

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

# 2023

**Open to Public Inspection**

**A** For the **2023** calendar year, or tax year beginning 07/01/2023 and ending 06/30/2024

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization <u>MELVIN J &amp; CLAIRE LEVINE JEWISH RESIDENTIAL &amp; FAMILY SERVICE OF PALM BEACH COUNTY</u> |  |  | <b>D</b> Employer identification number<br><u>65-0737159</u> |  |
|   | Doing Business As  |  |  | <b>E</b> Telephone number<br><u>(561) 684-1991</u>           |  |
|   | Number and street (or P.O. box if mail is not delivered to street address)<br><u>P.O. BOX 220627</u>                           |  | Room/suite<br><u>200</u>   |  |  |
|   | City or town, state or province, country, and ZIP or foreign postal code<br><u>WEST PALM BEACH, FL 33422</u>                   |  |  | <b>G</b> Gross receipts \$ <u>4,477,301.</u>                 |  |
| <b>F</b> Name and address of principal officer:<br><u>MARC HOPIN</u><br><u>P.O. BOX 220627 STE 200, WEST PALM BEACH, FL 33422</u>   |  |  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |
|   |  |  | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |  |  |
|   |  |  | If "No," attach a list. (see instructions)   |  |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |  | <b>H(c)</b> Group exemption number ▶   |  |  |
| <b>J</b> Website: ▶ <u>WWW.ALPERTJFS.ORG</u>  |  |  |  |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  |  | <b>L</b> Year of formation: <u>1997</u> <b>M</b> State of legal domicile: <u>FL</u>                                      |  |  |

## Part I Summary

|  |  |
|--|--|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE RESIDENTIAL FACILITIES AND TO PROVIDE TREATMENT AND OTHER SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS.</u> |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u>  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u>  |
|  | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) <u>29</u>  |
|  | <b>6</b> Total number of volunteers (estimate if necessary) <u>9</u>   |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <u>NONE</u>   |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <u>NONE</u> |  |

|  |  | Prior Year  | Current Year                            |
|--|--|---|---|
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) <u>402,124.</u>   | <u>402,124.</u>                                       | <u>1,716,999.</u>                       |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) <u>1,966,448.</u>  | <u>1,966,448.</u>                                     | <u>2,103,786.</u>                       |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>650,288.</u>                        | <u>650,288.</u>                                       | <u>521,518.</u>                         |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>30,989.</u>              | <u>30,989.</u>  | <u>53,504.</u>                          |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>3,049,849.</u> | <u>3,049,849.</u>                                     | <u>4,395,807.</u>                       |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>NONE</u>                         | <u>NONE</u>   | <u>NONE</u>                             |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>NONE</u>                            | <u>NONE</u>   | <u>NONE</u>                             |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>1,775,512.</u>  | <u>1,775,512.</u>                                     | <u>1,489,678.</u>                       |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>NONE</u>                           | <u>NONE</u>   | <u>NONE</u>                             |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>NONE</u>                                 | <u>NONE</u>   | <u>NONE</u>                             |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>1,158,418.</u>                       | <u>1,158,418.</u>                                     | <u>1,416,588.</u>                       |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>2,933,930.</u>          | <u>2,933,930.</u>                                     | <u>2,906,266.</u>                       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>115,919.</u> | <u>115,919.</u>  | <u>1,489,541.</u>                                     |   |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) <u>2,468,750.</u>   | <b>Beginning of Current Year</b><br><u>2,468,750.</u> | <b>End of Year</b><br><u>3,902,136.</u> |
|  | <b>21</b> Total liabilities (Part X, line 26) <u>1,524,613.</u>  | <u>1,524,613.</u>                                     | <u>1,175,550.</u>                       |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>944,137.</u>                           | <u>944,137.</u>                                       | <u>2,726,586.</u>                       |

## Part II Signature Block

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

|                               |   |   |   |
|-------------------------------|---|---|---|
| <b>Sign Here</b>              | Signature of officer<br><u>MARC HOPIN</u>                             |   | Date  |
|                               | Type or print name and title<br><u>CEO</u>                            |   |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>PAUL HAMMERSCHMIDT</u>               | Preparer's signature<br><u>PAUL HAMMERSCHMIDT</u> | Date<br><u>05/13/2025</u>                       |
|                               | Firm's name ▶ <u>BDO USA</u>  | Firm's EIN ▶ <u>13-5381590</u>                    | Check <input type="checkbox"/> if self-employed |
|                               | Firm's address ▶ <u>200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166</u> | Phone no. <u>212-885-8000</u>                     | PTIN<br><u>P01384178</u>                        |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF THE ORGANIZATION IS TO PROMOTE THE OPERATION OF RESIDENTIAL FACILITIES AND TO PROVIDE TREATMENT AND OTHER SERVICES FOR DEVELOPMENTALLY DISABLED ADULTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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

4a (Code: ) (Expenses \$ 2,203,287. including grants of \$ NONE ) (Revenue \$ 1,992,924. )

THE APARTMENT PROGRAM PROVIDES A THREE TIER SYSTEM FOR SUPPORTED INDEPENDENT LIVING FOR RESIDENTS WHO ARE ABLE TO LIVE IN THE COMMUNITY WITH VARYING AMOUNTS OF SUPPORT/SUPERVISION. THE APARTMENT PROGRAM OFFERS RESIDENTS THE OPPORTUNITY TO LIVE ALONE WHILE UTILIZING THE ASSISTANCE OF 24 HOUR ON-SITE SUPPORT STAFF, AND PARTICIPATE IN SOCIAL, RECREATIONAL AND LIFE-SKILLS INSTRUCTION ON A DAILY BASIS.

4b (Code: ) (Expenses \$ 114,022. including grants of \$ NONE ) (Revenue \$ NONE )

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.

4c (Code: ) (Expenses \$ 199,698. including grants of \$ NONE ) (Revenue \$ 110,862. )

THE TRANSPORTATION PROGRAM PROVIDES TRANSPORTATION TO THE RESIDENTS OF THE APARTMENT PROGRAM TO APPOINTMENTS, ACTIVITIES AND JOBS.

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,517,007.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued) |   | Yes | No |
|---|---|-----|----|
| <b>2a</b>   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return   |     |    |
|   | 2a 29   |     |    |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | X   |    |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .   |     | X  |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .  |     |    |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .    |     | X  |
| <b>b</b>  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .   |     | X  |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |     | X  |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .   |     |    |
| <b>6a</b>   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                       |     | X  |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   |     |    |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>  |     |    |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   |     | X  |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   |     |    |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  |     | X  |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   |     |    |
|   | 7d  |     |    |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |     | X  |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  |     | X  |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |     |    |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |     |    |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  |     |    |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>  |     |    |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .  |     |    |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   |     |    |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:  |     |    |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  |     |    |
|   | 10a   |     |    |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .   |     |    |
|   | 10b   |     |    |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:   |     |    |
| <b>a</b>  | Gross income from members or shareholders . . . . .   |     |    |
|   | 11a   |     |    |
| <b>b</b>  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   |     |    |
|   | 11b   |     |    |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   |     |    |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .   |     |    |
|   | 12b   |     |    |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |     |    |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  |     |    |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   |     |    |
|   | 13b   |     |    |
| <b>c</b>  | Enter the amount of reserves on hand . . . . .  |     |    |
|   | 13c   |     |    |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  |     | X  |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .  |     |    |
| <b>15</b>   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  |     | X  |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.   |     | X  |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. |     |    |
|   | 17  |     |    |

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. CHRISTOPHER HOTALING 5841 CORPORATE WAY, STE 200 WEST PALM BEACH, FL 33407

561-684-1991

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

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

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

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

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

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

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) MARC HOPIN<br>CHIEF EXECUTIVE OFFICER                | 20.00<br>30.00   |   |                       | X       |              |                              |        | NONE<br>206,378.  | 26,730.  |   |
| (2) DR. JERYL KERSHNER<br>CHILD PSYCHIATRIST             | 2.50<br>35.00  |   |                       |         |              | X                            |        | NONE<br>218,490.  | 10,513.  |   |
| (3) KELLEY WHITER<br>CHIEF DEVELOPMENT OFFICER           | 10.00<br>30.00   |   |                       |         | X            |                              |        | NONE<br>172,592.  | 9,023.   |   |
| (4) DR. ELAINE ROTENBERG<br>CHIEF CLINICAL & IMPACT OFF. | 10.00<br>30.00   |   |                       |         |              | X                            |        | NONE<br>150,950.  | 8,668.   |   |
| (5) CHRISTOPHER P. HOTALING<br>CHIEF FINANCIAL OFFICER   | 10.00<br>40.00   |   |                       | X       |              |                              |        | NONE<br>147,615.  | 8,917.   |   |
| (6) DR. JAMES TOMPSON<br>PSYCHIATRIST                    | 2.50<br>35.00  |   |                       |         |              | X                            |        | NONE<br>141,456.  | 729.   |   |
| (7) STEPHANIE ITKIN<br>CHIEF PEOPLE & CULTURE OFFICER    | 16.00<br>24.00   |   |                       |         |              | X                            |        | NONE<br>127,393.  | 10,621.  |   |
| (8) LISA RAHMAN<br>CHIEF PROGRAM OFFICER                 | 10.00<br>30.00   |   |                       |         |              | X                            |        | NONE<br>123,057.  | 8,664.   |   |
| (9) GARY HOFFMAN<br>PRESIDENT                            | 2.00<br>2.00   | X   |                       | X       |              |                              |        | NONE<br>NONE  | NONE   |   |
| (10) CAROLYN GLEIMER SILBEY<br>PAST PRESIDENT            | 2.00<br>2.00   | X   |                       | X       |              |                              |        | NONE<br>NONE  | NONE   |   |
| (11) ALAN I. GOLDBERG<br>VICE PRESIDENT                  | 2.00<br>2.00   | X   |                       | X       |              |                              |        | NONE<br>NONE  | NONE   |   |
| (12) DIANN MANN<br>SECRETARY                             | 2.00<br>2.00   | X   |                       | X       |              |                              |        | NONE<br>NONE  | NONE   |   |
| (13) JOHN STERN<br>TREASURER                             | 2.00<br>2.00   | X   |                       |         |              |                              |        | NONE<br>NONE  | NONE   |   |
| (14) ILENE GOLDSTEIN<br>MEMBER                           | 2.00<br>NONE   | X   |                       |         |              |                              |        | NONE<br>NONE  | NONE   |   |



**Part VIII Statement of Revenue**

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

|   |  |           |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|--|-----------|----------------|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants,<br/>and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns . . . . .  | <b>1a</b> |                |                      |  |                                      |   |  |
|   | <b>b</b> Membership dues . . . . .   | <b>1b</b> |                |                      |  |                                      |   |  |
|   | <b>c</b> Fundraising events . . . . .  | <b>1c</b> |                |                      |  |                                      |   |  |
|   | <b>d</b> Related organizations . . . . .   | <b>1d</b> |                |                      |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions) . .   | <b>1e</b> |                |                      |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above .       | <b>1f</b> | 1,716,999.     |                      |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .                                | <b>1g</b> | \$             |                      |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .  |           |                | 1,716,999.           |  |                                      |   |  |
| <b>Program Service<br/>Revenue</b>  |  |           |                | <b>Business Code</b> |  |                                      |   |  |
|   | <b>2a</b> RESIDENTIAL INCOME   |           |                | 531110               | 2,103,786.                                   | 2,103,786.                           |   |  |
|   | <b>b</b>   |           |                |                      |  |                                      |   |  |
|   | <b>c</b>   |           |                |                      |  |                                      |   |  |
|   | <b>d</b>   |           |                |                      |  |                                      |   |  |
|   | <b>e</b>   |           |                |                      |  |                                      |   |  |
|   | <b>f</b> All other program service revenue . . . . .   |           |                |                      |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .   |  |           |                | 2,103,786.           |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . . |           |                | 8,801.               |  |                                      | 8,801.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . .                                  |           |                | NONE                 |  |                                      |   |  |
|   | <b>5</b> Royalties . . . . .   |           |                | NONE                 |  |                                      |   |  |
|   | <b>6a</b> Gross rents . . . . .  | <b>6a</b> | (i) Real       | (ii) Personal        |  |                                      |   |  |
|   |  |           |                |                      |  |                                      |   |  |
|   |  |           |                |                      |  |                                      |   |  |
|   | <b>b</b> Less: rental expenses   | <b>6b</b> |                |                      |  |                                      |   |  |
|   | <b>c</b> Rental income or (loss)   | <b>6c</b> | NONE           | NONE                 |  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .   |           |                | NONE                 |  |                                      |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory                             | <b>7a</b> | (i) Securities | (ii) Other           |  |                                      |   |  |
|   |  |           |                |                      | 594,211.                                     |                                      |   |  |
|   |  |           |                |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses . .                                       | <b>7b</b> |                |                      | 81,494.                                      |                                      |   |  |
|   | <b>c</b> Gain or (loss) . . . . .  | <b>7c</b> |                |                      | 512,717.                                     |                                      |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .  |           |                | 512,717.             |  |                                      | 512,717.  |  |
| <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . | <b>8a</b>  |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .  | <b>8b</b>  |           |                | NONE                 |  |                                      |   |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .   |  |           | NONE           |                      |  |                                      |   |  |
| <b>9a</b> Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  | <b>9a</b>  |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .  | <b>9b</b>  |           |                | NONE                 |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |           | NONE           |                      |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .   | <b>10a</b>   |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
|   |  |           |                | NONE                 |  |                                      |   |  |
| <b>b</b> Less: cost of goods sold . . . . .   | <b>10b</b>   |           |                | NONE                 |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |           | NONE           |                      |  |                                      |   |  |
| <b>Miscellaneous<br/>Revenue</b>  |  |           |                | <b>Business Code</b> |  |                                      |   |  |
|   | <b>11a</b> MISCELLANEOUS REVENUE   |           |                | 900099               | 53,504.                                      | NONE                                 | 53,504.   |  |
|   | <b>b</b>   |           |                |                      |  |                                      |   |  |
|   | <b>c</b>   |           |                |                      |  |                                      |   |  |
|   | <b>d</b> All other revenue . . . . .   |           |                |                      |  | NONE                                 |   |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .   |  |           |                | 53,504.              |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .   |  |           |                | 4,395,807.           | 2,103,786.                                   | NONE                                 | 575,022.  |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 . . . . .   | 1,264,554.            | 1,039,305.                      | 225,249.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .   | NONE                  |                                 |  |                             |
| 9 Other employee benefits . . . . .  | 113,124.              | 94,203.                         | 18,921.                                |                             |
| 10 Payroll taxes . . . . .   | 112,000.              | 93,266.                         | 18,734.                                |                             |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management . . . . .   | NONE                  |                                 |  |                             |
| b Legal . . . . .  | 17,856.               | 818.                            | 17,038.                                |                             |
| c Accounting . . . . .   | 21,969.               | 10,646.                         | 11,323.                                |                             |
| d Lobbying . . . . .   | NONE                  |                                 |  |                             |
| e 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.) . . . . .  | 129,461.              | 155,551.                        | -26,090.                               |                             |
| 12 Advertising and promotion . . . . .   | 5,953.                | 5,751.                          | 202.                                   |                             |
| 13 Office expenses . . . . .   | 182,681.              | 169,981.                        | 12,700.                                |                             |
| 14 Information technology . . . . .  | NONE                  |                                 |  |                             |
| 15 Royalties . . . . .   | NONE                  |                                 |  |                             |
| 16 Occupancy . . . . .   | 744,723.              | 710,895.                        | 33,828.                                |                             |
| 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 . . . . .  | 26,539.               | 23,178.                         | 3,361.                                 |                             |
| 21 Payments to affiliates . . . . .  | NONE                  |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 159,549.              | 113,614.                        | 45,935.                                |                             |
| 23 Insurance . . . . .   | 99,231.               | 81,158.                         | 18,073.                                |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a OTHER OPERATING EXPENSES   | 22,034.               | 12,273.                         | 9,761.                                 | NONE                        |
| b FOOD   | 6,592.                | 6,368.                          | 224.                                   |                             |
| c _____  |                       |                                 |  |                             |
| d _____  |                       |                                 |  |                             |
| e All other expenses _____   |                       |                                 |  |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | 2,906,266.            | 2,517,007.                      | 389,259.                               | NONE                        |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |          |
|---|--|--------------------------|------------|--------------------|----------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 97,888.                  | <b>1</b>   | 497,327.           |          |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 397,907.                 | <b>2</b>   | 727,031.           |          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | NONE                     | <b>3</b>   | 173,804.           |          |
|   | <b>4</b> Accounts receivable, net . . . . .  | 171,971.                 | <b>4</b>   | 170,233.           |          |
|   | <b>5</b> 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                     | <b>5</b>   | NONE               |          |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   | NONE                     | <b>6</b>   | NONE               |          |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | NONE                     | <b>7</b>   | NONE               |          |
|   | <b>8</b> Inventories for sale or use . . . . .   | NONE                     | <b>8</b>   | NONE               |          |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | NONE                     | <b>9</b>   | 42,835.            |          |
|   | <b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .  | <b>10a</b> 1,155,764.    |            |                    |          |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 249,510.      |            |                    |          |
|   |  |                          | 838,667.   | <b>10c</b>         | 906,254. |
|   | <b>11</b> Investments - publicly traded securities . . . . .   | NONE                     | <b>11</b>  | NONE               |          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | NONE                     | <b>12</b>  | NONE               |          |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 . . . . .  | NONE                     | <b>13</b>  | NONE               |          |
|   | <b>14</b> Intangible assets . . . . .  | NONE                     | <b>14</b>  | NONE               |          |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                        | 962,317.   | <b>15</b>                | 1,384,652. |                    |          |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 2,468,750.   | <b>16</b>                | 3,902,136. |                    |          |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 239,586.                 | <b>17</b>  | 34,860.            |          |
|   | <b>18</b> Grants payable . . . . .   | NONE                     | <b>18</b>  | NONE               |          |
|   | <b>19</b> Deferred revenue . . . . .   | 176,252.                 | <b>19</b>  | 183,737.           |          |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | NONE                     | <b>20</b>  | NONE               |          |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | NONE                     | <b>21</b>  | NONE               |          |
|   | <b>22</b> Loans and other 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 . . . . .     | NONE                     | <b>22</b>  | NONE               |          |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | NONE                     | <b>23</b>  | NONE               |          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | NONE                     | <b>24</b>  | NONE               |          |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 1,108,775.               | <b>25</b>  | 956,953.           |          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,524,613.               | <b>26</b>  | 1,175,550.         |          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>   |                          |            |                    |          |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 944,137.                 | <b>27</b>  | 2,726,586.         |          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | NONE                     | <b>28</b>  | NONE               |          |
|   | <b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>  |                          |            |                    |          |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |          |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | <b>30</b>  |                    |          |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | <b>31</b>  |                    |          |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 944,137.                 | <b>32</b>  | 2,726,586.         |          |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 2,468,750.   | <b>33</b>                | 3,902,136. |                    |          |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |            |
|----|--|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 4,395,807. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 2,906,266. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,489,541. |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 944,137.   |
| 5  | Net unrealized gains (losses) on investments   | 5  | 1,694.     |
| 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  | 291,214.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,726,586. |

**Part XII Financial Statements and Reporting**

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

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

|    | Yes | No |
|----|-----|----|
| 2a |     | X  |
| 2b | X   |    |
| 2c | X   |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

Employer identification number  
**65-0737159**

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

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

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

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

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

Schedule A (Form 990) 2023

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023   | (f) Total  |
|---|----------|----------|----------|----------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .   | 414,633. | 760,118. | 413,447. | 402,124. | 1,716,999. | 3,707,321. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |            | NONE       |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |            | NONE       |
| <b>4 Total.</b> Add lines 1 through 3. . . . .  | 414,633. | 760,118. | 413,447. | 402,124. | 1,716,999. | 3,707,321. |
| <b>5</b> 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). . . . . |          |          |          |          |            | 1,071,935. |
| <b>6 Public support.</b> Subtract line 5 from line 4  |          |          |          |          |            | 2,635,386. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023   | (f) Total   |
|--|----------|----------|----------|----------|------------|-------------|
| <b>7</b> Amounts from line 4 . . . . .   | 414,633. | 760,118. | 413,447. | 402,124. | 1,716,999. | 3,707,321.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .   | NONE     | NONE     | 2,958.   | 7,608.   | 8,801.     | 19,367.     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .  |          |          |          |          |            | NONE        |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .  | 36,505.  | 23,914.  | 10,736.  | 30,989.  | 53,504.    | 155,648.    |
| <b>11 Total support.</b> Add lines 7 through 10 . . . . .  |          |          |          |          |            | 3,882,336.  |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .  |          |          |          |          | 12         | 10,562,690. |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |            |             |

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .   | <b>14</b> | 67.88 % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .  | <b>15</b> | 55.15 % |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . . <input checked="" type="checkbox"/>  |           |         |
| <b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |         |
| <b>17a 10%-facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>    |           |         |
| <b>b 10%-facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/> |           |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>   |           |         |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2023, 2022. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2023, 2022. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3.   | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

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

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2023 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|---|---|-----------------------------|--|---|
| 1   | Distributable amount for 2023 from Section C, line 6  |                             |  |   |
| 2   | Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| 3   | Excess distributions carryover, if any, to 2023   |                             |  |   |
| a   | From 2018 . . . . .   |                             |  |   |
| b   | From 2019 . . . . .   |                             |  |   |
| c   | From 2020 . . . . .   |                             |  |   |
| d   | From 2021 . . . . .   |                             |  |   |
| e   | From 2022 . . . . .   |                             |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |                             |  |   |
| g   | Applied to underdistributions of prior years  |                             |  |   |
| h   | Applied to 2023 distributable amount  |                             |  |   |
| i   | Carryover from 2018 not applied (see instructions)  |                             |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| 4   | Distributions for 2023 from Section D, line 7: \$   |                             |  |   |
| a   | Applied to underdistributions of prior years  |                             |  |   |
| b   | Applied to 2023 distributable amount  |                             |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| 5   | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7   | <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                             |  |   |
| 8   | Breakdown of line 7:  |                             |  |   |
| a   | Excess from 2019 . . . .  |                             |  |   |
| b   | Excess from 2020 . . . .  |                             |  |   |
| c   | Excess from 2021 . . . .  |                             |  |   |
| d   | Excess from 2022 . . . .  |                             |  |   |
| e   | Excess from 2023 . . . .  |                             |  |   |

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

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION           | 2019    | 2020    | 2021    | 2022    | 2023    | TOTAL    |
|-----------------------|---------|---------|---------|---------|---------|----------|
| MISCELLANEOUS REVENUE | 36,505. | 23,914. | 10,736. | 30,989. | 53,504. | 155,648. |
| TOTALS                | 36,505. | 23,914. | 10,736. | 30,989. | 53,504. | 155,648. |

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

|  |  |
|--|--|
| Name of the organization<br>MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL<br>& FAMILY SERVICE OF PALM BEACH COUNTY | Employer identification number<br>65-0737159 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private 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 totaling \$5,000 or more during the year . . . . . \$ \_\_\_\_\_

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

|   |   |
|---|---|
| Name of organization <b>MELVIN J &amp; CLAIRE LEVINE JEWISH RESIDENTIAL &amp; FAMILY SERVICE OF PALM BEACH COUNTY</b> | Employer identification number<br><b>65-0737159</b> |
|---|---|

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | N/A<br><hr/> <hr/>                | \$ 427,972.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | N/A<br><hr/> <hr/>                | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | N/A<br><hr/> <hr/>                | \$ 60,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | N/A<br><hr/> <hr/>                | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | N/A<br><hr/> <hr/>                | \$ 37,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/>                       | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization <b>MELVIN J &amp; CLAIRE LEVINE JEWISH RESIDENTIAL &amp; FAMILY SERVICE OF PALM BEACH COUNTY</b> | <b>Employer identification number</b><br>65-0737159 |
|---|---|

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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

Employer identification number 65-0737159

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a 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., 1b 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: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2023

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations? . . . . .   | 3a(i)  |    |
| (ii) Related organizations? . . . . .  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

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

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

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

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      |                                 |                              |                |
| b Buildings . . . . .   |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .  |                                      | 861,738.                        | 91,162.                      | 770,576.       |
| d Equipment . . . . .   |                                      | 74,447.                         | 49,553.                      | 24,894.        |
| e Other . . . . .   |                                      | 219,579.                        | 108,795.                     | 110,784.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . . |                                      |                                 |                              | 906,254.       |

**Part VII Investments - Other Securities**

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

| (a) Description of security or category<br>(including name of security)         | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .                                     |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . |                |  |

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1) OPERATING LEASE ROU ASSETS   | 738,524.       |
| (2) DUE FROM AFFILIATES  | 646,128.       |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). . . . . | 1,384,652.     |

**Part X Other Liabilities**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (2) OPERATING LEASE LIABILITIES  | 956,953.       |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). . . . . | 956,953.       |

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



**Part 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. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED JUNE 30, 2024.

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, 2024, THE ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY A TAXING AUTHORITY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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

Employer identification number  
**65-0737159**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization? **5a**  **X**
- 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**  **X**

**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**  **X**

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

|           | Yes | No       |
|-----------|-----|----------|
| <b>1a</b> |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>3</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     | <b>X</b> |

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title                                     |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 MARC HOPIN<br>CHIEF EXECUTIVE OFFICER                | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|  | (ii) | 206,378.   | NONE                                | NONE                                | NONE   | 26,730.                 | 233,108.                        | NONE  |
| 2 CHRISTOPHER P. HOTALIN<br>CHIEF FINANCIAL OFFICER    | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|  | (ii) | 147,615.   | NONE                                | NONE                                | NONE   | 8,917.                  | 156,532.                        | NONE  |
| 3 DR. JERYL KERSHNER<br>CHILD PSYCHIATRIST             | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|  | (ii) | 218,490.   | NONE                                | NONE                                | NONE   | 10,513.                 | 229,003.                        | NONE  |
| 4 KELLEY WHITER<br>CHIEF DEVELOPMENT OFFICER           | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|  | (ii) | 172,592.   | NONE                                | NONE                                | NONE   | 9,023.                  | 181,615.                        | NONE  |
| 5 DR. ELAINE ROTENBERG<br>CHIEF CLINICAL & IMPACT OFF. | (i)  | NONE   | NONE                                | NONE                                | NONE   | NONE                    | NONE                            | NONE  |
|  | (ii) | 150,950.   | NONE                                | NONE                                | NONE   | 8,668.                  | 159,618.                        | NONE  |
| 6  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 7  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

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.

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

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

OMB No. 1545-0047

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

**2023**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL

65-0737159

**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.

**FORM 990, PART XI, LINE 9:**

ADJUSTMENT TO RECONCILE EXPENSES OF AFFILIATE  
AS REPORTED ON CONSOLIDATED FINANCIAL STATEMENT ..... \$(291,214)

Name of the organization

Employer identification number

MELVIN J & CLAIRE LEVINE JEWISH RESIDENTIAL

65-0737159

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

INTERIOR CONCEPTS  
4133 BURNS ROAD  
PALM BEACH GARDENS, FL 33410

CONSTRUCTION SVCS

706,507.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

Employer identification number  
**65-0737159**

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

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

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

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

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | X  |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | X  |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   | X   |    |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   | X   |    |

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

|     | (a)<br>Name of related organization | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|---------------------------------|------------------------|--|
| (1) |                                     |                                 |                        |  |
| (2) |                                     |                                 |                        |  |
| (3) |                                     |                                 |                        |  |
| (4) |                                     |                                 |                        |  |
| (5) |                                     |                                 |                        |  |
| (6) |                                     |                                 |                        |  |

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

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

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

**Part VII** Supplemental Information

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

---