	_			iiiie 14 i3 33 1/3/	o or more, ene	• F
b	<b>33 1/3% support test—2009.</b> If th				a, and line 15 is	33 1/3% or mo	
170	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b>	· · · · · · · · · · · · · · · · · · ·		•	00 12 160 or 16	handling 14	<b>▶</b> □
1/4	is 10% or more, and if the organiz						ain
	in Part IV how the organization me						
	organization	1 2000 TELL		abaak - barrar 1		- w 4 7 4 1	▶┌
b	<b>10%-facts-and-circumstances test</b> 15 is 10% or more, and if the orga						•
	Explain in Part IV how the organiz						
40	supported organization	a.a		16-16-17		h	<b>►</b> □
18	<b>Private Foundation</b> If the organiza instructions	tion aid not checl	k a pox on line 13	6, 16a, 16b, 1/a o	r 1/D, check this	DOX and see	<b>▶</b> □

organization

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 18 19a 33 1/3% support tests—2010. 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

33 1/3% support tests-2009. 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**▶**□

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493135012282

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

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

				0940090		
Pa	organizations Maintaining Donor organization answered "Yes" to Form	<b>Advised Funds or Other Similar Fu</b> 990, Part IV, line 6.	ınds	or Accoun	<b>ts.</b> Complet	te if the
		(a) Donor advised funds		<b>(b)</b> Funds an	d other accoι	ınts
1	Total number at end of year	104				
2	Aggregate contributions to (during year)	3,487,741				
3	Aggregate grants from (during year)	3,394,639				
4	Aggregate value at end of year	29,896,000				
5	Did the organization inform all donors and donor actions are the organization's property, subject to the		or advı	sed	√ Yes	┌ No
6	Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b conferring impermissible private benefit				<b>▽</b> Yes	┌ No
Pai	t II Conservation Easements. Complet	te if the organization answered "Yes" to	Forn	n 990, Part	IV, line 7.	
2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qui	ation or pleasure)  Preservation of an Preservation of a c	ertifie	d historic str	-	a
	easement on the last day of the tax year	г				
	Total number of conservation easements	-		Held at t	he End of the	Year
a		-	2a			
b	Total acreage restricted by conservation easemen	<b>-</b>	2b			
C .	Number of conservation easements on a certified I	` ′	2c			
d	Number of conservation easements included in (c)	_ · _ · _ · _ L	2d			
3	Number of conservation easements modified, trans the taxable year -	sferred, released, extinguished, or terminate	d by th	ne organizatio	n during	
	·					
4	Number of states where property subject to conse					
5	Does the organization have a written policy regard enforcement of the conservation easements it hold		lling of	violations, a	nd <b>「Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conservation easem	ents d	uring the yea	r <b>►</b>	
7	A mount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easements	during	g the year ► s	\$	
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	e 2(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial				
ar	Complete if the organization answered		or Otl	her Simila	r Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or researc	h ın fu			≘,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line	e 1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$_		
2	If the organization received or held works of art, hi following amounts required to be reported under SF		r finan			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		
				· · ·		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	asur	res, or Ot	<u>her</u>	<u>Similar</u>	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne fol	lowing th	at are	e a significar	nt us	se of its col	lection		
а	Public exhibition		d	Γ	Loan o	rexch	ange progra	ms				
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the o	rganızatıon's	exe	empt purpo	se in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								ılar	<b>⊢</b> ·	Yes	┌ No
Par	Part IV, line 9, or reported an an	<b>ements.</b> Comple	ete ıf	the	organız	atıon			es" to Forr	n 990	,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other interme	dıary	for c	ontributi	ons o	r other asse	ts n	ot	Γ,	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г	1		Amou	nt	
С	Beginning balance						-	.c		Amou		
d	Additions during the year							.d				
e	Distributions during the year				<u> </u>	e l						
f	Ending balance											
2a	Did the organization include an amount on Fo	orm 990 Part X line	212				L-	.f			Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	•	'							,		, 110
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	" to F	orm 990 I	Part	t IV line 1	0		
	znaoviniene i anaor complete	(a)Current Year		)Prior			vo Years Back				<b>)</b> Four Y	ears Back
1a	Beginning of year balance	40,648,939		37	7,459,007		40,940,679	9				
b	Contributions	1,390,480		1	1,305,652		1,577,104	1				
C	Investment earnings or losses	5,097,808		Ź	2,111,975		-4,686,278	3				
d	Grants or scholarships											
e	Other expenditures for facilities and programs	400,396			178,000		330,000	)				
f	Administrative expenses	91,467			49,695		42,498	3				
g	End of year balance	46,645,364		40	),648,939		37,459,007	7				
2	Provide the estimated percentage of the yea	r end balance held a	s									
а	Board designated or quasi-endowment 🕨	45 000 %										
b	Permanent endowment ► 49 000 %											
С	Term endowment ► 6 000 %											
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	are held	and ac	dmınıstered	for t	the			
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	<u> </u>	3a(i)	Yes	<u> </u>
	(ii) related organizations					•		•	· · [	3a(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	[	3b		<u> </u>
4 Dat	t VI Investments—Land, Building:					Λ Da	rt V Juno 1					
Peli	itvi investments—Land, Buildings	s, and Equipme	nt. 5				1					
	Description of investment			sis (invest		( <b>b)</b> Cost or ot basis (othe		(c) Accumu depreciat		( <b>d</b> ) B	ook value	
1a	Land											
b	Buildings		•									
C	Leasehold improvements											
d	Equipment						205,	297	1	72,427		32,870
	Other		•				6,	162				6,162
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B)	), line	10(c).)				▶			39,032
									Schedu	le D (F	orm 9	90) 2010

Part VII Investments—Other Securities. See F  (a) Description of security or category	orm 990, Part X, line 12 ( <b>b)</b> Book value	(c) Method of valuation				
(including name of security) (1)Financial derivatives	(b)book value	Cost or end-of-year market value				
(2)Closely-held equity interests						
(3)Other (A)STATE OF ISRAEL DEBT SECURITIES	1,699,803					
(B) BOND MUTUAL FUNDS	18,560,294					
(C) INDIVIDUAL BONDS & CERTIFICATES OF DEPOSIT	6,035,732					
(D) EQUITY MUTUAL FUNDS	35,852,843					
(E) REAL ASSET FUNDS	8,697,810					
(F) INDIVIDUAL STOCKS	125,126					
(G) PRIVATE CAPITAL LIMITED PARTNERSHIPS	3,279,192					
(H) HEDGE FUND LIMITED PARTNERSHIPS	19,892,784					
(I) MONEY MARKET MUTUAL FUNDS	6,892,558					
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	101,036,142					
Part VIII Investments—Program Related. See		13. (c) Method of valuation				
(a) Description of investment type	(b) Book value	Cost or end-of-year market value				
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )						
Part IX Other Assets. See Form 990, Part X, line		1 // / / /				
(a) Descript	lon	(b) Book value				
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)					
Part X Other Liabilities. See Form 990, Part X,	line 25.					
1 (a) Description of Liability	(b) A mount					
Federal Income Taxes						
ALLOCATIONS PAYABLE	13,184,166					
SPLIT-INTEREST AGREEMENTS	6,837,755					
DUE TO AFFILIATES AND SUPPORTING	2 402 261					
FOUNDATIONS  DESIGNATED CAMPAIGN CIFTS	3,102,261					
DESIGNATED CAMPAIGN GIFTS  DUE TO PALM BEACH JEWISH COMMUNITY CAMPUS	1,257,758					
CORPORATION COMMUNITY CAMPUS	20,791,003					
+						
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	45,172,943					
	, , ,					

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,196,995
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	26,085,239
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,111,756
4	Net unrealized gains (losses) on investments	4	7,153,528
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	7,153,528
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,265,284
Par	<b>TXII</b> Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	34,297,408
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	6,944,659
3	Subtract line <b>2e</b> from line <b>1</b>	3	27,352,749
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b .		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	<b>4</b> c	1,844,246
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,196,995
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	24,032,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-208,869
3	Subtract line <b>2e</b> from line <b>1</b>	3	24,240,993
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,844,246
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	26,085,239

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

## Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FEDERATION IS A NONPROFIT CORPORATION WHO SE 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, 2011 AND 2010, THE FEDERATION GENERATED UNRELATED BUSINESS INCOME AND LOSSES FROM CERTAIN ALTERNATIVE INVESTMENTS 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 US FEDERAL JURISDICTION AND FLORIDA ARE THE MAJOR TAX JURISDICTIONS WHERE THE FEDERATION FILES INCOME TAX RETURNS THE FEDERALION IS GENERALLY NO LONGER SUBJECT TO US FEDERAL OR STATE EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES -208,869
PART XII, LINE 4B - OTHER ADJUSTMENTS		DESIGNATED GIFTS 1,844,246
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INVESTMENT MANAGEMENT FEES -208,869
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DESIGNATED GIFTS 1,844,246

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# SCHEDULE F (Form 990)

Department of the Treasury

## **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. ► See separate instructions. **DLN: 93493135012282**OMB No 1545-0047

2010

2010

Open to Public

Internal Revenue Service

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY INC

Employer identification number

59-0948696

Pa	rt I General Information "Yes" to Form 990, Pa			the United States.	Complete if the organiz	ation answered
1	For grantmakers. Does the assistance, the grantees' elithe grants or assistance? .	organization gibility for the	maıntaın recor grants or ass	istance, and the sele		
2	For grantmakers. Describe in Pa United States	art V the organ	ızatıon's procedı	ures for monitoring the (	use of grant funds outside th	ne
3	Activites per Region (Use Part	V ıf addıtıonal	space is needed	1)		
	(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	services, investments, grants to recipients located	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	ISRAEL	0	1	in the region) PROGRAM SERVICES	YOUTH FUTURES-	77,338
	ISRAEL	0			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	
	Sub-total  Total from continuation sheets	0	1			77,338
ſ	to Part I	0	0			

Part	Part IV, l	ine 15, for any					plete if the organiza received more thai		
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie the IRS, or fo	nt organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3	Enter total nur	mber of other o	organizations or en	tities					(Form 990) 2010

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. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			I				
			1				
			i				
			1				
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# 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 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	<b>~</b>	Νo
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)	Γ	Yes	V	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	<b>▽</b>	Νo
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)	Г	Yes	굣	Νo
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 file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	দ	No

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 MONTHLY EXPENSE REPORTS SUBMITTED BY THE OVERSEAS AGENT ARE REVIEWED AND VERIFIED BY THE DIRECTOR OF ISRAEL & OVERSEAS PROGRAM PRIOR TO REIMBURSEMENT OF EXPENSES

Schedule F (Form 990) 2010

DLN: 93493135012282

OMB No 1545-0047

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

Department of the Treasury

Internal Revenue Service

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to 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. See separate instructions.

Name of the organization **Employer identification number** JEWISH FEDERATION OF PALM BEACH COUNTY INC 59-0948696 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization col (i) control of contributions? Yes List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  INDIAN SPRINGS	(b) Event #2 MEN'S NIGHT OUT	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	cor <b>(c)</b> )
ELE	1	Gross receipts	30,189	157,907	134,977	323,073
Revenue	2	Less Charitable contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	30,189	157,907	134,977	323,073
	4	Cash prizes				
ú	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
<u>8</u>	7	Food and beverages				
Dreat	8	Entertainment				
à	9	Other direct expenses .	20,011	116,076	124,106	260,193
	10	Direct expense summary Add line	es 4 through 9 in column	(d)		260,193
	11	Net income summary Combine lii				62,880
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ မ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ă	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes%	┌ Yes%	<u> </u>
		Direct expense summary Add lines				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	<u> ▶</u>	
9		er the state(s) in which the organiza				
a b		he organization licensed to operate No," Explain				
10a b		re any of the organization's gaming l	icenses revoked, suspen	ded or terminated during	the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{\text{Yes}}$ $\Gamma_{\text{No}}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			. Г <sub>Yes</sub> Г <sub>No</sub>
b			tion 🏲 \$ and the	, , , , , , , , , , , , ,
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b>-</b>		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes Tho
b		·	o other exempt organizations or spent	
Par		activities during the tax year * \$	responses to question on Schedule G (	See
	instructions.)	STOTIAC Additional Information for	responses to question on seneutile of	
	Identifier	ReturnReference	Explanation	

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Schedule I

DLN: 93493135012282 OMB No 1545-0047

**Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States

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

Y INC  nts and Assistance  ubstantiate the amount of the				Employer identification	on number
nts and Assistance				150 0040606	
				59-0948696	
		e grantees' eligibility for t			
its or assistance? dures for monitoring the use o					✓ Yes
to Governments and Only recipient that received n	rganizations in the nore than \$5,000. Che	United States. Comeck this box if no one	recipient receive	d more than \$5,000.	
IN (c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
	ny recipient that received in needed	TIN (c) IRC Code section if applicable (d) Amount of cash grant	ry recipient that received more than \$5,000. Check this box if no one needed	needed	section grant cash valuation non-cash assistance (book, FMV, appraisal,

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, 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 GRANTEES IS VERIFIED GRANTS FOR GENERAL ASSISTANCE IS MONITORED BY THE PLANNING AND ALLOCATIONS DEPARTMENT WHICH REQUIRES REPORTS AND FINANCIAL DATA INDICATING HOW FUNDS ARE UTILIZED
OTHER INFORMATION	PART IV	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 SCHEDULES F

Software ID: Software Version:

**EIN:** 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> 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 1700 NEW YORK, NY 10004	13-1624240	501(C)3	5,209,906		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY INC PO BOX 220627 WEST PALM BEACH,FL 33422	59-1520581	501(C)3	1,105,606		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 ACADEMY3261 NORTH MILITARY TRAIL WEST PALM BEACH,FL 33409	59-1491258	501(C)3	688,492		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH COMMUNITY CENTER OF THE GREATER PALM BEACHES INC4803 PGA BOULEVARD PALM BEACH GARDENS, FL 33418	59-1582799	501(C)3	2,235,177		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMISSION FOR JEWISH EDUCATION OF THE PALM BEACHES3267 NORTH MILITARY TRAIL WEST PALM BEACH, FL 33409	65-0219982	501(C)3	688,035		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH RESIDENTIAL AND FAMILY SERVICES INC POBOX 220627 WEST PALM BEACH,FL 33422	65-0737159	501(C)3	195,148		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORSELIFE FOUNDATION INC4847 FRED GLADSTONE DRIVE WEST PALM BEACH,FL 33417	59-2774476	501(C)3	176,540		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
KRAMER SENIOR SERVICES AGENCY INC 4920 LORING DRIVE WEST PALM BEACH,FL 33417	59-2753822	501(C)3	1,151,721		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH AGENCY FOR ISRAEL633 3RD AVE 21ST FLOOR NEW YORK, NY 10017	23-0053483	501(C)3	270,837		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC711 THIRD AVENUE NEW YORK, NY 10017	13-1656634	501(C)3	502,200		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHRIGHT ISRAEL FOUNDATIONPO BOX 1784 NEWYORK,NY 10156	13-4092050	501(C)3	118,200		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
HILLEL FOUNDATION FOR JEWISH CAMPUS LIFE800 8TH ST NW WASHINGTON, DC 20001	52-1844823	501(C)3	464,250		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALM BEACH DAY ACADEMY INC241 SEAVIEW AVENUE PALM BEACH,FL 33480	59-0873834	501(C)3	112,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
TOWN OF PALM BEACH UNITED WAY INC44 COCOANUT WAY - SUITE M-201 PALM BEACH,FL 33480	59-0637885	501(C)3	67,900		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALM BEACH ORTHODOX SYNAGOGUEPO BOX 1028 PALM BEACH,FL 33480	65-0478910	501(C)3	67,500		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
RAYMOND F KRAVIS CENTER FOR THE PERFORMING ARTS701 OKEECHOBEE BOULEVARD WEST PALM BEACH,FL 33401	59-2245054	501(C)3	63,450		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE EMANU-EL OF PALM BEACH INC 190 NORTH COUNTY ROAD PALM BEACH, FL 33480	59-1027143	501(C)3	58,148		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
UNITED JEWISH COMMUNITIES OF METROWEST901 ROUTE 10 EAST WHIPPANY,NJ 07981	22-1487222	501(C)3	55,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					other)		
NEW ISRAEL FUNDPO BOX 96712 WASHINGTON, DC 20077	94-2607722	501(C)3	52,500		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH FEDERATION OF SOUTHERN NEW JERSEY 1301 SPRINGDALE ROAD SUITE 200 CHERRY HILL,NJ 08003	21-0634489	501(C)3	50,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FOUNDATION INC1301 SPRINGDALE ROAD SUITE 200 CHERRY HILL,NJ 08003	20-1260545	501(C)3	50,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
PROJECT KESHER2144 ASHLAND AVENUE SUITE 3 EVANSTON,IL 60201	36-3673594	501(C)3	35,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF BAR-ILAN UNIVERSITY160 EAST 56TH ST 5TH FLOOR NEW YORK, NY 10022	1 17-6107775	501(C)3	30,200		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
CAMP COLEMAN1580 SPALDING DR ATLANTA,GA 30350	13-1663143	501(C)3	30,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ISRAEL PROJECT2020 K STREET SUITE 7600 WASHINGTON,DC 20006	37-1472882	501(C)3	26,800		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AMERICAN COMMITTEE FOR THE WEIZMANN INSTITUTE OF SCIENCE INC633 3RD AVENUE 20TH FLOOR NEW YORK, NY 10017	13-1623886	501(C)3	25,400		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST INC 2300 NORTH FLORIDA MANGO ROAD WEST PALM BEACH, FL 33409	59-1391115	501(C)3	24,870		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE HEBREW UNIVERSITY INC1 BATTERY PARK PLAZA 25TH FLOOR NEW YORK, NY 10004	13-1568923	501(C)3	19,300		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF PALM BEACH COUNTY800 NORTHPOINT PARKWAY SUITE 204 WEST PALM BEACH,FL 33407	23-7060561	501(C)3	17,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
PALM BEACH OPERA INC 415 SOUTH OLIVE AVENUE WEST PALM BEACH,FL 33401	59-1060864	501(C)3	17,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH WORLD SERVICE INC45 WEST 36TH STREET 11TH FLOOR NEW YORK, NY 10018	22-2584370	501(C)3	16,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
RAILS-TO-TRAILS CONSERVANCY2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006	501(C)3	16,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDMUND BURKE SCHOOL 4101 CONNECTICUT AVE NW WASHINGTON, DC 20008	52-0883668	501(C)3	15,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
DOCTORS WITHOUT BORDERS USA INC333 SEVENTH AVE 2ND FLOOR NEW YORK, NY 10001	13-3433452	501(C)3	15,400		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC2200 NW CORPORATE BOULEVARD SUITE 200 BOCA RATON,FL 33431	13-1656651	501(C)3	15,200		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
INTERNATIONAL PLANNED PARENTHOOD FEDERATION120 WALL ST 9TH FLOOR NEW YORK, NY 10005	13-1845455	501(C)3	15,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON INSTITUTE FOR NEAR EAST POLICY 1828 L STREET NW SUITE 1050 WASHINGTON, DC 20036	52-1376034	501(C)3	15,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
ST ANDREWS SCHOOL OF BOCA RATON INC3900 JOG RD BOCA RATON,FL 33434	59-0942383	501(C)3	15,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTON GALLERY & SCHOOL OF ART INC1451 SOUTH OLIVE AVENUE WEST PALM BEACH,FL 33401	59-0624432	501(C)3	14,740		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
UNITED JEWISH APPEAL - FEDERATION OF JEWISH PHILANTHROPIES OF NEW YORK6900 JERICHO TURNPIKE SUITE 302 SYOSSET,NY 11791	51-0172429	501(C)3	14,700		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT GIRLS INC 178 SATINWOOD LANE PALM BEACH GARDENS,FL 33410	26-3898083	501(C)3	13,500		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
UNITED WAY OF PALM BEACH COUNTY INC2600 QUANTUM BOULEVARD BOYNTON BEACH,FL 33426	59-0683258	501(C)3	13,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH COMMITTEEP O BOX 705 NEW YORK, NY 10150	13-5563393	501(C)3	13,400		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
THE SOCIETY OF THE FOUR ARTS INC2 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318	501(C)3	12,400		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LORD'S PLACE INCPO BOX 3265 WEST PALM BEACH,FL 33402	59-2240502	501(C)3	12,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
YOUNG MENS CHRISTIAN ASSOCIATION OF THE PALM BEACHES INC 2085 SOUTH CONRESS AVENUE WEST PALM BEACH, FL 33406	59-0624470	501(C)3	11,500		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE ISRAEL1901 NORTH FLAGLER DRIVE WEST PALM BEACH,FL 33407	59-0696295	501(C)3	10,893		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
TEMPLE JUDEA OF PALM BEACH COUNTY INC4311 HOOD ROAD PALM BEACH GARDENS,FL 33410	59-2100649	501(C)3	10,348		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAITIAN HEALTH FOUNDATION INC97 SHERMAN STREET NORWICH,CT 06360	06-1135999	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
NORTH SHORE UNIVERSITY HOSPITAL 300 COMMUNITY DRIVE MANHASSET,NY 11030	11-1562701	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEMPLE BETH EL OF GREAT NECK5 OLD MILL ROAD GREAT NECK,NY 11023	11-1771935	501(C)3	10,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
THE COMMUNITY SYNAGOGUE-TEMPLE BETH AM160 MIDDLE NECK ROAD PORT WASHINGTON,NY 11050	11-1992681	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHABAD JEWISH CENTER OF JUPITER128 GLENCULLEN CIR JUPITER,FL 33458	20-0186163	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
PARTNERSHIP FOR A JEWISH CENTER3622 LYCKAN PARKWAY - STE 6002 DURHAM,NC 27707	26-1443727	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEROKEE CREEK BOYS SCHOOL198 COOPER ROAD WESTMINSTER,SC 29696	27-1766853	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
THE ASSOCIATION OF ISRAEL'S DECORATIVE ARTS110 EAST 59TH STREET - 26TH FL NEW YORK, NY 10022	30-0255276	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENNEDY KREIGER INSTITUTE707 NORTH BROADWAY BALTIMORE,MD 21205	52-1328369	501(C)3	10,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH FAMILY & CAREER SERVICES INC4549 CHAMBLEE DUNWOODY RD ATLANTA,GA 30338	58-1479212	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HOSPITAL262 DANNY THOMAS PLACE MEMPHIS,TN 38105	62-0646012	501(C)3	10,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
GRAMEEN FOUNDATION USA50 F STREET NW 8TH FLOOR WASHINGTON, DC 20001	73-1502797	501(C)3	10,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTSIDE COLLEGE PREPARATORY SCHOOL INC1041 MYRTLE STREET EAST PALO ALTO,CA 94303	94-3187806	501(C)3	10,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
ABILITIES201 IU WILLETS ROAD ALBERTSON,NY 11507	11-3047270	501(C)3	9,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM1 FORD PLACE 5A DETROIT,MI 48202	38-1357020	501(C)3	8,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
ASSOCIATED JEWISH COMMUNITY FEDERATON OF BALTIMORE INC101 WEST MOUNT ROYAL AVENUE BALTIMORE, MD 21201	52-0607957	501(C)3	8,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CHEST OF PORT WASHINGTON INC PO BOX 648 PORT WASHINGTON, NY 11050	11-1614994	501(C)3	7,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
RAILS-TO-TRAILS CONSERVANCY2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006	501(C)3	7,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP RAMAH DAROM6400 POWERS FERRY RD NW ATLANTA,GA 30339	58-2146741	501(C)3	6,600		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AHRC NEW YORK CITY FOUNDATION INC83 MAIDEN LANE NEW YORK, NY 10038	13-3779611	501(C)3	6,500		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUPITER MEDICAL CENTER FOUNDATION INC1210 SOUTH OLD DIXIE HIGHWAY JUPITER,FL 33458	65-0132406	501(C)3	6,500		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)3	6,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER OF AKRON750 WHITE POND DRIVE AKRON,OH 44320	34-0174521	501(C)3	6,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH FEDERATION OF GREATER ATLANTA1440 SPRING ST ATLANTA,GA 30309	58-1021791	501(C)3	6,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENBURGH HEBREW CENTER515 BROADWAY DOBBS FERRY,NY 10522	13-1841136	501(C)3	5,861		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AMERICAN FRIENDS OF THE ISRAEL PHILHARMONIC ORCHESTRA INC122 EAST 42ND STREET SUITE 4507 NEW YORK, NY 10168	23-7183563	501(C)3	5,800		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALM BEACH SYMPHONY ASSOCIATION44 COCOANUT ROW SUITE M207B PALM BEACH,FL 33480	59-1542539	501(C)3	5,700		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
MARCH OF DIMESP O BOX 8972 TOPEKA,KS 66608	13-1846366	501(C)3	5,600		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGREGATION KOL AMI 8201 HIGH SCHOOL ROAD ELKINS PARK,PA 19027	23-2771426	501(C)3	5,400		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 1309 NORTH FLAGLER DRIVE 5TH FLOOR WEST PALM BEACH,FL 33401	75-2462834	501(C)3	5,400		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEST BUDDIES INTERNATIONAL INC100 SE SECOND STREET SUITE 2200 MIAMI,FL 33131	52-1614576	501(C)3	5,330		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
AMERICAN RED CROSS825 FERN STREET WEST PALM BEACH,FL 33401	53-0196605	501(C)3	5,300		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF MAGEN DAVID ADOM5700 LAKE WORTH ROAD SUITE 107 LAKE WORTH,FL 33463	13-1790719	501(C)3	5,200		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
SOUTH COUNTY FOUNDATION FOR MENTAL HEALTH16158 SOUTH MILITARY TRAIL DELRAY BEACH,FL 33484	59-2150950	501(C)3	5,185		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF SOUTH PALM BEACH COUNTY9901 DONNA KLEIN BOULEVARD BOCA RATON,FL 33428	59-1945109	501(C)3	5,100		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
ENVIRONMENT NORTHEASTP O BOX 583 ROCKPORT, ME 04856	01-0518193	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOLARSHIP AMERICA INC1550 AMERICAN BOULEVARD E SUITE 155 155 MINNEAPOLIS,MN 55425	04-2296967	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
YOUNG ADULT INSTITUTE INC460 WEST 34TH STREET NEW YORK, NY 10001	11-2030172	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ART GUILD OF PORT WASHINGTON 200 PORT WASHINGTON BLVD MANHASSET, NY 11030	11-3532550	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
THE AMERICAN FRIENDS OF BEIT ISSIE SHAPIRO INC18900 NE 25TH AVENUE SUITE 211 N MIAMI BEACH,FL 33180	13-3434781	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIKVA CHILDREN'S HOME 40 WEST 23RD STREET 3RD FLOOR NEW YORK, NY 10010	22-3779212	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
NATIONAL LIBERTY MUSEUM321 CHESTNUT STREET PHILADELPHIA,PA 19106	23-2788633	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF NORTHEASTERN PENNSYLVANIA601 JEFFERSON AVENUE SCRANTON,PA 18510	24-0809371	501(C)3	5,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
BOKAMOSO YOUTH FOUNDATION3927 MILITARY ROAD WASHINGTON,DC 20015	26-3437346	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
J P HAITIAN RELIEF- ORGANIZATION KAUFMAN BERNSTEIN WERTENBRUCH 1801 W OLYMPIC BOULEVARD PASADENA,CA 91199		501(C)3	5,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
PALM BEACH CENTENNIAL COMMISSION INCP O BOX 3187 PALM BEACH,FL 33480	27-4575577	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEXNER HERITAGE VILLAGE1151 COLLEGE AVENUE COLUMBUS,OH 43209	31-4417962	501(C)3	5,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
CHESAPEAKE BAY TRUST 60 WEST ST SUITE 405 ANNAPOLIS,MD 21401	52-1454182	501(C)3	5,000		BO O K VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIEDMONT HOSPITAL INCORPORATED1968 PEACHTREE RD NW ATLANTA,GA 30309	58-0566213	501(C)3	5,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
CHRISTIANS REACHING OUT TO SOCIETY301 1ST AVENUE SOUTH LAKE WORTH, FL 33460	59-1802917	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVE KIDS THE WORLD INC210 SOUTH BASS ROAD KISSIMMEE,FL 34746	59-2654440	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
JEWISH FEDERATION OF NASHVILLE AND MIDDLE TENNESSEE801 PERCY WARNER BLVD STE 102 NASHVILLE,TN 37205	62-6077703	501(C)3	5,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA GULF COAST UNIVERSITY10501 FGCU BOULEVARD SOUTH FORT MYERS,FL 33965	65-0403969	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
OLIVERS HOUSE INCORPORATED104 SHANNONDALE RD WEST PALM BCH,FL 33406	65-1124991	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS AREA HABITAT FOR HUMANITY PO BOX 15052 NEW ORLEANS, LA 70175	72-0973161	501(C)3	5,000		BOOKVALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
PORT WASHINGTON EDUCATION FOUNDATION PO BOX 909 PRT WASHINGTN,NY 11050	74-3027311	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REBUILDING TOGETHER PENINSULAPO BOX 4031 MENLO PARK, CA 94026	94-3106209	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION
LOS ANGELES LEADERSHIP ACADEMY 2670 GRIFFIN AVENUE LOS ANGELES,CA 90031	95-4862553	501(C)3	5,000		BOOK VALUE		GENERAL SUPPORT TO CARRYOUT THE MISSION OF THE ORGANIZATION

(a) Name and address of	<b>(b)</b> EIN	(c) IRC Code section	(d) A mount of cash	(e) A mount of non-	(f) Method of	(g) Description of	(h) Purpose of grant
organization	(5) 2111	ıf applicable	grant	cash	valuation	non-cash assistance	or assistance
or government			-	assistance	(book, FMV, appraisal,		
					other)		
GREATER MIAMI JEWISH							GENERAL SUPPORT
FEDERATION INC4200	59-0624404	501(C) 3			BOOK VALUE		TO CARRYOUT THE
BISCAYNE BLVD MIAMI,FL 33137		, ,	14,664				MISSION OF THE ORGANIZATION
OHR TORAH SONE							GENERAL SUPPORT
INSTITUTIONS OF ISRAEL	40 0075504	504(0) 0			B00/////		TO CARRYOUT THE
49 WEST 45TH STREET	13-3275531	501(C)3	155,000		BOOK VALUE		MISSION OF THE
NEW YORK, NY 10036		1					ORGANIZATION

DLN: 93493135012282

OMB No 1545-0047

Open to Public Inspection

### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization

**Employer identification number** JEWISH FEDERATION OF PALM BEACH COUNTY INC 59-0948696

Pa	tel Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel			
	▼ Travel for companions			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  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 orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to 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 in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	.SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) JEFFREY KLEIN	(I) (II)	357,314 0	0	14,858	79,600 0		473,064 0	0
(2) DEBBI ROSHFELD	(I) (II)	184,044 0	0	, 0	16,250 0	9,340 0	209,634 0	C
(3) JOEL BREITSTEIN	(I) (II)	175,495 0	0	0	14,917 0			C
(4) CAROLE-ANN LEVINE	(I) (II)	167,437 0	0	0	14,250 0			C (
(5) SETH KATZEN	(I) (II)	112,075	0	0	7,701 0	6,112 0	125,888	C
(6)		,	1	'				
(7)	$\top$	<b>†</b>		<u> </u>				
(8)	†	†						
(9)	+	+		<u> </u>				
( 10 )	+	+ + + + + + + + + + + + + + + + + + + +		<u> </u>				
(11)	+	<del>                                     </del>						
( 12 )	+	+						
( 13 )	+	<del>                                     </del>						
( 14 )	+	+						
( 15 )	+	<del>                                     </del>						
( 16 )	+	<del>                                     </del>						

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
		FIRST-CLASS OR CHARTER TRAVEL- BENEFIT WAS RECEIVED BY JEFFREY L KLEIN, CEO ON OVERSEAS TRAVEL, AN ECONOMY UPGRADABLE
		TICKET IS PURCHASED, AND POINTS EARNED BY THE JEWISH FEDERATION'S AMERICAN EXPRESS CREDIT CARD ARE USED TO UPGRADE THE TICKET TO BUSINESS CLASS WHEN AVAILABLE TRAVEL FOR COMPANION- BENEFIT WAS RECEIVED BY JEFFREY KLEIN, CEO PER A 3 YEAR
		EMPLOYMENT CONTRACT APPROVED BY THE COMPENSATION COMMITTEE FOR SPOUSAL TRAVEL NOT TO EXCEED \$6,000 PER FISCAL YEAR CYCLE OF JULY-JUNE  THE RELATED AMOUNT OF \$2,548 47 WAS REPORTED ON HIS 2010 W-2 AS TAXABLE COMPENSATION ON A CALENDAR YEAR BASIS

Schedule J (Form 990) 2010

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As Filed Data -

DLN: 93493135012282

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Transactions with Interested Persons**

► 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 lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

<u> 2010</u>

Open to Public Inspection

	Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY INC						Employer identification number				
					( ) ( )		9-09486				
Transcript Excess Benefit Transcript Complete if the organization									ine 40h		
Complete if the organizati	JOII alls	wereu	Tes on Form 990,	raiciv, ille 25a c	01 230,	OI FOIIII	990-LZ,	rait v,i	1116 400	(c)	
<b>1</b> (a) Name of disqu	ualified	person		(b) Description of t			transaction			Corrected?	
				(2) 5050	pco	01 (1411)	4001011		Yes		
2 Enter the amount of tax impose		_	_	· · · · · · · · · · · · · · · · · · ·			•	r • ¢			
section 4958								- >			
<b>3</b> Enter the amount of tax, if any,	. on line	e Z, abo	ve, reimbursed by t	ne organization .				- » <u> </u>			
art III Loans to and/or F	rom	Intere	sted Persons.								
Complete if the organiz				0, Part IV, line 26	, or Fori	n 990-l	EZ, Part \	/, line 38	a		
	(b) L	oan to				-	(f)				
) Name of interested person and	or fro	m the	(c)O riginal	(d)Ralanco duo	( <b>e)</b> :			Approved by board or		(g)Written	
purpose	organı	zation?	principal amount	(d)Balance due	delault		committee?		lagreeme		
									agreeme		
	То	From			Yes	No			agreeme Yes		
	То	From			Yes	No	commit	tee?	ļ -	ent?	
	То	From			Yes	No	commit	tee?	ļ -	ent?	
	То	From			Yes	No	commit	tee?	ļ -	ent?	
	То	From			Yes	No	commit	tee?	ļ -	ent?	
	То	From			Yes	No	commit	tee?	ļ -	ent?	
	То	From			Yes	No	commit	tee?	ļ -	ent?	
			<u> </u>		Yes	No	commit	tee?	ļ -	ent?	
rt IIII Grants or Assistan			ing Interested				commit	tee?	ļ -	ent?	
		 enefitt	i <b>ng Interested</b> vered "Yes" on Fo	orm 990, Part IV	, line 2		commit	tee?	ļ -	ent?	
rt III Grants or Assistan Complete if the orga	 nce Be	 enefitt	ing Interested vered "Yes" on Fo b)Relationship betw	orm 990, Part IV een interested per	, line 2	27.	Yes	No No	ļ -	No No	
rt III Grants or Assistan	 nce Be	 enefitt	ing Interested vered "Yes" on Fo b)Relationship betw	orm 990, Part IV	, line 2	27.	Yes	No No	Yes	No No	
Complete if the orga	 nce Be	 enefitt	ing Interested vered "Yes" on Fo b)Relationship betw	orm 990, Part IV een interested per	, line 2	27.	Yes	No No	Yes	No No	
rt III Grants or Assistan Complete if the orga	 nce Be	 enefitt	ing Interested vered "Yes" on Fo b)Relationship betw	orm 990, Part IV een interested per	, line 2	27.	Yes	No No	Yes	No No	
rt III Grants or Assistan Complete if the orga	 nce Be	 enefitt	ing Interested vered "Yes" on Fo b)Relationship betw	orm 990, Part IV een interested per	, line 2	27.	Yes	No No	Yes	No No	

Part IV Business Transactions Involving Interested Persons.

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

Complete if the organization	ni alisweled les oli	TOTTI 990, Part IV, III	ie zoa, zob, oi zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
(1) RONALD PERTNOY	JEWISH COMMUNITY CAMPUS CORP PRESIDENT	12,735	BUILDING REPAIRS		No
(2) RABBI HOWARD SHAPIRO	BOARD MEMBER AT LARGE	11,625	CONSULTING SYNAGOGUE INSTITUTE		No
(3) GARY WALK	BOARD MEMBER AT LARGE	42,154	LEGAL SERVICE		No

### **Supplemental Information** Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493135012282

OMB No 1545-0047

Inspection

Open to Public

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization JEWISH FEDERATION OF PALM BEACH COUNTY INC

**Employer identification number** 

		-			59-0948696			
Pa	rt 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	(d) Method of determining of amounts		contribut	ion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
9000								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded Securities—Closely held stock	X	95	1,460,188	FMV OF SHARES R	ECEIV	<u>′ED</u>	
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .	Х	1	615,000	APPRAISED VALUE			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts .							
25	O ther ► ()							
26	O ther ▶()							
	O ther ▶()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received b for which the organization complete				29			
30~	During the year, did the organization	on recour	e by contribution any propo	rty reported in Part I lines	1-28 that it		Yes	No
Jua	must hold for at least three years f							
	·			on, and winch is not require	a to be used			No
	for exempt purposes for the entire					30a	$\vdash \vdash$	No
	If "Yes," describe the arrangement	t in Part I	1					
31	Does the organization have a gift a					31	Yes	
32a	Does the organization hire or use t contributions?	nıra partı	es or related organizations	to solicit, process, or sell	non-cash	32a		No
ь	If "Yes," describe in Part II							
33	If the organization did not report re	evenuesı	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II		, , , ,		•			

Page 2

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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As Filed Data -

DLN: 93493135012282

Supplemental Information to Form 990 or 990-EZ

2010

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization
JEWISH FEDERATION OF PALM BEACH COUNTY INC

**Employer identification number** 

59-0948696

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		MARK F LEVY, BOARD MEMBER (NEPHEW TO ROBERT LEVY, BOARD MEMBER) MARK F LEVY, BOARD MEMBER (HUSBAND TO STACEY LEVY, BOARD MEMBER) MARK F LEVY, BOARD MEMBER (COUSIN TO SHERRY SISKIN, EMPLOYEE) ARTHUR S LORING, BOARD MEMBER (HUSBAND TO VICKI LORING, BOARD MEMBER) ARLENE KAUFMAN, BOARD MEMBER (WIFE TO SANFORD M BAKLOR, BOARD MEMBER) BARBARA G KAY, BOARD MEMBER (WIFE TO JACK KAY, BOARD MEMBER) BARBARA G KAY, BOARD MEMBER (WIFE TO JACK KAY, BOARD MEMBER) BARBARA G KAY, BOARD MEMBER (MOTHER OF SUSAN SHULLWAN, BOARD MEMBER) JACK KAY, BOARD MEMBER (STEP FATHER OF SUSAN SHULLWAN, BOARD MEMBER) TAMI BALDINGER, BOARD MEMBER (WIFE OF JIM BALDINGER, BOARD MEMBER) TAMI BALDINGER, BOARD MEMBER) TAMI BALDINGER, BOARD MEMBER (STEP-DAUGHTER TO STANLEY B BRENNER, BOARD MEMBER) LAWRENCE BEYER, BOARD MEMBER (FATHER TO ANTHONY BEYER, BOARD MEMBER, AND BROTHER-IN-LAW TO PENNI WEINBERG, BOARD MEMBER) PENNI WEINBERG, BOARD MEMBER (NIECE TO MORTON MANDEL, BOARD MEMBER) STANLEY B BRENNER, STEP-FATHER OF TAMI BALDINGER AND GARY LESSER ALEC ENGELSTEIN, BOARD MEMBER (HUSBAND TO SHELLA ENGELSTEIN, BOARD MEMBER) STUART KARU, BOARD MEMBER (HUSBAND TO TAMMY KARU, EMPLOYEE) ALAN SHULMAN, BOARD MEMBER (HUSBAND TO ELIZABETH SHULMAN, BOARD MEMBER) ELIZABETH SHULMAN, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN, BOARD MEMBER) ELIZABETH SHULMAN, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN AND BARBARA KAY/STEP-DAUGHTER OF ELIZABETH SHULMAN, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN AND BARBARA KAY/STEP-DAUGHTER OF ELIZABETH SHULMAN, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN AND BARBARA KAY/STEP-DAUGHTER OF ELIZABETH SHULMAN AND BARBARA KAY/STEP-DAUGHTER OF ELIZABETH SHULMAN AND BARBARA KAY/STEP-SON OF STANLEY BRENNER, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN AND BARBARA KAY/STEP-SON OF STANLEY BRENNER, BOARD MEMBER (DAUGHTER OF ALAN SHULMAN AND BARBARA KAY/STEP-SON OF STANLEY BRENNER, BOARD MEMBER, HAS A CONTRACTUAL RELATIONSHIP WITH RONALD PERTNOY, BOARD MEMBER STACEY LEVY, BOARD MEMBER, HAS A CONTRACTUAL RELATIONSHIP WITH RONALD PERTNOY, BOARD MEMBER STACEY LEVY, BOARD

ldentifier	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

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE COMPLETED FORM 990 IS PRESENTED BY THE AUDITOR TO THE 4 MEMBER AUDIT COMMITTEE FOR THEIR REVIEW THERE IS A SECURE PORTAL ON THE FEDERATION WEBSITE AVAILABLE ONLY TO THE 103 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

Identifier	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

Identifier	Return Reference	Explanation
F	FORM 990, PART VI, SECTION B, LINE 15	CEO THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FOR CEO COMPENSATION COMPILED BY AN INDEPENDENT NATIONAL HR CONSULTING FIRM, INCLUDING DATA FROM THE OTHER LARGE CITY JEWISH FEDERATIONS AND EXTERNAL MARKET DATA FROM BOTH NOT-FOR-PROFIT AND FOR-PROFIT ORGANIZATIONS THE COMPENSATION COMMITTEE DOCUMENTS ITS DECISIONS IN A LETTER SIGNED BY THE FEDERATION PRESIDENT AS CHAIR OF THE COMPENSATION COMMITTEE. THE CEO IS PROVIDED WITH AN EMPLOY MENT CONTRACT, AND THE TERMS ARE REPORTED TO THE FEDERATION EXECUTIVE COMMITTEE IN EXECUTIVE SESSION FOR OTHER SENIOR MANAGEMENT COMPENSATION DECISIONS, THE COMPENSATION COMMITTEE IS PROVIDED WITH COMPARABILITY DATA FROM OTHER JEWISH FEDERATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 7,153,528

Identifier	Return Reference	Explanation
		FORM 990, PART XII, FINANCIAL STATEMENTS AND REPORTING THERE HAVE BEEN NO CHANGES TO THE STRUCTURE TO SELECT THE INDEPENDENT ACCOUNTANTS FROM THE PRIOR YEAR

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

DLN: 93493135012282

2010

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2010

**Employer identification number** 

## **SCHEDULE R** (Form 990)

Name of the organization

JEWISH FEDERATION OF PALM BEACH COUNTY INC

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

					59-0948696			
Part I Identification of Disregarded Entities (C	omplete	ıf the organization	answered "Yes" o	on Form 990, Part	IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur			the organization a	answered "Yes" o	າ Form 990, Part	IV, line 34 because	ıt had	one
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	<b>(f)</b> Direct controlling entity	cont	rolled
					(d) Total income  (e) End-of-year assets  Direct controlling entity  vered "Yes" on Form 990, Part IV, line 34 because it had o  (g) End-of-year assets  (h) Direct controlling entity  (g) Section 512 Control Organize  Yes  JEWISH FEDERATION OF	No		
(1) PALM BEACH JEWISH COMMUNITY CAMPUS CORP  4601 COMMUNITY DRIVE  WEST PALM BEACH, FL 33417 65-0006250	PURPOSE	OPERTY FOR THE OF PROVIDING NAL,CULTURAL MING	FL	501(C)(3)	7	ssets Direct controlling entity  Direct controlling entity  O, Part IV, line 34 because is status Direct controlling entity  JEWISH FEDERATION OF	Yes	

Cat No 50135Y

Part III Identifi because	ication of Relat it had one or mo	ed Organie	anizations Taxa ted organizations t	<b>ble as a Partner</b> reated as a partne	<b>ship</b> (Co ership du	mplete if ring the t	the org ax year	ganızatıon ( r.)	answe	ered "\	es" on Fo	rm 990,	Part	IV, lır	ne 34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	Share of t	<b>(f)</b> total income		(g) f end-of-year assets	( <b>h</b> Disprop alloca	ortionate	(i) Code V- amount in b Schedule (Form 10	ox 20 of K-1	0 of managing partner?		General or		<b>(k)</b> Percentage ownership
									Yes	No			Yes	No			
Part IV Identifi	i <b>cation of Relat</b> because it had on	ed Orga e or mo	anizations Taxa ore related organiz	ble as a Corpora ations treated as a	tion or a corpora	Trust (Co	I omplete ust dur	e if the org ing the tax	anıza year	tion ar .)	nswered "\	es" on	<u>I</u> Form	990,	Part IV,		
Name, address, an	<b>(a)</b> d EIN of related organız	ration	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		<b>(d</b> Direct cor enti	ntrolling	(e) Type of el (C corp, S or trust	corp,	Share o	<b>(f)</b> f total income	Sha end-o	<b>j)</b> re of f-year sets		<b>(h)</b> Percentage ownership		

(6)

Pa	rt V	<b>Transactions With Related Organizations</b> (Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35, 3	5A, or 36.)		
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
<b>1</b> D	urıng tl	e tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Parts	s II-IV?			
а	Recei	ot of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gıft, ç	rant, or capital contribution to other organization(s)			1b	Yes	
c	Gıft, ç	rant, or capital contribution from other organization(s)			1c		No
d	Loans	or loan guarantees to or for other organization(s)			1d	Yes	
е	Loans	or loan guarantees by other organization(s)			1e	Yes	
f	Sale	fassets to other organization(s)			1f		No
g	Purch	ase of assets from other organization(s)			<b>1</b> g		No
h	Excha	nge of assets			1h		No
i	Lease	of facilities, equipment, or other assets to other organization(s)			1i		No
j	Lease	of facilities, equipment, or other assets from other organization(s)			1j	Yes	
k		mance of services or membership or fundraising solicitations for other organization(s)			1k		No
ı		nance of services or membership or fundraising solicitations by other organization(s)			11		No
m Sharing of facilities, equipment, mailing lists, or other assets							
		g of paid employees			1n	Yes	
o	Reiml	ursement paid to other organization for expenses			10		No
р	Reiml	ursement paid by other organization for expenses			1p		No
q	Other	transfer of cash or property to other organization(s)			<b>1</b> q		No
r	Other	transfer of cash or property from other organization(s)			1r		No
	Ifthe	answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	ncluding covered relati	onships and transact	ion thresholds		
			(b)		(d)		
		(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determing involved		ount
(1)			-77-(7)				
See Ac	lditional	Data Table					
(2)							
(3)							
(4)							
(5)							
			1	I	1		

### 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	(state or foreign partners country) section 501(c)(3) organizations?		(e) Share of end-of-year assets  (f) Disproprtionate allocations?			(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?		
			Yes	No		Yes	No		Yes	No
			+						+	-
			-				$\vdash$		+	╁
			1						+	-
										+
										┢
			+							
			<u> </u>							

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010

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 other organization	<b>(b)</b> Transaction type(a-r)	(c) A mount Involved (\$)	(d) Method of determining amount involved
(1)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	В	1,938,265	CASH
(2)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	D	18,500,000	MARKET VALUE
(3)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	D	9,357,372	MARKET VALUE
(4)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	D	4,046,695	CASH
(5)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	Е	2,826,596	CASH
(6)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	J	2,215,967	MARKET VALUE
(7)	PALM BEACH JEWISH COMMUNITY CAMPUS CORP	N	0	CASH

# Software ID: Software Version:

**EIN:** 59-0948696

Name: JEWISH FEDERATION OF PALM BEACH COUNTY INC

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	Posi t	tion ( hat a	che	)			( <b>D)</b> Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
MR NORMAN GOLDBLUM MEMBER AT LARGE	2 00	Х						0	0	0	
MRS HELEN HOFFMAN MEMBER AT LARGE	2 00	Х						0	0	0	
MRS BARBARA KAY MEMBER AT LARGE	2 00	Х						0	0	0	
JUDITH LEVY MEMBER AT LARGE	2 00	Х						0	0	0	
CRAIG STORCH MEMBER AT LARGE	2 00	Х						0	0	0	
ARTHUR LORING IMMEDIATE PAST PRESIDENT	2 00	Х						0	0	0	
ARLENE KAUFMAN PAST PRESIDENT	2 00	Х						0	0	0	
SANFORD BAKLOR PLANNED GIVING & ENDOWMENT CHAIR	2 00	Х						0	0	0	
HAROLD SIMON COMMUNITY PLANNING & ALLOCATIONS CHAIR	2 00	Х						0	0	0	
RON PERTNOY JEWISH COMMUNITY CAMPUS CORPORATION PRESIDENT	2 00	Х						0	0	0	
MRS PATTI ABRAMSON MEMBER AT LARGE	2 00	Х						0	0	0	
GIGI ARON MEMBER AT LARGE	2 00	Х						0	0	0	
HARRIETTE BAIME MEMBER AT LARGE	2 00	Х						0	0	0	
JIM BALDINGER MEMBER AT LARGE	2 00	Х						0	0	0	
BETH BATES MEMBER AT LARGE	2 00	Х						0	0	0	
ROGER BENJAMIN MEMBER AT LARGE	2 00	Х						0	0	0	
MALKA BEREN MEMBER AT LARGE	2 00	Х						0	0	0	
EILEEN BERMAN MEMBER AT LARGE	2 00	Х						0	0	0	
ANTHONY BEYER MEMBER AT LARGE	2 00	Х						0	0	0	
LAWRENCE BEYER MEMBER AT LARGE	2 00	Х						0	0	0	
HELEN BIX MEMBER AT LARGE	2 00	Х						0	0	0	
ERWIN BLONDER MEMBER AT LARGE	2 00	Х						0	0	0	
SANDRA BORNSTEIN MEMBER AT LARGE	2 00	Х						0	0	0	
STANLEY BRENNER MEMBER AT LARGE	2 00	Х						0	0	0	
DAVID BRODSKY MEMBER AT LARGE	2 00	Х						0	0	0	

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	tion ( that a	che	′)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation		
	week	individual trustes or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
		ustee	Trustee		) <del>6</del> 6	ensated	Ì					
MARTIN CASS MEMBER AT LARGE	2 00	×						0	0	0		
RICHARD COMITER MEMBER AT LARGE	2 00	Х						0	0	0		
SHERYL DAVIDOFF MEMBER AT LARGE	2 00	×						0	0	0		
ROSALEE DAVISON MEMBER AT LARGE	2 00	Х						0	0	0		
GEORGIANA DUBER MEMBER AT LARGE	2 00	Х						0	0	0		
STEVE ELLISON MEMBER AT LARGE	2 00	Х						0	О	0		
ALEC ENGELSTEIN MEMBER AT LARGE	2 00	Х						0	0	0		
SHEILA ENGELSTEIN MEMBER AT LARGE	2 00	Х						0	0	0		
JILL FENSTER MEMBER AT LARGE	2 00	Х						0	0	0		
LIBBY FISHMAN MEMBER AT LARGE	2 00	Х						0	0	0		
RABBI ANTHONY FRATELLO MEMBER AT LARGE	2 00	Х						0	0	0		
CYNTHIA FRIEDMAN MEMBER AT LARGE	2 00	Х						0	0	0		
MITCHELL FROMSTEIN MEMBER AT LARGE	2 00	Х						0	0	0		
BETTE GILBERT MEMBER AT LARGE	2 00	Х						0	0	0		
JONATHAN GILBERT MEMBER AT LARGE	2 00	Х						0	0	0		
RAE GINSBURG MEMBER AT LARGE	2 00	Х						0	0	0		
RAY GOLDEN MEMBER AT LARGE	2 00	Х						0	0	0		
BENJAMIN GORDON MEMBER AT LARGE	2 00	Х						0	0	0		
PAUL GROSS MEMBER AT LARGE	2 00	Х						0	0	0		
JOEL HART MEMBER AT LARGE	2 00	Х						0	0	0		
SUZANNE HOLMES MEMBER AT LARGE	2 00	Х						0	0	0		
GARY HUBSCHMAN MEMBER AT LARGE	2 00	Х						0	0	0		
STANLEY JACOBSON MEMBER AT LARGE	2 00	Х						0	0	0		
STUART KARU MEMBER AT LARGE	2 00	Х						0	0	0		
STANLEY KATZ MEMBER AT LARGE	2 00	×						0	0	0		

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per	Posi t	tion ( that a	che	′)			(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation
	week	individual trustes or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			from the organization and related organizations
		ustee	frustee		900	ensated				
JACK KAY MEMBER AT LARGE	2 00	×						0	0	0
PAUL KOZLOFF MEMBER AT LARGE	2 00	×						0	0	0
NINI KREVER MEMBER AT LARGE	2 00	×						0	0	0
GARY KRIEGER MEMBER AT LARGE	2 00	Х						0	0	0
CECELIA KRISER MEMBER AT LARGE	2 00	Х						0	0	0
ARNOLD LAMPERT MEMBER AT LARGE	2 00	х						0	0	0
JENNIFER LESSER MEMBER AT LARGE	2 00	Х						0	0	0
ROBERT LEVY MEMBER AT LARGE	2 00	Х						0	0	0
STACEY LEVY MEMBER AT LARGE	2 00	Х						0	0	0
LISA LICKSTEIN MEMBER AT LARGE	2 00	Х						0	0	0
VIVIAN LIEBERMAN MEMBER AT LARGE	2 00	Х						0	0	0
SAM LIEBOVICH MEMBER AT LARGE	2 00	Х						0	0	0
NORMAN LIPSETT MEMBER AT LARGE	2 00	Х						0	0	0
VICKI LORING MEMBER AT LARGE	2 00	Х						0	0	0
MORTON MANDEL MEMBER AT LARGE	2 00	Х						0	0	0
ALAN MILLER MEMBER AT LARGE	2 00	Х						0	0	0
JEFFREY MOOALLEM MEMBER AT LARGE	2 00	Х						0	0	0
BONNIE OSHER MEMBER AT LARGE	2 00	Х						0	0	0
MONROE POTASH MEMBER AT LARGE	2 00	Х						0	0	0
EDWIN ROBBINS MEMBER AT LARGE	2 00	Х						0	0	0
DEAN ROSENBACH MEMBER AT LARGE	2 00	Х						0	0	0
RONALD SCHRAM MEMBER AT LARGE	2 00	Х						0	0	0
NORMA SCHULMAN-WALTZER MEMBER AT LARGE	2 00	Х						0	0	0
BRIAN SEYMOUR MEMBER AT LARGE	2 00	Х						0	0	0
ADELE SHAMBAN MEMBER AT LARGE	2 00	Х						0	0	0

Compensated Employees, and I	Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours		tion ( that a			ll .		(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
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			compensation from the organization and related organizations
RABBI HOWARD SHAPIRO MEMBER AT LARGE	2 0 0	х						0	0	0
IRWIN SHIPPER MEMBER AT LARGE	2 00	Х						0	0	0
ALAN SHULMAN MEMBER AT LARGE	2 00	Х						0	0	0
ELIZABETH SHULMAN MEMBER AT LARGE	2 00	Х						0	0	0
SUSAN SHULMAN MEMBER AT LARGE	2 00	Х						0	0	0
LAURIE SILVERS MEMBER AT LARGE	2 00	Х						0	0	0
ADELE SIMON MEMBER AT LARGE	2 00	Х						0	0	0
RABBI MICHAEL SINGER MEMBER AT LARGE	2 00	Х						0	0	0
CAROLE SOLOMON MEMBER AT LARGE	2 00	Х						0	0	0
TERRI SRIBERG MEMBER AT LARGE	2 00	Х						0	0	0
CHAD TENDRICH MEMBER AT LARGE	2 00	Х						0	0	0
KEN TILLMAN MEMBER AT LARGE	2 00	Х						0	0	0
GARY WALK MEMBER AT LARGE	2 00	Х						0	0	0
MRS PENNI WEINBERG MEMBER AT LARGE	2 00	Х						0	0	0
RABBI LEONARD ZUCKER MEMBER AT LARGE	2 00	Х						0	0	0
MARK F LEVY PRESIDENT	2 00			х				0	0	0
RICHARD BAER VICE PRESIDENT	2 00			×				0	0	0
LINDA BENJAMIN VICE PRESIDENT / WOMEN'S PHILANTHROPHY PRESIDENT	2 00			х				0	0	0
AMY JONAS WOMEN'S PHILANTHROPHY CAMPAIGN CHAIR	2 00			х				0	0	0
MR HAROLD DANENBERG VICE PRESIDENT /ANNUAL CAMPAIGN CHAIR	2 00			х				0	0	0
BARRY FEINBERG VICE PRESIDENT	2 00			х				0	0	0
BENTE LYONS VICE PRESIDENT	2 00			х				0	0	0
HOPE SILVERMAN VICE PRESIDENT	2 00			х				0	0	0
GARY LESSER SECRETARY	2 00			х				0	0	0
TAMI BALDINGER ASSISTANT SECRETARY	2 00			х				0	0	0

compensated Employees, and Independent contractors										
<b>(A)</b> Name and Title	(B) Average hours		tion ( that a	che(		II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
IRA GERSTEIN TREASURER	2 00			х				0	0	0
MAX ADLER ASSISTANT TREASURER	2 00			х				0	0	0
MRS DOROTHY ADLER MEMBER AT LARGE	2 00			х				0	0	0
JEFFREY KLEIN CHIEF EXECUTIVE OFFICER	35 00			х				372,172	0	100,892
KATHY SIGALL CHIEF FINANCIAL OFFICER	35 00			х				120,848	0	19,497
DEBBI ROSHFELD CHIEF OPERATIONS OFFICER	35 00					х		184,044	0	25,590
JOEL BREITSTEIN SVP PLANNED GIVING & ENDOWMENT	35 00					Х		175,495	0	23,753
CAROLE-ANN LEVINE EXEC VP FRD & CAMPAIGN	35 00					Х		167,437	0	34,978
ELLEN SAFRAN EXEC DIR WOMEN'S PHILANTHROPHY	35 00					Х		124,510	0	20,331
SETH KATZEN FORMER VICE PRESIDENT/MARKETING & CAMPAIGN	35 00						х	112,075	0	13,813

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 18,735,072 including grants of \$ 16,781,521 ) (Revenue \$ 233,974 ) 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

### **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 cateory (including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value		
STATE OF ISRAEL DEBT SECURITIES	1,699,803	F		
BOND MUTUAL FUNDS	18,560,294	F		
INDIVIDUAL BONDS & CERTIFICATES OF DEPOSIT	6,035,732	F		
EQUITY MUTUAL FUNDS	35,852,843	F_		
REAL ASSET FUNDS	8,697,810	F		
INDIVIDUAL STOCKS	125,126	F_		
PRIVATE CAPITAL LIMITED PARTNERSHIPS	3,279,192	F		
HEDGE FUND LIMITED PARTNERSHIPS	19,892,784	F		
MONEY MARKET MUTUAL FUNDS	6,892,558			