aan

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2021

Open to Public Inspection

| A F | or th | e 202 | 1 calendar year, or tax year begir | nning 07 | 7/01/2021 | ⊥ and endin | ig | | 06/ | 30/2022 | |
|--------------------------------|---------------|---------------|---|------------------------------|-----------------|--------------------|---------------|---------------------------------|----------------|--------------------|-----------------|
| Вс | neck if ap | oplicable: | C Name of organization MELVIN J & | | | RESIDENT | TIAL | D Employer ide | entifica | ation number | |
| _ | Addre | | & FAMILY SERVICE OF PA | ALM BEACH COUN | ITY | | | | | | |
| | chang | | Doing Business As | | | Τ | | 65-0737 | | | |
| | Name | change | Number and street (or P.O. box if mail is | not delivered to street addi | ress) | Room/suite | | E Telephone nu | | | |
| | Initial | return | P.O. BOX 220627 | | | 200 | | (561)68 | <u> 34 – 1</u> | L991 | |
| | Termi | | City or town, state or province, country, a | ٠. | ode | | | | | | |
| | Amen | n | WEST PALM BEACH, FL 33 | | | | | Gross receipt | | | 2,040. |
| | pendi | cation ing | F Name and address of principal officer: | MARC HOPIN | | | | Is this a grou subordinates? | p returr ? | Yes Yes | X No |
| | | | P.O. BOX 220627, WEST I | PALM BEACH, FL | | | | l(b) Are all subordi | | | No |
| | | empt st | == == (=)(=) |) (insert no.) | 4947(a)(1) | or 527 | | | | (see instructions) | |
| _ | | ite: 🕨 | WWW.ALPERTJFS.ORG | | _ | | | f(c) Group exemp | | | |
| | | | | Association Other | <u> </u> | L Year of | formation | n: 1997 M | State c | of legal domicile: | : FL |
| Pa | art I | • | mmary | | | | | | | | |
| | 1 | | y describe the organization's mission o | - | | | | | ILLI | TIES AND | TO |
| JCe | | | VIDE TREATMENT AND OTHER | SERVICES FOR | DEVELOP: | MENTALLY | DISA | BLED | | | |
| rnai | | | LTS. | | | | | | | | |
| Governance | | | this box 🕨 🔛 if the organization d | • | • | | | | 1 | | |
| જ | | | er of voting members of the governing | | | | | | 3 | | 10 |
| es 6 | | | er of independent voting members of t | | | | | | 4 | | 10 |
| ٧iti | | | number of individuals employed in cale | | | | | | 5 | | 43 |
| Activities | 6 | Total | number of volunteers (estimate if necess | sary) | | | | | 6 | | 10 |
| 1 | | | unrelated business revenue from Part V | | | | | | 7a | | NONE |
| _ | D | Net ur | nrelated business taxable income from | Form 990-1, line 34 . | | | | Prior Year | 7b | Current Y | NONE |
| | • | | | | | | - | | | | |
| ne | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | COF | PY FOR | | 760,11 | | | 3,447. |
| Revenue | | | am service revenue (Part VIII, line 2g) | | | NSPECTION | | 2,169,16 | | | ,899. |
| Re | | | tment income (Part VIII, column (A), line | | | | | |)NE | | 2,958. |
| | | | revenue (Part VIII, column (A), lines 5, revenue - add lines 8 through 11 (must | | | | | 23,91 | | | 736. |
| | | | s and similar amounts paid (Part IX, colu | | | | | | ONE | 2,402 | NONE |
| | | | its paid to or for members (Part IX, colu | | | | | | ONE | | NONE |
| | 4 E | | es, other compensation, employee bene | | | | | 1,866,82 | | 2 227 | ,836. |
| ses | 16a | | ssional fundraising fees (Part IX, column | | | | | | ONE | NONE | |
| Expenses | h | Total | fundraising expenses (Part IX, column (I | D) line 25) > | NON: | E. | | 110 | 7111 | | TIONE |
| ñ | 17 | | expenses (Part IX, column (A), lines 11 | | | | | 887,76 | 2 | 1,089 | 279 |
| | | | expenses. Add lines 13-17 (must equal | | | | | 2,754,58 | | | ,115. |
| | | | nue less expenses. Subtract line 18 from | | 0 20) | | | 198,61 | | | ,075. |
| o s | | | .ac rece experience. Cabilder into the tree. | | | | Beginni | ng of Current Y | | End of Ye | |
| ets | 20 | Total a | assets (Part X, line 16) | | | | | 1,927,83 | 5. | 1,550 | 718. |
| Ass I Ba | 21 | | liabilities (Part X, line 26) | | | | | 275,31 | - | | 3,272. |
| Net Assets or Fund Balances | 22 | | ssets or fund balances. Subtract line 21 | | | | | 1,652,52 | | | ,446. |
| Pa | rt II | | gnature Block | | | | | | | | <u> </u> |
| Und | der per | nalties o | of perjury, I declare that I have examined th | is return, including accord | npanying sched | lules and staten | nents, and | d to the best of | my kr | nowledge and b | elief, it is |
| true | e, corre | ect, and | complete. Declaration of preparer (other than | officer) is based on all in | formation of wh | iich preparer na | s any kno | wiedge. | | | |
| ٠. | | | | | | | | | | | |
| Sig | | | Signature of officer | | | | | Date | | | |
| Hei | re | | MARC HOPIN | | CE | 0 | | | | | |
| | | | Type or print name and title | | | | | | | | |
| D-: | | Print/ | Type preparer's name | Preparer's signature | | Date | | Check | if P | TIN | |
| Paid | | PAUI | L HAMMERSCHMIDT | PAUL HAMMERS | CHMIDT | 05/12 | <u>/202</u> 3 | self-employe | ed E | 01384178 | |
| • | oarer Only | Firm's | sname > BDO USA, LLP | | | | F | Firm's EIN | 13 | -5381590 | |
| | • | | address ► 100 PARK AVENUE | | | | | Phone no. | | 2-885-80 | 00 |
| May | the II | RS dis | cuss this return with the preparer show | n above? (see instruction | ons) | | <u> </u> | | | | No |
| For | Pape | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | | Form 99 | 0 (2021) |

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| P | art III | Statement of Program Service Accomplishments Check if Schedule O contains a recognise at patent to apply line in this Part III |
|----|----------|--|
| 1 | Briefly | Check if Schedule O contains a response or note to any line in this Part III |
| • | | MISSION OF THE ORGANIZATION IS TO PROMOTE THE ESTABLISHMENT AND |
| | | ATION OF RESIDENTIAL FACILITIES AND TO PROVIDE TREATMENT AND |
| | | R SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS. |
| | | CONVICED TON DEVELOTIENTED DIGIDAD IDOUTO. |
| 2 | Did the | organization undertake any significant program services during the year which were not listed on the |
| | prior Fo | rm 990 or 990-EZ? Yes X No describe these new services on Schedule O. |
| 3 | | organization cease conducting, or make significant changes in how it conducts, any program |
| | services | ?X Yes No describe these changes on Schedule O. |
| 4 | | e the organization's program service accomplishments for each of its three largest program services, as measured by |
| | | es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the tota | I expenses, and revenue, if any, for each program service reported. |
| | | |
| 4a | (Code: |) (Expenses \$1,579,670. including grants of \$NONE) (Revenue \$1,415,389.) |
| | | APARTMENT PROGRAM PROVIDES A THREE TIER SYSTEM FOR SUPPORTED |
| | | PENDENT LIVING FOR RESIDENTS WHO ARE ABLE TO LIVE IN THE |
| | | UNITY WITH VARYING AMOUNTS OF SUPPORT/SUPERVISION. THE |
| | | IMENT PROGRAM OFFERS RESIDENTS THE OPPORTUNITY TO LIVE ALONE |
| | | E UTILIZING THE ASSISTANCE OF 24 HOUR ON-SITE SUPPORT STAFF, |
| | | PARTICIPATE IN SOCIAL, RECREATIONAL AND LIFE-SKILLS |
| | INST | RUCTION ON A DAILY BASIS. |
| | | |
| | | |
| | | |
| | | |
| | (Code: |) (Expenses \$ 1,150,219. including grants of \$ NONE) (Revenue \$ 549,410.) |
| 76 | ` | P HOMES OFFERS CARE FOR PEOPLE WITH MENTAL DISABILITIES. THE |
| | | P HOMES PROVIDE 24-HOUR CARE FOR 7 RESIDENTS PER HOME WHO HAVE |
| | | LOPMENTAL DISABILITIES, CHRONIC MENTAL ILLNESS OR A |
| | | IFICANT IMPAIRMENT, AND NEED CONSTANT SUPERVISION. THE |
| | | NIZATION OFFERS 2 GROUP HOMES, ONE OF WHICH WAS CLOSED AND |
| | | ED OPERATIONS IN JULY 2021. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Code: |) (Expenses \$ 89,423. including grants of \$ NONE) (Revenue \$ 100,100.) |
| | THE | TRANSPORTATION PROGRAM PROVIDES TRANSPORTATION TO THE |
| | RESI | DENTS OF THE GROUP HOME AND APARTMENT PROGRAM TO APPOINTMENTS, |
| | ACTI | VITIES AND JOBS. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| _ | | |
| 4d | | rogram services (Describe on Schedule O.) |
| | (Expens | ,, , |
| 40 | TOTAL DI | ogram service expenses > 2.895.708. |

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| Part | V Checklist of Required Schedules | | 1 | |
|--------------|---|-----|-----|--------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ | | |
| _ | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| _ | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | _ | | |
| _ | assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | 37 |
| 7 | "Yes," complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including easements to preserve open space, | 6 | | X |
| ′ | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," | | | |
| Ü | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | 21 |
| · | 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 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X, as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | Х | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| 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 | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| ī | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | 77 | |
| 120 | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | Х | |
| 1 2 a | Schedule D. Parts XI and XII. | 12a | | Х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 120 | | - 21 |
| J | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| 4- | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | _ | | |
| 40 | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | 10 | | v |
| 10 | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 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 | | v |
| 2N 2 | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | - 21 |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX. column (A). line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | v |

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Part IV Chocklist of Poquired Schodules (continued)

| Par | Checklist of Required Schedules (continued) | | V | Na |
|------|---|------|-----|-----|
| 22 | Did the experimetion report more than 05 000 of greate or other posistance to as for demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 37 |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the | 22 | | X |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 24.5 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | | |
| 24 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 242 | | Х |
| h | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | | |
| · | to defease any tax-exempt bonds? | 24c | | |
| Ч | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 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 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | _X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2. | 36 | | _X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 27 | | 3.5 |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Part | | _ 30 | Λ | |
| ાલા | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Chock in Contourio C Contourio a recipendo di note te diriy inte in tilio i dit v | | Yes | No |
| 1 a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| | | | | |

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| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|--|----------|-----|----|
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 2a 43 | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| ~ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions. | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | 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 | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | _ | | |
| | required to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| _ | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | The organization of the property of the proper | | | |
| | Enter the amount of reserves on hand | 14a | | X |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 170 | | |
| 15 | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | 1.5 | | 21 |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| . • | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes." complete Form 6069. | | | |

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

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

| Sect | ion A. Governing Body and Management | | | | | |
|----------|--|---------|------------|-----------|-----------|--------|
| | y , y | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 10 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | lations | ship with | | | |
| | any other officer, director, trustee, or key employee? | | - | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or un | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other | person | ? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was f | | | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to e | ect o | appoint | | | |
| | one or more members of the governing body? | | | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval | by) n | nembers, | | | |
| | stockholders, or persons other than the governing body? | | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | ertake | n during | | | |
| | the year by the following: | | | | | |
| а | The governing body? | | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | | | | | |
| Conti | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. on B. Policies (This Section B requests information about policies not required by the Inte | | | 9 Codo | ١ | X |
| Secu | on B. Policies (This Section B requests information about policies not required by the lint | amai | Revenue | Code | .) Yes | No |
| | Didd with the state of the stat | | | 10a | | X |
| | Did the organization have local chapters, branches, or affiliates? | | | IUa | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | | - | 10b | | |
| 44. | affiliates, and branches to ensure their operations are consistent with the organization's exempt p | • | | 11a | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before f | ling th | e form? . | | - 21 | |
| b 120 | Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | Х | |
| 12a b | Were officers, directors, or trustees, and key employees required to disclose annually interests | | | | | |
| b | rise to conflicts? | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the p | | | | | |
| C | describe on Schedule O how this was done | - | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review ar | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | - | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | X |
| b | Other officers or key employees of the organization | | | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | r arra | ngement | | | |
| | with a taxable entity during the year? | | - | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization | to eva | aluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Sect | ion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶_FL, | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) | | and 990-T | (sect | ion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that ap | | - 01 | | | |
| | Own website X Another's website X Upon request Other (explain on So | | , | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing docur | nents, | conflict o | finter | est p | olicy, |
| | and financial statements available to the public during the tax year. | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's MARC HOPIN 5841 CORPORATE WAY, SUITE 200 WEST PALM BEACH, FL 33407 | | and record | s ▶ | | |

561-684-1991

Form **990** (2021)

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | Pos heck ss pe | erson | e than contrust Highest compensated employee | an | (D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|------|-------|----------------------|-------|--|----|---|--|--|
| (1) MARC HOPIN CHIEF EXECUTIVE OFFICER (2) KELLY WHITER | 20.00 30.00 10.00 | | | Х | | | | NONE | 183,607. | 23,916. |
| CHIEF DEVELOPMENT OFFICER | 30.00 | | | | X | | | NONE | 166,576. | 7,365. |
| (3) DR. ELAINE ROTENBERG | 10.00 | | | | | | | 110112 | 20070701 | .,,,,,, |
| CHIEF CLINICAL & IMPACT OFF. | 30.00 | | | | | Х | | NONE | 136,751. | 7,276. |
| (4) DR. JAMES TOMPSON | 2.50 | | | | | | | | | |
| PSYCHIATRIST | 35.00 | | | | | Х | | NONE | 140,734. | NONE |
| (5) CHRISTOPHER P. HOTALING | 10.00 | | | | | | | | | |
| CHIEF FINANCIAL OFFICER | 40.00 | | | Χ | | | | NONE | 130,582. | 2,578. |
| (6) STEPHANIE ITKIN | 16.00 | | | | | | | | | |
| CHIEF PEOPLE & CULTURE OFFICER | 24.00 | | | | | X | | NONE | 108,899. | 8,724. |
| (7) ELYSE JACOBSON | 15.00 | | | | | | | | | |
| CPO THRU 12/31/2021 | 35.00 | | | | | X | | NONE | 107,975. | 7,144. |
| (8) CAROLYN GLEIMER SILBEY | 2.00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | NONE | X | | Χ | | | | NONE | NONE | NONE |
| (9) ZELDA MASON | 2.00 | | | | | | | | | |
| PRESIDENT | 2.00 | X | | Χ | | | | NONE | NONE | NONE |
| (10) NEIL EFRON | 2.00 | | | | | | | | | |
| SECRETARY THRU 6/30/2022 | 2.00 | X | | Х | | | | NONE | NONE | NONE |
| (11) DIAN MANN | 2.00 | | | | | | | | | |
| SECRETARY | 2.00 | X | | Х | | | | NONE | NONE | NONE |
| (12) ALAN I. GOLDBERG | 2.00 | | | | | | | | | |
| TREASURER | 2.00 | X | | Х | | | | NONE | NONE | NONE |
| (13) LIVIA CHAYKIN | 2.00 | | | | | | | | | |
| MEMBER | 2.00 | X | | | | | | NONE | NONE | NONE |
| (14) ILENE GOLDSTEIN | 2.00 | | | | | | | | | |
| MEMBER | NONE | Х | | | | | | NONE | NONE | NONE |

Form **990** (2021)

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| Form 990 (2021) | | | | | | | | | | | Page 8 |
|---|-----------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--------------------|----------------------------------|---------------------|---------------|
| Part VII Section A. Officers, Directors, Tru | ustees, Ke | y En | plo | ye | es, | and H | ligl | hest Compensat | ed Employees (c | ontinued) | |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) | |
| Name and title | Average | | | Pos | | | | Reportable | Reportable | Estimated | |
| | hours per | , | | | | e than or is both a | | compensation | compensation from | amount o | of |
| | week (list any hours for | 1 | | | | or/truste | | from | related | other compensati | ion |
| | related | | | | | | | the organization | organizations (W-2/1099-MISC) | from the | |
| | organizations | 랔 | stitu | Officer | y e | ghe | Former | (W-2/1099-MISC) | (**-2/1099-101130) | organizatio | |
| | below dotted | dua | l ti | 4 | 필 | st c | er e | (W 2/1000 WIIOO) | | and relate | d |
| | line) | Individual trustee or director | Institutional trustee | | Key employee | 9 | | | | organizatio | ns |
| | | ste | Sur | | Ф |) en | | | | | |
| | | U | ee | | | Highest compensated employee | | | | | |
| | | | | | | ă. | | | | | |
| 15) LISA HAUSER | 2.00 | | | | | | | | | | |
| MEMBER | NONE | X | | | | | | NONE | NONE | | NONE |
| 16) JANE LAMPERT | 2.00 | | | | | | | | | | |
| MEMBER | NONE | X | | | | | | NONE | NONE | | NONE |
| 17) JOHN STERN | 2.00 | | | | | | | | | | |
| MEMBER | NONE | Х | | | | | | NONE | NONE | | NONE |
| | | | | | | | | | | | |
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| | † | | | | | | | | | | |
| 1h Sub-total | 1 | | | | | | _ | NONE | 975,124. | 57. | 003. |
| 1b Sub-total c Total from continuation sheets to Part VII. S | ection A | | • • | • • | • • | | | NONE | | | NONE |
| d Total (add lines 1b and 1c) | | | | | • • | | | NONE | | | 003. |
| 2 Total number of individuals (including but not | | | | | | | - | | | | 003. |
| reportable compensation from the organization | | nose | iiste | | | - |) le | ceived more man | \$ 100,000 01 | | |
| - reportable compensation from the organizatio | | | | | NO: | INL | | | | | NI. |
| | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | | | | | | | | | | - | |
| employee on line 1a? If "Yes," complete Sched | ule J for su | ch ina | livid | ual | | | | | | 3 | X |
| 4 For any individual listed on line 1a, is the | sum of rep | ortab | ole d | com | per | sation | ı ar | nd other compen | sation from the | | |
| organization and related organizations gro | eater than | \$15 | 0,0 | 00? | . If | "Yes, | ," (| complete Schedu | le J for such | | |
| individual | | | | | | | | | | 4 X | |
| 5 Did any person listed on line 1a receive or | accrue co | mpen | sati | on f | fron | n any | uni | related organizati | on or individual | | |
| for services rendered to the organization? If "Y | | | | | | | | | | 5 | Х |
| Section B. Independent Contractors | | | | | | | | | | | • |
| Complete this table for your five highest com | pensated i | ndepe | ende | ent o | con | tractor | rs t | hat received more | e than \$100.000 of | f | |
| compensation from the organization. Report of | | | | | | | | | | | |
| year. | • | | | | | • | | - | - | | |
| | | | | | | | Τ | (D) | | (C) | |

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

Form **990** (2021)

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respon | nse or note to an | y line in this Part V | Ш | | |
|--|-------------------|---|-------------------|-----------------------|--|--------------------------------------|--|
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a b c d | Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e | | | | | |
| contribution and Other Si | f g | | 413,447. \$ | | | | |
| о <i>в</i> | h | Total. Add lines 1a-1f | | 413,447. | | | |
| a) | | | Business Code | | | | |
| Program Service Revenue | 2a b | CLIENT FEES | 623990 | 2,064,899. | 2,064,899. | | |
| E S | C | | | | | | |
| Re | d | | | | | | |
| 5 | e | All | | | | | |
| _ | f | All other program service revenue Total. Add lines 2a-2f | | 2,064,899. | | | |
| | <u>g</u> 3 | Investment income (including dividends, other similar amounts). | interest, and | 2,958. | | | 2,958. |
| | 4 | Income from investment of tax-exempt bond | | NONE | | | |
| | 5 | Royalties | | NONE | | | |
| | | (i) Real | (ii) Personal | 1,01,12 | | | |
| | 60 | | (,, 11111 | | | | |
| | 6a | Gross rents 6a | | | | | |
| | b | Less: rental expenses 6b | NONE | | | | |
| | C | Rental income or (loss) 6c NON | | | | | |
| | d _d | Net rental income or (loss) | | NONE | | | |
| | 7a | Gross amount from (i) Securities | (ii) Other | | | | |
| | | sales of assets | | | | | |
| | | other than inventory 7a | | | | | |
| ne | b | Less: cost or other basis | | | | | |
| Revenue | | and sales expenses 7b | | | | | |
| é | С | Gain or (loss) 7c | | | | | |
| Z. | d | Net gain or (loss) | | NONE | | | |
| Other I | 8a | Gross income from fundraising | | | | | |
| ō | 00 | events (not including \$ | | | | | |
| | | of contributions reported on line | | | | | |
| | | • | NONE | | | | |
| | | 1c). See Part IV, line 18 8a Less: direct expenses 8b | NONE | | | | |
| | b C | Net income or (loss) from fundraising events | - | NONE | | | |
| | | | 1 | | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 9a | NONE | | | | |
| | | · · · · · · · · · · · · · · · · · · · | NONE | | | | |
| | | Less: direct expenses9b | - | MONTE | | | |
| | С | Net income or (loss) from gaming activities | | NONE | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | NONE | | | | |
| | b | Less: cost of goods sold | NONE | | | | |
| | С | Net income or (loss) from sales of inventory. | | NONE | | | |
| ns | | | Business Code | | | | |
| e g | 11a | MISCELLANEOUS REVENUE | 900099 | 10,736. | | | 10,736 |
| Miscellaneous Revenue | b | | | | | | |
| e še | С | | | | | | |
| <u>s</u> ~ | d | All other revenue | | | | | |
| ≥ | | Total. Add lines 11a-11d | | 10,736. | | | |
| | | | | 2,492,040. | 2,064,899. | | 13,694 |

65-0737159

Part IX Statement of Functional Expenses

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

| Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|---|---|-----------------------|------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|
| | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | NONE | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | |
| | individuals. See Part IV, line 22 | NONE | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | |
| | organizations, foreign governments, and | | | | | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | NONE | | | | | | | |
| 4 | Benefits paid to or for members | NONE | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | |
| | trustees, and key employees | NONE | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | NONE | | | | | | | |
| 7 | Other salaries and wages | 1,802,175. | 1,577,796. | 224,379. | | | | | |
| 8 | Pension plan accruals and contributions (include | NONE | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | | | |
| 9 | Other employee benefits | 290,678. | 246,918. | 43,760. | | | | | |
| 10 | Payroll taxes | 134,983. | 118,177. | 16,806. | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | |
| а | Management | NONE | | | | | | | |
| b | Legal | NONE | | | | | | | |
| С | Accounting | 13,825. | 13,825. | | | | | | |
| d | Lobbying | NONE | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17. | NONE | | | | | | | |
| f | Investment management fees | NONE | | | | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | | | | | |
| | (A), amount, list line 11g expenses on Schedule O.) | 38,642. | 33,786. | 4,856. | | | | | |
| 12 | Advertising and promotion | NONE | | | | | | | |
| 13 | | 35,375. | 23,633. | 11,742. | | | | | |
| 14 | Information technology | NONE | | | | | | | |
| 15 | Royalties | NONE | | | | | | | |
| 16 | Occupancy | 554,843. | 519,909. | 34,934. | | | | | |
| 17 | Travel | NONE | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | |
| | for any federal, state, or local public officials | NONE | | | | | | | |
| 19 | Conferences, conventions, and meetings | NONE | | | | | | | |
| 20 | Interest | 26,298. | 22,699. | 3,599. | | | | | |
| 21 | | NONE | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 64,272. | 53,258. | 11,014. | | | | | |
| 23 | Insurance | 79,720. | 74,966. | 4,754. | | | | | |
| 24 | | | | | | | | | |
| | above. (List miscellaneous expenses on line 24e. If | | | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | | | |
| | (A), amount, list line 24e expenses on Schedule O.) | | | | | | | | |
| | PROGRAM SPECIFIC EXPENSES | 205,441. | 205,441. | | | | | | |
| b | OTHER OPERATING EXPENSES | 70,863. | 5,300. | 65,563. | NONE | | | | |
| С | | | | | | | | | |
| d | | | | | | | | | |
| | All other expenses | 2 21 7 11 7 | 0.005.500 | 401 405 | | | | | |
| | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 3,317,115. | 2,895,708. | 421,407. | NONI | | | | |
| ∠0 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | | | | | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | | | | | |

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Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Pa | art X | | <u> </u> |
|-----------------------------|------|---|--------------------------|------|---------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 852,580. | 1 | 289,173. |
| | 2 | Savings and temporary cash investments | NONE | 2 | 696,657. |
| | 3 | Pledges and grants receivable, net | 122,407. | 3 | NONE |
| | 4 | Accounts receivable, net | 223,900. | 4 | 221,914. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | NONE | 5 | NONE |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 6 | NONE | |
| ts | 7 | Notes and loans receivable, net | NONE | 7 | NONE |
| Assets | 8 | Inventories for sale or use | NONE | 8 | NONE |
| Ř | 9 | Prepaid expenses and deferred charges | 25,657. | 9 | NONE |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | 424,775. | 10c | 293,341. |
| | 11 | Investments - publicly traded securities | NONE | | NONE |
| | 12 | Investments - other securities. See Part IV, line 11 | NONE | | NONE |
| | 13 | Investments - program-related. See Part IV, line 11. | NONE | | NONE |
| | 14 | Intangible assets | NONE | | NONE |
| | 15 | Other assets. See Part IV, line 11 | 278,516. | 15 | 49,633. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 1,927,835. | 16 | 1,550,718. |
| | 17 | Accounts payable and accrued expenses | 109,223. | 17 | 65,250. |
| | 18 | Grants payable | NONE | | NONE |
| | 19 | Deferred revenue | 166,091. | 19 | 179,612. |
| | 20 | Tax-exempt bond liabilities | NONE | | NONE |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | NONE | | NONE |
| S | 22 | Loans and other payables to any current or former officer, director, | 110112 | | 110112 |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| į | | controlled entity or family member of any of these persons | NONE | 22 | NONE |
| <u>9</u> | 23 | Secured mortgages and notes payable to unrelated third parties | NONE | | NONE |
| | 24 | Unsecured notes and loans payable to unrelated third parties | NONE | | NONE |
| | 25 | Other liabilities (including federal income tax, payables to related third | 110111 | | 110111 |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | NONE | 25 | 478,410. |
| | 26 | Total liabilities. Add lines 17 through 25 | 275,314. | | 723,272. |
| S | 20 | Organizations that follow FASB ASC 958, check here ► X | 275,511. | 20 | 725,272. |
| nce | | and complete lines 27, 28, 32, and 33. | | | |
| ala | 27 | Net assets without donor restrictions | 1,530,114. | 27 | 827,446. |
| g B | 28 | Net assets with donor restrictions | 122,407. | 28 | NONE |
| Net Assets or Fund Balances | | Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| ets | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| ASS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| et / | 32 | Total net assets or fund balances | 1,652,521. | 32 | 827,446. |
| ž | 33 | Total liabilities and net assets/fund balances | 1,927,835. | 33 | 1,550,718. |
| | | | =,==,,000. | | Form 990 (2021) |

Form **990** (2021)

3688SU 702V 14

Page **12** Form 990 (2021)

| Check if Schedule O contains a response or note to any line in this Part XI | Part | XI Reconciliation of Net Assets | | | | | |
|--|------|---|--------|----------|---------|-----|--------------|
| 2 Total expenses (must equal Part IX, column (A), line 25) . 2 3,317,115 3 Revenue less expenses. Subtract line 2 from line 1 . 3 -825,075 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . 4 1,652,521 5 Net unrealized gains (losses) on investments . 5 6 Donated services and use of facilities . 6 7 Investment expenses . 7 8 Prior period adjustments . 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | | Check if Schedule O contains a response or note to any line in this Part XI | | <u> </u> | | | |
| 2 Total expenses (must equal Part IX, column (A), line 25) | 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,4 | 92, | <u>040</u> . |
| Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 2 | | 2 | | 3,3 | 17, | <u>115</u> . |
| 5 Net unrealized gains (losses) on investments | 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | -8 | 25, | <u>075</u> . |
| 6 Donated services and use of facilities 7 Investment expenses | 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 1,6 | 52, | <u>521</u> . |
| 7 Investment expenses. 7 8 Prior period adjustments . 8 9 Other changes in net assets or fund balances (explain on Schedule O). 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 8 Prior period adjustments | 6 | Donated services and use of facilities | 6 | | | | |
| 9 Other changes in net assets or fund balances (explain on Schedule O). Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | 7 | Investment expenses | 7 | | | | |
| Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)). Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 8 | Prior period adjustments | 8 | | | | |
| Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X | 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: | 10 | · | | | | | |
| Check if Schedule O contains a response or note to any line in this Part XII. Accounting method used to prepare the Form 990: | | | 10 | | 8 | 27, | <u>446</u> . |
| Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Part | | | | | | |
| 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | Check if Schedule O contains a response or note to any line in this Part XII | | <u> </u> | <u></u> | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | r | | Yes | No |
| Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 1 | | | | | | |
| Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | plain | on | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | 2a | | | | 2a | | <u>X</u> |
| Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? | | | piled | or | | | |
| b Were the organization's financial statements audited by an independent accountant? | | | | | | | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis control in the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X | | · | | | | | |
| separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated basis Both consolidated and separate basis consolidated and separate basis consolidated and separate basis by the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | b | | | | 2b | X | |
| Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | ted o | ла | | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | | | | |
| the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | <u> </u> | | | | | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | С | · · · · · · · · · · · · · · · · · · · | _ | | | 3.7 | |
| Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | | | | 2C | X | |
| 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? | | | cplain | on | | | |
| Single Audit Act and OMB Circular A-133? | | | | | | | |
| on growth and one of the contract of the contr | 3 a | | th in | the | . | | 3.7 |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | • · · · | за | | _X_ |
| required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such audits | b | | | | 26 | | |

Form **990** (2021)

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SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

p co to minimo.gen, cimero tel men acine and ano latera

| vaiii | e or u | ie organization METATN 0 % | CLAIRE LEVI | NE JEWISH RESIL | EN.I.TA | Ь | Employer identifi | ication number |
|-------|--------|---|---------------------------|---|-------------------|------------------------------|-------------------------------------|-----------------------------------|
| & I | MA | ILY SERVICE OF PALM | | | | | | 737159 |
| Рa | rt I | Reason for Public Cha | rity Status. (All o | organizations must o | complet | te this pa | art.) See instructions | S. |
| The | orga | anization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associa | tion of churches descr | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | | A school described in secti | on 170(b)(1)(A)(ii) | . (Attach Schedule E | Form 99 | 0).) | | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described i | n sectio | n 170(b) | (1)(A)(iii). | |
| 4 | | A medical research organiz | zation operated in | conjunction with a hos | spital de | scribed in | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's name, city, and st | tate: | | | | | |
| 5 | | An organization operated t | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | |
| 7 | X | An organization that norma | ally receives a sub | stantial part of its su | pport fro | om a go | vernmental unit or fro | om the general public |
| | | described in section 170(b) | (1)(A)(vi). (Compl | ete Part II.) | | | | |
| 8 | | A community trust describe | ed in section 170(b | o)(1)(A)(vi). (Complete | Part II.) | | | |
| 9 | | An agricultural research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | I in conjunction with a | land-grant college |
| | | or university or a non-land- | = | | | - | | - |
| | | university: | | , | ŕ | | • | · · |
| 10 | | An organization that norma | Ily receives (1) mo | ore than 331/3 % of its | support | from cor | ntributions, membersh | ip fees, and gross |
| | | receipts from activities rela support from gross investm | ted to its exempt f | unctions, subject to c | ertain ex | ceptions | s: and (2) no more than | n 331/3 % of its |
| | | acquired by the organizatio | | | | | | Dusinesses |
| 11 | | An organization organized | | | | • | • | |
| 12 | | An organization organized a | and operated exclu | sively for the benefit of | f, to per | form the | functions of, or to car | ry out the purposes of |
| | | one or more publicly support | rted organizations | described in section 5 | 09(a)(1) | or secti | ion 509(a)(2). See sec | ction 509(a)(3). Check |
| | | the box on lines 12a throug | h 12d that describ | es the type of suppor | ting orga | anization | and complete lines 1 | 2e, 12f, and 12g. |
| а | | \square Type I. A supporting orga | anization operated | , supervised, or contro | olled by | its supp | orted organization(s), | typically by giving |
| | | the supported organization | on(s) the power to | regularly appoint or e | lect a ma | ajority of | the directors or truste | es of the |
| | _ | _ supporting organization. | You must complet | e Part IV, Sections A | and B. | | | |
| b | L | $oxedsymbol{oxed}$ Type II. A supporting org | anization supervise | ed or controlled in co | nnection | with its | supported organizati | on(s), by having |
| | | control or management of | of the supporting o | rganization vested in | the sam | e persor | ns that control or mar | age the supported |
| | | organization(s). You must | complete Part IV | , Sections A and C. | | | | |
| С | | $oxedsymbol{oxed}$ Type III functionally integ | grated. A supporti | ng organization opera | ited in co | onnectio | n with, and functiona | lly integrated with, |
| | | _ its supported organization | n(s) (see instruction | s). You must comple | te Part I | V, Sectio | ons A, D, and E. | |
| d | | Type III non-functionally | integrated. A sup | porting organization o | perated | in conne | ection with its suppor | ted organization(s) |
| | | that is not functionally into | egrated. The organ | nization generally mus | t satisfy | a distrib | oution requirement and | d an attentiveness |
| | _ | _ requirement (see instruct | ions). You must co | omplete Part IV, Sect | ions A a | nd D, an | d Part V. | |
| е | | Check this box if the orga | nization received | a written determinatio | n from t | he IRS tl | hat it is a Type I, Type | II, Type III |
| | | functionally integrated, or | | | porting o | organizat | ion. | |
| f | | ter the number of supported | _ | | | | | |
| g | | ovide the following information | | · · · · · · | I | | | T |
| | (i) N | ame of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| | | | | | | | | |
| (C) | | | | | | | | |
| /D` | | | | | | | | |
| (D) | | | | | | | | |
| (E) | | | | | | | | |
| (E) | | | | | | | | |
| Tota | .I | | | | | | | |
| | | | | | | | | |

| Schedule A (| Form 990) 2021 | Р |
|--------------|--|------|
| 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 un | nder |
| | Part III If the organization fails to qualify under the tests listed below, please complete Part III.) | |

| Section A. Public Support | | | | | | | | |
|---------------------------|--|---------------------|------------------|------------------|------------------|--------------------|-------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 497,489. | 454,734. | 414,633. | 760,118. | 413,447. | 2,540,421. | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | NONE | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | NONE | |
| 4 | Total. Add lines 1 through 3 | 497,489. | 454,734. | 414,633. | 760,118. | 413,447. | 2,540,421. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount | | | | | | | |
| | shown on line 11, column (f) | | | | | | 1,206,742. | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,333,679. | |
| | tion B. Total Support | | Г Т | | | T T | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total | |
| 7 8 | Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 497,489. NONE | 454,734. NONE | 414,633. NONE | 760,118. NONE | 413,447. 2,958. | 2,540,421. | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | NONE | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE. SUPP.PAGE | 35,435. | 50,073. | 36,505. | 23,914. | 10,736. | 156,663. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,700,042. | |
| 12 | Gross receipts from related activities, etc. (s | see instructions) . | | | | 12 | 10,793,657. | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here | <u> </u> | | | | | | |
| | tion C. Computation of Public Sup | | | | | | | |
| 14 | Public support percentage for 2021 (li | | - | | | 14 | 49.39 % | |
| 15 | Public support percentage from 2020 | | | | | 15 | 57.14 % | |
| 16a | 331/3% support test - 2021. If the org | | | | | | | |
| L | box and stop here. The organization quality to a second stop here. | • | | • | | | | |
| D | 331/3% support test - 2020. If the organization | = | | | | | | |
| 172 | this box and stop here . The organization 10%-facts-and-circumstances test - 2 | - | | - | | | | |
| 17a | 10% or more, and if the organization | _ | | | | | | |
| | Part VI how the organization meets | | | | | - | • | |
| | organization | | | Ū | • | | | |
| h | 10%-facts-and-circumstances test - 2 | | | | | | | |
| | 15 is 10% or more, and if the organization | - | | | | | | |
| | in Part VI how the organization meets | | | | | - | | |
| | organization | | | _ | • | | | |
| 18 | Private foundation. If the organization | | | | | | | |
| . • | instructions | | | | | | | |
| | | | | | | | | |

17

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

| 500 | tion A Bublic Support | | | | • | | |
|------|---|---------------|-----------------|-----------------|-----------------|------------------|-------------|
| | tion A. Public Support | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| _ | Gifts, grants, contributions, and membership fees | (a) 2017 | (5) 2010 | (6) 2013 | (d) 2020 | (6) 2021 | (i) rotai |
| 1 | , | | | | | | |
| 2 | received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise | | | | | | |
| 2 | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 2 | · · · · | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| 7 | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| ŭ | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| ıa | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | • |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | • | • | | • | | ` ` ` ` _ |
| | organization, check this box and stop here | | | | | | ▶ 🔼 |
| | tion C. Computation of Public Supp | | | | | T T | |
| 15 | Public support percentage for 2021 (line 8, | | | | | 15 | % |
| 16 | Public support percentage from 2020 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investment | | | | | | |
| 17 | Investment income percentage for 2021 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2020 S | | | | | • | % |
| 19 a | 331/3% support tests - 2021. If the or | - | | | | | |
| | 17 is not more than 331/3 %, check this | | | | | | |
| b | 331/3% support tests - 2020. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | • | • | | | |
| 20 | Private foundation. If the organization of | did not check | a box on line ' | 14, 19a, or 19b | , check this bo | x and see instru | uctions 🕨 🔃 |

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Part IV Supporting Organizations

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

| Section A. All | Supporting | Organizations |
|----------------|------------|----------------------|
|----------------|------------|----------------------|

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

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

| Part | V Supporting Organizations (continued) | | | - 5 - |
|--------|--|-----------|-------|-------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | | | |
| | provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | • | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| • | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have | | | |
| J | a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | struction | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | e instr | | _ |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| – a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's | | | |
| | involvement, one or more of the organization's supported organization(s) would have been engaged in? If | | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 2 | | -5 | | |
| 3 a | Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| - | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3h | | |

| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | S | | | | | |
|----|---|----------------|--------------------------------|--------------------------------|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | | |
| Se | ection A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | | | | | |
| _1 | Net short-term capital gain | 1 | | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | | |
| | Other expenses (see instructions) | 7 | | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | | |
| Se | ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | | | | |
| a | Average monthly value of securities | 1a | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | |
| | Fair market value of other non-exempt-use assets | 1c | | | | | | |
| C | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| е | Discount claimed for blockage or other factors (explain in detail in Part VI): | | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| _ | Subtract line 2 from line 1d. | 3 | | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| _ | Multiply line 5 by 0.035. | 6 | | | | | | |
| 7 | | 7 | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| Se | ection C - Distributable Amount | | | Current Year | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | | |
| 2 | | 2 | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | | |
| 4 | | 4 | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | | |
| 7 | | | | | | | | |

Schedule A (Form 990) 2021

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(see instructions).

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|------|--|----|--------------|--|--|--|--|
| Sect | ion D - Distributions | | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 | | | | | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive | | | | | | |
| | (provide details in Part VI). See instructions. | 8 | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | 10 | | | | | |

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

Schedule A (Form 990) 2021

Schedule A (Form 990 or 990-EZ) 2021 Page **8**

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

| SCHEDULE A, PART II - OTHER INCO | OME | | | | | |
|----------------------------------|---------|---------|---------|---------|---------|----------|
| DESCRIPTION | 2017 | 2018 | 2019 | 2020 | 2021 | TOTAL |
| MISCELLANEOUS REVENUE | 35,435. | 50,073. | 36,505. | 23,914. | 10,736. | 156,663. |
| TOTALS | 35,435. | 50,073. | 36,505. | 23,914. | 10,736. | 156,663. |
| | | | | | | |

Part VI

Schedule B (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Schedule of Contributors

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

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

Employer identification number

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL & FAMILY SERVICE OF PALM BEACH COUNTY 65-0737159 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

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

Schedule B (Form 990) (2021)

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

Schedule B (Form 990) (2021)

Name of organization MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL & FAMILY SERVICE OF PALM BEACH COUNTY

Employer identification number 65-0737159

| Part I | Contributors (see instructions). | Use duplicate copies of Part I if additional space is needed. |
|--------|----------------------------------|---|
| | Continuation (Coo metractione). | occ adplicate copies of fact in additional opace is flooded. |

| (a) | (b) | (c) Total contributions | (d) |
|-----|----------------------------|-------------------------|---|
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| _1_ | N/A | \$125,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 2 | N/A | \$100,000. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) Total contributions | (d) |
| No. | Name, address, and ZIP + 4 | | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL & FAMILY SERVICE OF PALM BEACH COUNTY

Employer identification number 65-0737159

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| | | 1 | 1 |

Name of organization **Employer identification number** MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL & FAMILY SERVICE OF PALM BEACH COUNTY 65-0737159 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990) (2021)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

2021
Open to Public Inspection

OMB No. 1545-0047

Attach to Form 990. Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL FAMILY SERVICE OF PALM BEACH COUNTY 65-0737159 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

| Pa | rt Organizations Maintaini | ng Collection | ns of Art, Hist | orical Tre | easures | , or | Other | Similar A | ssets (| continued | <i>)</i> |
|----------|--|-----------------------------------|---------------------|--------------|-------------|-------|---------|--------------|-----------|---------------|----------|
| 3 | Using the organization's acquisition | on, accession, | and other reco | ords, chec | k any of | f the | follow | ing that m | nake sigi | nificant us | e of its |
| | collection items (check all that app | ly): | | | | | | | | | |
| а | Public exhibition | | d | Loan | or excha | ange | progra | m | | | |
| b | Scholarly research | | е | Other | | | | | | | |
| С | Preservation for future gene | rations | _ | | | | | | | | |
| 4 | Provide a description of the organ | | ctions and exp | lain how | they fur | ther | the or | ganization's | s exemp | t purpose | in Part |
| | XIII. | | , | | , | | | J | | | |
| 5 | During the year, did the organization | on solicit or rec | eive donations | of art. hist | orical tre | easu | res. or | other simila | ar | | |
| | assets to be sold to raise funds rath | | | | | | | | _ | Yes | No |
| Pa | rt IV Escrow and Custodial A | | | | <u> </u> | | | | | | |
| | Complete if the organiza 990, Part X, line 21. | • | | orm 990, F | Part IV, | line | 9, or r | eported a | n amou | nt on Forr | m |
| 1a | Is the organization an agent, trus | tee, custodiar | or other inter | mediary fo | or contr | ibuti | ons or | other asse | ets not | | |
| | included on Form 990, Part X? | | | - | | | | | _ | Yes | No |
| b | If "Yes," explain the arrangement i | | | | | | | | | | |
| | , , | | • | J | | | | | Amount | | |
| С | Beginning balance | | | | | 1c | | | | | |
| d | Additions during the year | | | | | 1d | | | | | |
| е | Distributions during the year | | | | | 1e | | | | | |
| f | Ending balance | | | | | 1f | | | | | |
| 2a | Did the organization include an am | | | | | | stodial | account lia | bilitv? | Yes | No |
| | If "Yes," explain the arrangement i | | | | | | | | | | |
| | rt V Endowment Funds. | | | | | | | | | | |
| | Complete if the organiza | ation answere | ed "Yes" on Fo | rm 990. F | Part IV. | line | 10. | | | | |
| | γ | (a) Current ye | | ior year | (c) Two | | | (d) Three ye | ears back | (e) Four ye | ars back |
| 4 | Designing of year belongs | | | | | - | | , | | , , | |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, | | | | | | | | | | |
| | and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage | | | ce (line 1g | , column | (a)) | held as | : | | | |
| | Board designated or quasi-endown | | % | | | | | | | | |
| | Permanent endowment | % | | | | | | | | | |
| С | Term endowment ▶ | _% | 1 4000/ | | | | | | | | |
| • | The percentages on lines 2a, 2b, a | | - | C | | | | | 4 | | |
| 3a | Are there endowment funds not in | the possessio | n or the organi. | zation that | are neic | a and | a admii | iisterea ior | trie | Ye | es No |
| | organization by: | | | | | | | | | | 3 110 |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | |
| _ | If "Yes" on line 3a(ii), are the relate | Ü | • | | | ? | | | | 3b | |
| 4 | Describe in Part XIII the intended u | | | | | | | | | | |
| Pa | rt VI Land, Buildings, and Equal Complete if the organiz | u ipment. ation answere | ed "Yes" on Fo | orm 990 | Part IV | line | 11a : | See Form | 990 Pa | art X line | 10 |
| | Description of property | | Cost or other basis | | or other ba | | (c) Ac | cumulated | | d) Book value | |
| | | | (investment) | | other) | | depr | eciation | | | |
| 1a | Land | | | | 70,71 | | | | | | ,716. |
| b | Buildings | | | 6 | 523,15 | - | | 67,995. | | | ,161. |
| С | Leasehold improvements | | | | 54,14 | - | | 21,537. | | | ,609. |
| d | Equipment | | | | 139,69 | - | | 86,490. | | | ,205. |
| <u>e</u> | Other | | | | 409,30 | | | 27,659. | | 81 | ,650. |
| Tota | I. Add lines 1a through 1e. (Columr | n (d) must equa | al Form 990, Pa | rt X, colum | n (B), lin | e 10 | c.) | ▶ | | 293 | ,341. |

Schedule D (Form 990) 2021

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| Part VII | Form 990) 2021 MELVIN J & CLA Investments - Other Securities. | IRE LEVINE JEWI | | 65-0737159 Pag |
|-------------|--|---------------------|---|---------------------|
| r art vii | Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11b. See Form 99 | 0, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu Cost or end-of-year ma | ation: |
| (1) Financi | al derivatives | | · | |
| () | held equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11c. See Form 99 | 0, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valu Cost or end-of-year ma | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX | Other Assets. | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11d. See Form 99 | 0, Part X, line 15. |
| | · • | scription | | (b) Book value |
| (1) | ., | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | umn (b) must equal Form 990, Part X, col. (B) I | line 15.) | | • |
| Part X | Other Liabilities. Complete if the organization answered line 25. | l "Yes" on Form 990 | , Part IV, line 11e or 11f. See Fo | orm 990, Part X, |
| 1. | | otion of liability | | (b) Book value |
| | ral income taxes | Attorn Of Hability | | (b) Book value |
| | O AFFILIATE | | | 478,410 |
| (3) | OAFFILIATE | | | 470,410 |
| | | | | 1 |

(5) (6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 478,410. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X JSA 1E1270 1.000

3688SU 702V 30

| Part 2 | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|--------|--|---------|---------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | |
| | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | |
| Part 2 | | irn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.). | 5 | |
| | Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F |)ort \/ | line 4: Dort V line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | | |
| SEE S | SUPPLEMENTAL PAGE | | |
| | | | |
| | | | |
| | | | |
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Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2:

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL & FAMILY SERVICE OF PALM BEACH COUNTY, INC. IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "CODE") OF 1986, AS AMENDED.

ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE CODE.

THE ORGANIZATION 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 ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2022, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL

Employer identification number 65-0737159

| | | | SEKATCE | | | | |
|---|-------|----|-------------|------|--------|--------|-------|
| P | art I | Qι | uestions Re | egar | ding C | ompens | ation |

| | | | Yes | No |
|----|--|----|-----|----|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form | | | |
| | 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to | 4. | | |
| • | explain | 1b | | |
| 2 | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line | | | |
| | 1a? | 2 | | |
| • | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | 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 on 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? | 4a | | Х |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | Х |
| С | Participate in or receive payment from an equity-based compensation arrangement? | 4c | | Х |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| b | Any related organization? | 5b | | X |
| _ | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | |
| | compensation contingent on the net earnings of: | | | |
| a | The organization? | 6a | | X |
| b | Any related organization? | 6b | | X |
| _ | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. | 7 | | Х |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject | • | | |
| • | to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe | | | |
| | in Part III | 8 | | Х |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

33

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

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

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

| | | (B) Breakdown of W-2 a | nd/or 1099-MISC and/or | 1099-NEC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-----------------------------|------|--------------------------|-------------------------------------|-------------------------------------|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| MARC HOPIN | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 1 CHIEF EXECUTIVE OFFICER | (ii) | 183,607. | NONE | NONE | NONE | 23,916. | 207,523. | NONE |
| KELLY WHITER | (i) | NONE | NONE | NONE | NONE | NONE | NONE | NONE |
| 2 CHIEF DEVELOPMENT OFFICER | (ii) | 166,576. | NONE | NONE | NONE | 7,365. | 173,941. | NONE |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _ 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _ 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _ 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 11 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 12 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 13 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| _16 | (ii) | | | | | | | |

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 3:

FERD AND GLADYS ALPERT JEWISH FAMILY & CHILDREN'S SERVICE OF PALM BEACH COUNTY, INC. ("JFCS"), A 501(C)(3) AFFILIATE OF THE REPORTING ORGANIZATION, PAID COMPENSATION TO THE REPORTING ORGANIZATION'S TOP MANAGEMENT OFFICIAL. JFCS HAS ESTABLISHED THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL USING COMPENSATION COMMITTEE, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE. THE COMPENSATION IS APPROVED BY THE BOARD OR COMPENSATION COMMITTEE.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL

65-0737159

FORM 990, PART III, LINE 3:

THE ORGANIZATION CEASED OPERATIONS OF GROUP HOME 1 DURING JULY 2021.

FORM 990, PART III, LINE 4D:

LIFE PLANNING IS A PROGRAM INTENDED TO REACH OUT TO AND EDUCATE FAMILIES WITH ADULT DISABLED CHILDREN TO HELP THEM BEGIN OR ENHANCE FISCAL OR SOCIAL PLANNING FOR THESE CHILDREN'S NEEDS WHEN THE PARENT PASSES.

EXPENSES \$76,396. INCLUDING GRANTS OF \$0. REVENUE \$0.

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

FORM 990 WAS PREPARED BY A NATIONAL ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 WAS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

THE CONFLICT OF INTEREST POLICY IS CIRCULATED ANNUALLY TO THE BOARD FOR REVIEW AND SIGNATURES. THE CONFLICT OF INTEREST POLICY IS DISCUSSED AT BOARD AND SENIOR MANAGEMENT MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT COMPENSATE ANY OFFICERS OR KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2021
Open to Public Inspection

& FAMILY SERVICE OF PALM BEACH COUNTY

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL

Employer identification number 65-0737159

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (b) (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) (2) (3) (4) (5) (6)

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

| (a) Name, address, and EIN of related organization | (b) (c) Primary activity Legal domicile (state or foreign country) | | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|--|----|----------------------------|--|-------------------------------|--|----|
| | | | | | | Yes | No |
| (1) FERD & GLADYS ALPERT JEWISH FAMILY & CS 59-1520581 | | | | | | | |
| P.O. BOX 220627 WEST PALM BEACH, FL 33422 | SVC PROVIDER | FL | 501(C)(3) | 7 | N/A | | Х |
| (2) | - | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

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

Schedule R (Form 990) 2021

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of- year assets | | h) portionate ations? | | | amount in box 20 of Schedule K-1 | | ij) eral or aging tner? | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------|---|---------------------------------|--|-----|-----------------------------|--|-----|----------------------------------|--|----------------------------------|---------------------------------------|
| | | country) | | , | | | Yes | No | | Yes | No | | | |
| _(1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|--|
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

65-0737159

Yes No

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

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

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

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. | | | | 1a | | X |
|-------------|---|---------------------------------------|-------------------------------|--------------|--------------------|--------|-------|
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| a | Sale of assets to related organization(s) | | | | 1g | | X |
| h | Purchase of assets from related organization(s). | | | | 1h | | X |
| i | Exchange of assets with related organization(s). | | | | 1i | | X |
| i | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | | X |
| , | 20000 of facilities, equipment, or exhat access to related enganization(e), [] [] [] [] [] [] [] [] [| | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s). | | | | 1m | | X |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | Х | |
| | Sharing of paid employees with related organization(s) | | | | 10 | х | |
| · | onaling of paid omployees with foldied organization(o) | | | | | | |
| p | Reimbursement paid to related organization(s) for expenses | | | | 1р | Х | |
| - | Reimbursement paid by related organization(s) for expenses | | | | 1q | | X |
| ٦ | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | х | |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | Х | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete to | this line, including cove | ered relationships and transa | action thres | shold | s. | |
| | (a) | _ (b) | (c) | Method o | (d) | | |
| | Name of related organization | Transaction type (a-s) | Amount involved | | of dete nt invo | | g |
| | | , , , , , , , , , , , , , , , , , , , | | 4 | | ,,,,,, | |
| | | | | | | | |
| (1) | | | | | | | |
| | | | | | | | |
| (2) | | | | | | | |
| | | | | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| <i>(</i> -\ | | | | | | | |
| (5) | | | | | | | |
| (e) | | | | | | | |
| (6) | | | Cal | nedule R (F | orm : | 000) 1 | 2024 |
| SA | | | 501 | ieuuie K (F | OHIII | 22U) 4 | .UZ I |

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

| (a) Name, address, and EIN of entity | (b) Primary activity Legal (state cou | (c) Legal domicile (state or foreign country) | income (related, unrelated, excluded from tax under | (e) Are all partners section 501(c)(3) organizations? | | total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---------------------------------------|--|---|---|----|--------------|--|-----------------------------------|----|---|---|----|--------------------------------|
| | | | sections 512 - 514) | Yes | No | | | Yes | No | (1 111) | Yes | No | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | |
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| (13) | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | |