

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning 07/01/24, and ending 06/30/25

B Check if applicable:
C Name of organization: JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA
D Employer identification number: 23-7211881
E Telephone number: 760-324-4737
F Name and address of principal officer: ALBERTO TEJERO, 69710 HIGHWAY 111, RANCHO MIRAGE, CA 92270-2856
I Tax-exempt status: 501(c)(3)
J Website: WWW.JFEDPS.ORG
K Form of organization: Corporation
L Year of formation: 1960
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer ALBERTO TEJERO, CFO. Date.
Paid Preparer Use Only: Preparer's name ANDREA L. OLIVERI, signature, date 05/13/26, PTIN P01890398. Firm's name COACHELLA VALLEY ACCOUNTING & AUDITING, address LA QUINTA, CA 92253, phone no. 442-325-0089.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **1,745,684** including grants of \$ **941,000** ) (Revenue \$ )

**THE FEDERATION RAISES FUNDS FOR PHILANTHROPIC, SOCIAL, EDUCATIONAL, AND RELIGIOUS PURPOSES AND DISTRIBUTES FUNDS TO OTHER NON-PROFIT ORGANIZATIONS WITH THE SAME PURPOSES. THE FEDERATION ALSO PROVIDES COUNSELING, FAMILY ASSISTANCE AND COMMUNITY SERVICES.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

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

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

**4e** Total program service expenses **1,745,684**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** *(continued)*

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

**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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 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.

**ALBERTO TEJERO**  
**RANCHO MIRAGE**

**69710 HIGHWAY 111**

**CA 92270-2856 760-324-4737**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIEL LABIN INTERIM CEO	40.00 0.00	X		X				215,000	0	31,283
(2) ALBERTO TEJERO CFO	40.00 0.00	X		X				127,341	0	37,329
(3) ARNIE GILLMAN PRESIDENT	1.00 0.00	X		X				0	0	0
(4) RON LANGUS VICE-PRESIDENT	1.00 0.00	X		X				0	0	0
(5) BRYAN KOCEN TREASURER	1.00 0.00	X		X				0	0	0
(6) STEPHANIE ROSS SECRETARY	1.00 0.00	X		X				0	0	0
(7) LORI FRITZ ALLOCATIONS CHAIR	1.00 0.00	X						0	0	0
(8) FRAN KAUFMAN WOMEN'S PHILAN CHAIR	1.00 0.00	X						0	0	0
(9) JACKIE COHEN PAST-PRESIDENT	0.50 0.00	X						0	0	0
(10) MARGIE KULP CAMPAIGN CHAIR	1.00 0.00	X						0	0	0
(11) SHERI BORAX DIRECTOR	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>NADINE BRINHENDLER</b>										
(12) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(13) <b>WENDY BROOKS</b>										
(13) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(14) <b>BILL CHUNOWITZ</b>										
(14) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(15) <b>BARRY FISHER</b>										
(15) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(16) <b>CAROL FRAGEN</b>										
(16) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(17) <b>ALAN GILTTLIN</b>										
(17) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(18) <b>BOBBI HOLLAND</b>										
(18) ..... DIRECTOR	1.00 0.00	X					0	0	0	
(19) <b>ROBERT JACOBS</b>										
(19) ..... DIRECTOR	1.00 0.00	X					0	0	0	
<b>1b Subtotal</b> .....							<b>342,341</b>		<b>68,612</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>342,341</b>		<b>68,612</b>	

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

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

**Section B. Independent Contractors**

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

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

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

0

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, 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, and similar amounts not included above	<b>1f</b>	<b>2,320,816</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h Total.</b> Add lines 1a-1f		<b>2,320,816</b>			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code			
<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						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>214,760</b>		<b>214,760</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents		(i) Real	(ii) Personal		
		<b>6a</b>				
		<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		<b>7a</b>				
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>			
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
		<b>8a</b>	<b>45,579</b>			
<b>b</b> Less: direct expenses		<b>8b</b>	<b>160,420</b>			
<b>c</b> Net income or (loss) from fundraising events		<b>-114,841</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>ADVERTISING INCOME</b>	Business Code	<b>541800</b>	<b>69,797</b>	<b>69,797</b>	
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d		<b>69,797</b>			
<b>12 Total revenue.</b> See instructions		<b>2,490,532</b>	<b>0</b>	<b>69,797</b>	<b>214,760</b>	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	497,000	497,000		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	444,000	444,000		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	285,003	180,254	52,289	52,460
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	322,076	203,701	59,091	59,284
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	126,414	79,952	23,193	23,269
<b>10</b> Payroll taxes	46,775	29,583	8,582	8,610
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	13,000		13,000	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	163	103	30	30
<b>12</b> Advertising and promotion	74,913	47,380	13,744	13,789
<b>13</b> Office expenses	36,765	23,253	6,745	6,767
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	126,391	79,937	23,189	23,265
<b>17</b> Travel	37,229	23,546	6,831	6,852
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	50,789	32,122	9,318	9,349
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> REPAIRS AND MAINTENANCE	39,992	25,294	7,337	7,361
<b>b</b> OTHER EXPENSES	38,121	24,110	6,994	7,017
<b>c</b> TELEPHONE AND FAX	20,330	12,858	3,730	3,742
<b>d</b> MISC	19,525	12,349	3,582	3,594
<b>e</b> All other expenses	47,817	30,242	8,773	8,802
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,226,303	1,745,684	246,428	234,191
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>139,858</b>	<b>1</b>	<b>252,931</b>
	<b>2</b> Savings and temporary cash investments	<b>538,815</b>	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>693,613</b>	<b>3</b>	<b>724,035</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<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		<b>5</b>	
	<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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>1,691</b>	<b>9</b>	<b>22,055</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>2,022,589</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>734,783</b>	<b>1,334,801</b>	<b>10c</b> <b>1,287,806</b>
	<b>11</b> Investments—publicly traded securities	<b>5,763,884</b>	<b>11</b>	<b>7,129,509</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>33,815</b>	<b>15</b>	<b>17,058</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>8,506,477</b>	<b>16</b>	<b>9,433,394</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>9,167</b>	<b>17</b>	<b>2,786</b>
	<b>18</b> Grants payable	<b>1,591,352</b>	<b>18</b>	<b>1,089,360</b>
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<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		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,600,519</b>	<b>26</b>	<b>1,092,146</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>4,671,895</b>	<b>27</b>	<b>5,307,817</b>
	<b>28</b> Net assets with donor restrictions	<b>2,234,063</b>	<b>28</b>	<b>3,033,431</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<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 Total net assets or fund balances</b>	<b>6,905,958</b>	<b>32</b>	<b>8,341,248</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>8,506,477</b>	<b>33</b>	<b>9,433,394</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,490,532</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,226,303</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>264,229</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>6,905,958</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>72,476</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	<b>1,098,585</b>
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,341,248</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2c</b>	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.		
<b>3a</b>	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>X</b>
<b>3b</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		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) <b>BARRY KAIMAN</b>										
(12) DIRECTOR	1.00 0.00	X					0	0	0	
(21) <b>SCOT KARP</b>										
(13) DIRECTOR	1.00 0.00	X					0	0	0	
(22) <b>MATTHEW LIEBERMAN</b>										
(14) DIRECTOR	1.00 0.00	X					0	0	0	
(23) <b>KATIE SMALL</b>										
(15) DIRECTOR	1.00 0.00	X					0	0	0	
(24) <b>DAN WEISBERG</b>										
(16) DIRECTOR	1.00 0.00	X					0	0	0	
(25) <b>NINA ZALE</b>										
(17) DIRECTOR	1.00 0.00	X					0	0	0	
(18)										
(19)										
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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

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

**Section B. Independent Contractors**

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

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

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

**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

**2024**

**Open to Public Inspection**

Name of the organization <b>JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA</b>	Employer identification number <b>23-7211881</b>
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**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>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,728,463	2,151,757	2,029,623	2,412,832	2,320,816	10,643,491
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,728,463	2,151,757	2,029,623	2,412,832	2,320,816	10,643,491
<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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						10,643,491

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	1,728,463	2,151,757	2,029,623	2,412,832	2,320,816	10,643,491
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	66,316	120,781	270,989	208,236	214,760	881,082
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						11,524,573

**12** Gross receipts from related activities, etc. (see instructions) **12** 167,604

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

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	92.35%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	93.10%

**16a 33 1/3% support test — 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test — 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test — 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2023 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests — 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests — 2023.** 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
<b>1</b>		
<b>2</b>		

**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>		
<b>1</b>		

**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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 <b>(see instructions)</b> .			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
<b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>			
<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 each of its 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. <b>Answer lines 3a and 3b below.</b>			
<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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

**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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 .....			
<b>b</b> From 2020 .....			
<b>c</b> From 2021 .....			
<b>d</b> From 2022 .....			
<b>e</b> From 2023 .....			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 .....			
<b>b</b> Excess from 2021 .....			
<b>c</b> Excess from 2022 .....			
<b>d</b> Excess from 2023 .....			
<b>e</b> Excess from 2024 .....			



Supplemental Financial Statements

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

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

Open to Public Inspection

Name of the organization: JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA. Employer identification number: 23-7211881.

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements and a table for details of conservation easements held at the end of the tax year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

**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.

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance	2,093,369	2,200,248	2,117,821	2,287,508	2,371,207
<b>b</b> Contributions			100,000		
<b>c</b> Net investment earnings, gains, and losses		65,780	121,112	-69,687	26,258
<b>d</b> Grants or scholarships		172,659	98,000		109,957
<b>e</b> Other expenditures for facilities and programs			40,685	100,000	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	2,093,369	2,093,369	2,200,248	2,117,821	2,287,508

**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 **100.00** %
- 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:

- (i)** Unrelated organizations?
- (ii)** Related organizations?

	Yes	No
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		326,332		326,332
<b>b</b> Buildings		1,297,735	461,659	836,076
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		398,522	273,124	125,398
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,287,806

**Part VII Investments – Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(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: 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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	<b>2,723,428</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	<b>72,476</b>
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>160,420</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>232,896</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>2,490,532</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b>	<b>2,490,532</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	<b>2,386,723</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>160,420</b>
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	<b>160,420</b>
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	<b>2,226,303</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<b>5</b>	<b>2,226,303</b>

**Part XIII Supplemental Information**

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE FEDERATION CREATED THE ENDOWMENT FUNDS TO PERPETUATE INCOME FOR THE ORGANIZATION FOR TODAY AND FUTURE YEARS WHILE ALLOWING DONORS THE OPPORTUNITY TO LEAVE A LASTING LEGACY. THE FUNDS ARE EACH HELD IN SEPARATE ACCOUNTS BY DONOR AND THE FEDERATION RECEIVES ANNUAL GRANTS FROM THE INTEREST EARNED ON THE PERMANENTLY RESTRICTED FUNDS.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

SPECIAL EVENTS EXPENSES \$ 160,420

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

SPECIAL EVENTS EXPENSES \$ 160,420



**SCHEDULE F  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Statement of Activities Outside the United States**

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

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

**Open to Public  
Inspection**

**JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number

**23-7211881**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....					
<b>b Total from continuation sheets to Part I</b> ..					
<b>c Totals</b> (add lines 3a and 3b)					

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				HUMANITARIAN ISRAEL GUIDE DOGS CENTER FOR THE BLIND	7,500				
(2)				HUMANITARIAN THE JEWISH AGENCY FOR ISRAEL	115,500				
(3)				HUMANITARIAN JOINT DISTRIBUTION	150,000				
(4)			RAMAT	HUMANITARIAN	135,000				
(5)			ZAKA	HUMANITARIAN	15,000				
(6)			KREMBO WINGS	HUMANITARIAN	6,000				
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 9

3 Enter total number of other organizations or entities .....

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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number

**23-7211881**

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

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of nongovernment grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>NEW EVENT - FUN</u> (event type)	<u>LION OF JUDAH</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	28,182	17,397		45,579
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	28,182	17,397		45,579
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs	74,229	13,797		88,026
	<b>7</b> Food and beverages		24,798		24,798
	<b>8</b> Entertainment	39,200			39,200
	<b>9</b> Other direct expenses	5,345	3,051		8,396
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				160,420
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				-114,841	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number  
**23-7211881**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANGEL VIEW 67625 E. PALM CANYON DR 7A CATHEDRAL CITY CA 92234	95-1861861	501C3	10,000				HUMANITARIAN
(2)	ANTI-DEFAMATION LEAGUE 605 THIRD AVE NEW YORK NY 10158	13-2887439	501C3	20,000				HUMANITARIAN
(3)	BIKUR CHOLIM PO BOX 2934 PALM SPRINGS CA 92263	33-0693570	501C3	140,000				HUMANITARIAN
(4)	BOYS AND GIRLS CLUB 42600 COOK ST STE 120 PALM DESERT CA 92211-5143	95-6122699	501C3	5,500				HUMANITARIAN
(5)	CONGREGATION BETH SHALOM 79733 COUNTRY CLUB DR BERMUDA DUNES CA 92203	99-9993237	501C3	7,500				HUMANITARIAN
(6)	INLAND AND DESERT HILLEL COUNCIL 3587 MOUNT RUBIDOUX DR. RIVERSIDE CA 92501-2022	75-3248486	501C3	103,000				HUMANITARIAN
(7)	JEWISH FAMILY SERVICES 69710 HWY 111 RANCHO MIRAGE CA 92270	33-0613083	501C3	105,000				HUMANITARIAN
(8)	JOSLYN SENIOR CENTER 73-750 CATALINA WAY PALM DESERT CA 92260			12,000				HUMANITARIAN
(9)	MIZELL SENIOR CENTER 480 S SUNRISE WAY PALM SPRINGS CA 92262-7641	95-3464835	501C3	15,000				HUMANITARIAN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**
- 3 Enter total number of other organizations listed in the line 1 table **2**

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number  
**23-7211881**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFEHOUSE OF THE DESERT 69710 HIGHWAY 111 RANCHO MIRAGE CA 92270			7,500				
(2)	TEC 69710 HIGHWAY 111 PALM DESERT CA 92211		501C3	11,000				HUMANITARIAN
(3)	TEMPLE ISAIAH 332 W ALEJO RD PALM SPRINGS CA 92262	52-7368398	501C3	26,000				HUMANITARIAN
(4)	TEMPLE SINAI 69710 HIGHWAY 111 PALM DESERT CA 92211		501C3	19,500				HUMANITARIAN
(5)	ALEPH SCHOOL 69710 HIGHWAY 111 PALM DESERT CA 92211			10,000				HUMANITARIAN
(6)								
(7)								
(8)								
(9)								

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**  
 SELECTED BOARD AND STAFF MEMBERS OF THE ORGANIZATION MONITOR THE PROGRESS  
 OF THE AGENCIES OR PROJECTS THAT THE ORGANIZATION SUPPORTS. THEY MEET WITH  
 THE VARIOUS GRANT RECIPIENTS TO ENSURE COMPLIANCE WITH THE ORGANIZATION'S  
 REQUIREMENTS.

**PART IV - ADDITIONAL INFORMATION**  
 JEWISH FEDERATION OF PALM SPRINGS REPORTS GRANTS ON SCHEDULE I TO THE  
 JEWISH FEDERATIONS OF NORTH AMERICAN (JFNA), WHICH IS A DOMESTIC U.S.  
 CHARITY. JFNA AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A  
 SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE  
 (JDC) - EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F. JFNA, UIA,  
 AND JDC ARE ALL 501(C)(3) ORGANIZATIONS.

**SCHEDULE I  
(Form 990)**

**Supplemental Information**

**2024**

For calendar year 2024, or tax year beginning **07/01/24**, and ending **06/30/25**

Name of the organization **JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number

**23-7211881**

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**SELECTED BOARD AND STAFF MEMBERS OF THE ORGANIZATION MONITOR THE PROGRESS OF THE AGENCIES OR PROJECTS THAT THE ORGANIZATION SUPPORTS. THEY MEET WITH THE VARIOUS GRANT RECIPIENTS TO ENSURE COMPLIANCE WITH THE ORGANIZATION'S REQUIREMENTS.**

**PART IV - ADDITIONAL INFORMATION**

**JEWISH FEDERATION OF PALM SPRINGS REPORTS GRANTS ON SCHEDULE I TO THE JEWISH FEDERATIONS OF NORTH AMERICAN (JFNA), WHICH IS A DOMESTIC U.S. CHARITY. JFNA AND ITS BENEFICIARY AGENCIES, UNITED ISRAEL APPEAL (UIA), A SUBSIDIARY OF JFNA, AND THE AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE (JDC) - EACH FILE A SEPARATE FORM 990 AND DETAILED SCHEDULE F. JFNA, UIA, AND JDC ARE ALL 501(C)(3) ORGANIZATIONS.**

**SCHEDULE J**  
**(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**Open to Public Inspection**

**JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**

Employer identification number  
**23-7211881**

**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**  Yes  No
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**  Yes  No
- 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**  Yes  No
- b** Any related organization? **5b**  Yes  No
- 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**  Yes  No
- b** Any related organization? **6b**  Yes  No
- 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

**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

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

	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>		

**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 DANIEL LABIN INTERIM CEO	(i)	215,000	0	0	31,283	0	246,283	0
	(ii)	0	0	0	0	0	0	0
2 ALBERTO TEJERO CFO	(i)	127,341	0	0	37,329	0	164,670	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
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)							



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization <b>JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA</b>	Employer identification number <b>23-7211881</b>
------------------------------------------------------------------------------------------	-----------------------------------------------------

**FORM 990 - ORGANIZATION'S MISSION**

THE FEDERATION IS DEDICATED TO PROMOTING THE VALUES AND QUALITY OF JEWISH LIFE AND IS COMMITTED TO FOSTERING A CONTINUITY OF JEWISH LIFE FOR FUTURE GENERATIONS. IT IS FURTHER COMMITTED TO THE UNITY OF THE JEWISH PEOPLE WORLDWIDE, THE STRENGTHENING OF THE STATE OF ISRAEL, AND HELPING OF JEWISH PEOPLE IN NEED WHEREVER THEY RESIDE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE RETURNS ARE REVIEWED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE CEO, AND THE CFO.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AN ANNUAL QUESTIONNAIRE IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS TO REVEAL ANY CONFLICTS OF INTEREST AND IS ALSO MONITORED ON AN ONGOING BASIS BY THE CFO.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE FEDERATION HAS A PERSONNEL COMMITTEE THAT REVIEWS, HIRES, SETS POLICIES, AND RECOMMENDS SALARIES FOR THE CEO AND TOP MANAGEMENT.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE FEDERATION HAS A PERSONNEL COMMITTEE THAT REVIEWS, HIRES, SETS POLICIES, AND RECOMMENDS SALARIES FOR STAFF.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS CAN BE OBTAINED BY REQUEST TO THE ADMINISTRATIVE OFFICES.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION  
NET ASSET BOY - PY RESTATEMENT \$ 1,098,585

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

Department of the Treasury Internal Revenue Service

For calendar year 2024 or other tax year beginning 07/01/24, and ending 06/30/25

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA), EIN (23-7211881), address (69710 HIGHWAY 111, RANCHO MIRAGE, CA 92270-2856), and other identifying information.

Section G: Check organization type. Selected: 501(c) corporation. Other options include 501(c) trust, 401(a) trust, etc.

Section H: Check if filing only to claim. Options include Credit from Form 8941, Refund shown on Form 2439, etc.

Section I: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

Section J: Enter the number of attached Schedules A (Form 990-T). Entered: 1.

Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Answered: No.

Section L: The books are in care of ALBERTO TEJERO. Telephone number: 760-324-4737.

Part I Total Unrelated Business Taxable Income

Table for Part I with 11 rows. Line 11: Unrelated business taxable income: 0.

Part II Tax Computation

Table for Part II with 7 rows. Line 7: Total tax computation: 0.

Part III Tax and Payments

Table for Part III with 4 main rows. Line 4: Total tax: 0.

**Part III Tax and Payments** (continued)

<b>5</b>	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		<b>5</b>	
<b>6a</b>	Payments: Preceding year's overpayment credited to the current year	<b>6a</b>		
<b>b</b>	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>		
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>		
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>		
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b>	Elective payment election amount from Form 3800	<b>6g</b>		
<b>h</b>	Payment from Form 2439	<b>6h</b>		
<b>i</b>	Credit from Form 4136	<b>6i</b>		
<b>j</b>	Other (see instructions)	<b>6j</b>		
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6j		<b>7</b>	
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		<b>9</b>	<b>0</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		<b>10</b>	
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> <b>Refunded</b>		<b>11</b>	

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

	Yes	No
<b>1</b> At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		<b>X</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		
<b>4</b> Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
<b>541800</b>	\$	<b>270,222</b>
	\$	
	\$	
	\$	
	\$	
<b>6a</b> Reserved for future use		
<b>b</b> Reserved for future use		

**Part V Supplemental Information**

Provide any additional information. See instructions.

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 taxpayer) is based on all information of which preparer has any knowledge.

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

<b>Sign Here</b>	Signature of officer	Date	Title	
			<b>CFO</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANDREA L. OLIVERI</b>	Preparer's signature	Date <b>05/13/26</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P01890398</b>
	Firm's name <b>COACHELLA VALLEY ACCOUNTING &amp; AUDITING</b>	Firm's EIN		
	Firm's address <b>43675 ALBA CT LA QUINTA, CA 92253</b>	Phone no. <b>442-325-0089</b>		

**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2024**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>JEWISH FEDERATION OF PALM SPRINGS</b>	<b>B</b> Employer identification number <b>23-7211881</b>
<b>C</b> Unrelated business activity code (see instructions) ... <b>541800</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business **UNRELATED BUSINESS ACTIVITY**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Part IV)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII)	<b>10</b>		
<b>11</b> Advertising income (Part IX)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) <b>SEE STMT 1</b>	<b>12</b> 69,797		69,797
<b>13</b> <b>Total.</b> Combine lines 3 through 12	<b>13</b> 69,797		69,797

**Part II** **Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.

<b>1</b> Compensation of officers, directors, and trustees (Part X)		<b>1</b>	
<b>2</b> Salaries and wages		<b>2</b>	
<b>3</b> Repairs and maintenance		<b>3</b>	
<b>4</b> Bad debts		<b>4</b>	
<b>5</b> Interest (attach statement). See instructions		<b>5</b>	
<b>6</b> Taxes and licenses		<b>6</b>	
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>8b</b>	0
<b>9</b> Depletion		<b>9</b>	
<b>10</b> Contributions to deferred compensation plans		<b>10</b>	
<b>11</b> Employee benefit programs		<b>11</b>	
<b>12</b> Excess exempt expenses (Part VIII)		<b>12</b>	
<b>13</b> Excess readership costs (Part IX)		<b>13</b>	
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 2</b>		<b>14</b>	73,496
<b>15</b> <b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	73,496
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	-3,699
<b>17</b> Deduction for net operating loss. See instructions		<b>17</b>	
<b>18</b> <b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	-3,699

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold**

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	<b>Total.</b> Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

**Part V Unrelated Debt-Financed Income (see instructions)**

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 <b>Total dividends — received deductions</b> included in line 10				

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

**Totals** .....

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).

**Totals** .....

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: .....	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	<b>7</b>



**Form 990-T - General Footnote**

## Description

JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA  
 990T - NOL CARRYFORWARDS - FEDERAL  
 YEAR ENDED JUNE 33, 2025

YEAR GENERATED	NOL AMOUNT	AMOUNT USED	CARRYFORWARD
2018	44,171	-	44,171
2019	31,058	-	31,058
2020	37,130	-	37,130
2021	43,434	-	43,434
2022	58,348	-	58,348
2023	56,081	-	56,081
2024	3,699	-	3,699
	CARRYFORWARD TO 2024	-----	TOTAL
			273,291

**Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts**

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	541800	\$ 270,222
TOTAL		\$ <u>270,222</u>

**Unrelated Business Activity****Statement 1 - Schedule A (990T), Part I, Line 12 - Other Income**

Description	Amount
ADVERTISING INCOME	\$ 69,797
TOTAL	\$ 69,797

**Unrelated Business Activity****Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions**

Deduction Description	Deduction Amount
PRINTING AND DESIGN	\$ 64,835
MISC CONTRACT	8,661
TOTAL	\$ 73,496

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

JEWISH FEDERATION OF PALM SPRINGS AND DESERT AREA

Identifying number 23-7211881

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 1,220,000; Line 3: 3,050,000; Line 16: 46,419.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 16: 46,419.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 0.

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B.

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns and 4 rows (20a-d) for Section C.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 22: 46,419; Line 23: 23.

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179	Basis for Depr	Conv	Meth	Prior	Current
		In Service	Cost							
<b>Other Depreciation:</b>										
18	Walls, Doors, Paint, Fini	10/26/11	53,398			53,398	39	MO S/L	23,240	1,370
19	Fire Safety System Check	10/18/11	203			203	39	MO S/L	64	6
20	Window Tinting	10/11/11	706			706	39	MO S/L	229	18
23	Electrical Work	9/12/11	350			350	39	MO S/L	115	9
24	Stone & Tile Work	10/28/11	150			150	39	MO S/L	51	4
26	Electrical Work	10/26/11	411			411	39	MO S/L	138	11
33	Wall Enclosure - CEO Offi	4/13/12	3,000			3,000	39	MO S/L	940	77
34	Landscaping	4/17/12	4,108			4,108	39	MO S/L	1,282	105
35	Glass Doors & Walls	5/18/12	8,948			8,948	39	MO S/L	2,776	229
36	Mag Lock - New Doors	5/22/12	193			193	39	MO S/L	61	5
38	Building Signs & Plaques	10/26/11	3,235			3,235	10	MO S/L	3,235	0
39	Tribute Panel	3/12/12	5,130			5,130	10	MO S/L	5,130	0
40	Tribute Panels & Mission	2/29/12	9,428			9,428	10	MO S/L	9,428	0
41	Tribute Plaque	4/19/12	509			509	10	MO S/L	509	0
42	Vinyl Signs	5/02/12	82			82	10	MO S/L	82	0
43	Table Throw & Banner	12/13/11	493			493	10	MO S/L	493	0
57	BCM-50 Telephone System	10/18/11	9,926			9,926	7	MO S/L	9,926	0
58	Installation & Engineerin	10/18/11	1,400			1,400	7	MO S/L	1,400	0
59	T24 Add on Module	11/03/11	214			214	7	MO S/L	214	0
60	CS55/HL10 Bundle	9/04/11	290			290	7	MO S/L	290	0
61	Wireless Set Up	7/30/11	350			350	7	MO S/L	350	0
62	Bldg	8/16/11	1,297,735			1,297,735	39	MO S/L	437,971	33,276
63	Land	8/16/11	311,100			311,100	0	-- Land	0	0
64	Dell Ceiling Mount Projec	9/19/12	2,012			2,012	5	MO S/L	2,012	0
68	Room Naming Lettering	8/30/12	4,320			4,320	10	MO S/L	4,320	0
69	Violet Friedman Plaque	8/30/12	574			574	10	MO S/L	574	0
70	Koron Family Plaque	9/14/12	574			574	10	MO S/L	574	0
71	Tribute & Endowment Plaqu	11/15/12	103			103	10	MO S/L	103	0
72	Acrylic Letters	11/30/12	659			659	10	MO S/L	659	0
73	Plaques	4/30/13	309			309	10	MO S/L	309	0
75	Console Table	10/17/11	650			650	7	MO S/L	650	0
76	Delivery & Install	10/17/11	4,095			4,095	7	MO S/L	4,095	0
77	Desk & Return	10/17/11	1,473			1,473	7	MO S/L	1,473	0
78	Desk Unit PC	10/17/11	294			294	7	MO S/L	294	0
79	L-Unit	10/17/11	496			496	7	MO S/L	496	0
80	Lateral File	10/17/11	444			444	7	MO S/L	444	0
81	Lateral File	10/17/11	444			444	7	MO S/L	444	0
82	Console Table	10/17/11	650			650	7	MO S/L	650	0
83	End Table	10/17/11	546			546	7	MO S/L	546	0
84	Lounge Chairs Fabric	10/17/11	2,609			2,609	7	MO S/L	2,609	0
85	Office Chairs Black Mesh	10/17/11	1,940			1,940	7	MO S/L	1,940	0
86	Desk With Right Credenza	10/17/11	1,330			1,330	7	MO S/L	1,330	0
87	Overhead for Deak	10/17/11	463			463	7	MO S/L	463	0
88	Tack Board	10/17/11	211			211	7	MO S/L	211	0
89	Conference Table	10/17/11	997			997	7	MO S/L	997	0
90	Conference Table-Base	10/17/11	671			671	7	MO S/L	671	0
91	Mobile Utility Cart	10/17/11	628			628	7	MO S/L	628	0
92	Executive Mesh Chair	10/17/11	624			624	7	MO S/L	624	0
93	Timberlane Guest Chairs	10/17/11	1,700			1,700	7	MO S/L	1,700	0
94	Double Ped Desk	10/17/11	744			744	7	MO S/L	744	0
95	Lateral File	10/17/11	778			778	7	MO S/L	778	0
96	Credenza	10/17/11	596			596	7	MO S/L	596	0
97	Desk With Left Return	10/17/11	1,024			1,024	7	MO S/L	1,024	0
98	Laminate Huthch w/doors	10/17/11	463			463	7	MO S/L	463	0
99	Laminate Huthch w/doors	10/17/11	463			463	7	MO S/L	463	0
100	Desk With Return	10/17/11	1,006			1,006	7	MO S/L	1,006	0
101	Desk With Return	10/17/11	983			983	7	MO S/L	983	0
102	High Lateral Files	10/17/11	1,900			1,900	7	MO S/L	1,900	0
103	Hutch with Doors	10/17/11	926			926	7	MO S/L	926	0
104	Desk with Return	10/17/11	983			983	7	MO S/L	983	0
105	High Lateral Files	10/17/11	633			633	7	MO S/L	633	0
106	Double Ped Desk	10/17/11	655			655	7	MO S/L	655	0
107	Conference Table	10/17/11	428			428	7	MO S/L	428	0
108	Table Base	10/17/11	388			388	7	MO S/L	388	0
109	Chrome Black Mesh Chairs	10/17/11	970			970	7	MO S/L	970	0
110	Black Mesh Office Chairs	10/17/11	2,909			2,909	7	MO S/L	2,909	0
111	Custom Lam Conference Tab	10/17/11	2,047			2,047	7	MO S/L	2,047	0
112	Task Chairs	10/17/11	1,073			1,073	7	MO S/L	1,073	0
113	Evolve Panel System - Inv	10/17/11	537			537	7	MO S/L	537	0
114	Task Lights	11/02/11	695			695	7	MO S/L	695	0

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date		Bus %	Sec 179	Basis for Depr	PerConv	Meth	Prior	Current
		In Service	Cost							
115	Task Lights	11/02/11	161			161	7	MO S/L	161	0
116	3-Silk Tree Plants	10/19/11	1,000			1,000	7	MO S/L	1,000	0
117	Window Blinds - Exe Office	8/30/11	7,000			7,000	7	MO S/L	7,000	0
118	Samsung White 25CF Ref/Fr	10/17/11	1,152			1,152	7	MO S/L	1,152	0
119	GE-Under-Counter Ref-Whit	10/17/11	358			358	7	MO S/L	358	0
120	Frigidare-Dishwasher - Wh	10/17/11	430			430	7	MO S/L	430	0
121	Install	10/17/11	76			76	7	MO S/L	76	0
122	US-Flag & Pole	11/11/11	210			210	7	MO S/L	210	0
123	Folding Chairs	11/01/11	1,932			1,932	7	MO S/L	1,932	0
124	Folding Chairs	11/01/11	1,288			1,288	7	MO S/L	1,288	0
125	Stain Glass Windows-Frame	1/19/12	4,200			4,200	7	MO S/L	4,200	0
126	Audio-Parts & Repair	2/01/12	369			369	7	MO S/L	369	0
127	Audio-Parts & Repair	2/01/12	186			186	7	MO S/L	186	0
128	Safco-2 Tier Mobile Foldi	1/06/12	464			464	7	MO S/L	464	0
129	Drum Table	1/26/12	302			302	7	MO S/L	302	0
130	Flip Top Table	1/26/12	699			699	7	MO S/L	699	0
131	Lactern	1/26/12	592			592	7	MO S/L	592	0
132	Bookcase/Doors	1/26/12	359			359	7	MO S/L	359	0
133	Conference Chairs	1/26/12	1,455			1,455	7	MO S/L	1,455	0
134	Guest Chairs	1/26/12	709			709	7	MO S/L	709	0
135	Monterey Lounge Chairs	1/26/12	1,043			1,043	7	MO S/L	1,043	0
136	Printer Stand	1/26/12	301			301	7	MO S/L	301	0
137	Tackboards (4 @ 227.11 ea	1/26/12	979			979	7	MO S/L	979	0
138	Lateral High File	1/26/12	684			684	7	MO S/L	684	0
139	Right Ped Desk	1/26/12	1,104			1,104	7	MO S/L	1,104	0
140	Hutch With Doors	1/26/12	499			499	7	MO S/L	499	0
141	Task Light	1/26/12	114			114	7	MO S/L	114	0
142	Vertical 4Dr File Cab	1/26/12	741			741	7	MO S/L	741	0
143	Delivery & Install	1/26/12	808			808	7	MO S/L	808	0
144	Brochure Rack	4/24/12	347			347	7	MO S/L	347	0
145	48 Dia-Plastic Tables	2/23/12	796			796	7	MO S/L	796	0
146	Silk Trees/Plants	1/31/12	629			629	7	MO S/L	629	0
147	B/W Framed Art Posters 5	2/09/12	1,287			1,287	7	MO S/L	1,287	0
148	Blinds CEO Office	2/24/12	1,853			1,853	7	MO S/L	1,853	0
149	Blinds - Conference Room	1/12/12	1,545			1,545	7	MO S/L	1,545	0
150	Refreshment Cart - Comm R	2/28/12	441			441	7	MO S/L	441	0
151	Display Stand	7/13/12	338			338	7	MO S/L	338	0
152	Table Lamp	7/13/12	162			162	7	MO S/L	162	0
153	Boardroom Window Blinds	8/30/12	8,000			8,000	7	MO S/L	8,000	0
154	2 Each 3-Seat Sofa	10/04/12	4,854			4,854	7	MO S/L	4,854	0
155	Laminate Coffee Table	10/04/12	753			753	7	MO S/L	753	0
156	4 Each - Lounge Chairs	10/04/12	5,452			5,452	7	MO S/L	5,452	0
157	Delivery & Install Furnit	10/04/12	675			675	7	MO S/L	675	0
158	Fabric To Recover Chairs	10/04/12	948			948	7	MO S/L	948	0
159	Upholstery & Refinish Con	10/04/12	4,986			4,986	7	MO S/L	4,986	0
160	3 Each Bookcases	9/05/12	1,441			1,441	7	MO S/L	1,441	0
161	Upstairs Community Room B	11/13/12	1,262			1,262	7	MO S/L	1,262	0
162	Air Conditioning Unit Vau	10/03/12	3,100			3,100	7	MO S/L	3,100	0
163	4 Chairs Recovered	2/15/13	600			600	7	MO S/L	600	0
164	Plexiglass Museum Stand	4/03/13	860			860	7	MO S/L	860	0
165	Mezuzah Store & Gallery J	4/03/13	545			545	7	MO S/L	545	0
166	Portable Banner	5/15/13	291			291	7	MO S/L	291	0
167	Signage	6/30/12	15,232			15,232	0	-- Land	0	0
168	Art-Statue - Bronzing lob	3/15/06	3,345			3,345	0	MO S/L	0	0
169	Wall Unit for Art Statue	11/01/07	3,009			3,009	0	MO S/L	0	0
170	Wall Unit for Art Statue	10/01/07	2,605			2,605	0	MO S/L	0	0
171	9 Ft. Menorah	1/31/03	1,195			1,195	5	MO S/L	1,195	0
172	Card File Cabinet	1/01/87	677			677	5	MO S/L	677	0
173	File Cabinet	1/01/85	257			257	5	MO S/L	257	0
174	SCREEN	7/30/13	2,068			2,068	5	MO S/L	2,068	0
178	HOT WATER TANK	2/18/15	1,675			1,675	7	MO S/L	1,675	0
179	BUILT-IN WATER COOLER	4/15/15	1,026			1,026	7	MO S/L	1,026	0
180	REMODEL EXEC OFFICE DOOR	6/17/15	1,440			1,440	39	MO S/L	333	37
181	FLOORING TILE FOYER HALL	9/15/14	13,706			13,706	39	MO S/L	3,453	351
182	FLOORING TILE - RECEPTION	11/19/15	12,579			12,579	39	MO S/L	2,771	323
183	FLOATING CABINET & SHELVE	7/01/17	3,700			3,700	7	MO S/L	3,700	0
187	COMTRON SECURITY SYSTEM	7/01/17	9,950			9,950	7	MO S/L	9,948	2
188	GRNDHSE AUDIO SYSTEM	2/16/18	19,960			19,960	7	MO S/L	18,057	1,903
189	OFFICE DOOR	1/28/19	4,325			4,325	39	MO S/L	601	111
190	ROOF	8/30/18	33,086			33,086	39	MO S/L	4,948	848
191	SECURITY EQUIPMENT	1/31/19	1,650			1,650	7	MO S/L	1,277	236
192	SIGN	1/23/19	2,087			2,087	10	MO S/L	1,131	209

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
193	VIDEO SCREEN	7/01/18	3,663			3,663	7 MO S/L	3,139	523
194	Computer	7/01/22	8,671			8,671	5 MO S/L	3,468	1,734
195	Furnishings & Fixtures	7/01/22	33,100			33,100	7 MO S/L	9,457	4,729
196	Community room and office tile flooring	7/30/23	11,819			11,819	39 MO S/L	278	303
	<b>Total Other Depreciation</b>		<u>2,021,581</u>			<u>2,021,581</u>		<u>686,780</u>	<u>46,419</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,021,581</u>			<u>2,021,581</u>		<u>686,780</u>	<u>46,419</u>
	<b>Grand Totals</b>		2,021,581			2,021,581		686,780	46,419
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>2,021,581</u>			<u>2,021,581</u>		<u>686,780</u>	<u>46,419</u>

Form **990****Two Year Comparison Report****2023 & 2024**For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

Name

Taxpayer Identification Number

**JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA****23-7211881**

		2023	2024	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	2,412,832	2,320,816	-92,016
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income	208,236	214,760	6,524
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-111,839		111,839
	8. Net income or (loss) from fundraising events	-98,237	-114,841	-16,604
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	71,921	69,797	-2,124
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>2,482,913</b>	<b>2,490,532</b>	<b>7,619</b>
<b>Expenses</b>	13. Grants and similar amounts paid	1,022,000	941,000	-81,000
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	340,000	285,003	-54,997
	16. Salaries, other compensation, and employee benefits	314,484	495,265	180,781
	17. Professional fundraising fees			
	18. Other professional fees	89,421	13,163	-76,258
	19. Occupancy, rent, utilities, and maintenance	76,377	126,391	50,014
	20. Depreciation and Depletion	49,440	50,789	1,349
	21. Other expenses	192,086	314,692	122,606
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>2,083,808</b>	<b>2,226,303</b>	<b>142,495</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>399,105</b>	<b>264,229</b>	<b>-134,876</b>
<b>Other Information</b>	24. Total exempt revenue	2,482,913	2,490,532	7,619
	25. Total unrelated revenue	9,421	69,797	60,376
	26. Total excludable revenue	158,897	214,760	55,863
	27. Total assets	8,506,477	9,433,394	926,917
	28. Total liabilities	1,600,519	1,092,146	-508,373
	29. Retained earnings	6,905,958	8,341,248	1,435,290
	30. Number of voting members of governing body	5	23	
	31. Number of independent voting members of governing body	5	23	
	32. Number of employees	6	9	
33. Number of volunteers	15	30		

Form **990T****Two Year Comparison Report****2023 & 2024**For calendar year 2024, or tax year beginning **07/01/24**, ending **06/30/25**

Name

Taxpayer Identification Number

**JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA****23-7211881**

		2023	2024	Differences
<b>Business Taxable Income</b>	1. Number of unrelated business activities for this return	1.	1	
	2. Unrelated business taxable income from all trades	2.		
	3. Charitable contributions	3.		
	4. Section 199A deduction (trusts only)	4.		
	5. <b>Taxable income before NOL loss</b>	5.		
	6. Net operating loss (pre-2018)	6.		
	7. Specific deduction	7.	1,000	1,000
	8. <b>Unrelated business taxable income.</b>	8.		
<b>Tax &amp; Credits</b>	9. Income tax (corporate or trust)	9.		
	10. Proxy tax	10.		
	11. Other taxes	11.		
	12. <b>Total taxes</b>	12.		
	13. Other credits	13.		
	14. General business credit	14.		
	15. Credit for prior year minimum tax	15.		
	16. <b>Total credits</b>	16.		
	17. <b>Net tax after credits</b>	17.		
	18. Recapture taxes and 965 tax	18.		
	19. <b>Total Taxes</b>	19.		
<b>Due/Refund</b>	20. Prior year overpayment and estimated tax payments	20.		
	21. Payment made with extension	21.		
	22. Backup withholding and foreign withholding	22.		
	23. Other payments	23.		
	24. <b>Total payments</b>	24.		
	25. <b>Balance due/(Overpayment)</b>	25.		
	26. Overpayment applied to next year	26.		
	27. Penalties	27.		
	28. <b>Total due/(Refund)</b>	28.		
29. Activity Losses NOL (Post-2017)	29.	-56,081	-3,699	52,382

Organization Name

**JEWISH FEDERATION OF PALM SPRINGS**

Taxpayer Identification Number

**23-7211881**

Activity: **UNRELATED BUSINESS ACTIVITY**

Unincorporated Business Income Tax Code: **541800**

		2023	2024	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.	-56,081	56,081	
	10. Other income	10.		69,797	
	11. <b>Total trade or business income.</b> Combine lines 1 through 10	11.	-56,081	69,797	125,878
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.			
	21. Other deductions	21.		73,496	
	22. <b>Total deductions.</b> Add lines 12 through 22	22.		73,496	
	23. <b>Taxable income before deductions.</b> Subtract line 23 from 11	23.	-56,081	-3,699	52,382
	24. Deductible losses	24.		270,222	270,222
	25. <b>Unrelated business taxable income (loss)</b>	25.	-56,081	-273,921	-217,840

Form **990****Tax Return History****2024**Name **JEWISH FEDERATION OF PALM SPRINGS  
AND DESERT AREA**Employer Identification Number  
**23-7211881**

	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants .....			2,029,623	2,412,832	2,320,816	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....			-4,925	-111,839		
Investment income .....			270,989	208,236	214,760	
Fundraising revenue (income/loss) .....			-59,246	-98,237	-114,841	
Gaming revenue (income/loss) .....						
Other revenue .....			10,822	71,921	69,797	
<b>Total revenue</b> .....			<b>2,247,263</b>	<b>2,482,913</b>	<b>2,490,532</b>	
Grants and similar amounts paid .....			979,646	1,022,000	941,000	
Benefits paid to or for members .....						
Compensation of officers, etc. ....			327,540	340,000	285,003	
Other compensation .....			342,967	314,484	495,265	
Professional fees .....			93,772	89,421	13,163	
Occupancy costs .....			119,210	76,377	126,391	
Depreciation and depletion .....			66,582	49,440	50,789	
Other expenses .....			232,573	192,086	314,692	
<b>Total expenses</b> .....			<b>2,162,290</b>	<b>2,083,808</b>	<b>2,226,303</b>	
<b>Excess or (Deficit)</b> .....			<b>84,973</b>	<b>399,105</b>	<b>264,229</b>	
<b>Total exempt revenue</b> .....			<b>2,247,263</b>	<b>2,482,913</b>	<b>2,490,532</b>	
<b>Total unrelated revenue</b> .....			<b>10,822</b>	<b>9,421</b>	<b>69,797</b>	
<b>Total excludable revenue</b> .....			<b>266,064</b>	<b>158,897</b>	<b>214,760</b>	
<b>Total Assets</b> .....			<b>8,078,386</b>	<b>8,506,477</b>	<b>9,433,394</b>	
<b>Total Liabilities</b> .....			<b>1,701,249</b>	<b>1,600,519</b>	<b>1,092,146</b>	
<b>Net Fund Balances</b> .....			<b>6,377,137</b>	<b>6,905,958</b>	<b>8,341,248</b>	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 42,256					
		14				
TOTAL	\$ 42,256					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
TAXABLE DIVIDENDS	\$ 172,504					
		14				
TOTAL	\$ 172,504					

## Federal Statements

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER FEES	\$ 163	\$ 103	\$ 30	\$ 30
TOTAL	<u>\$ 163</u>	<u>\$ 103</u>	<u>\$ 30</u>	<u>\$ 30</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
BANK AND CC FEES	\$ 18,508	\$ 11,705	\$ 3,396	\$ 3,407
POSTAGE AND SHIPPING	16,634	10,520	3,052	3,062
PRINTING AND PUBLICATION	7,442	4,707	1,365	1,370
AUTO EXPENSE	5,233	3,310	960	963
TOTAL	<u>\$ 47,817</u>	<u>\$ 30,242</u>	<u>\$ 8,773</u>	<u>\$ 8,802</u>

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER CONTRIBUTIONS	\$ 1,882,716
SHERWYN TURBOW	
CASH CONTRIBUTION	51,000
BERNARD REITER	
CASH CONTRIBUTION	50,100
CAROL HORWICH LUBER	
CASH CONTRIBUTION	45,000
JUDD & KATHERINE MALKIN	
CASH CONTRIBUTION	101,500
MONROE & RELLA RIFKIN	
CASH CONTRIBUTION	76,000
LYN CHEMIS	
CASH CONTRIBUTION	30,500
MILES BERGER	
CASH CONTRIBUTION	50,000
CAROL FRAGEN	
CASH CONTRIBUTION	34,000
TOTAL	<u>\$ 2,320,816</u>

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
SHERWYN TURBOW	\$ 51,000	\$
BERNARD REITER	50,100	
CAROL HORWICH LUBER	45,000	
JUDD & KATHERINE MALKIN	101,500	
MONROE & RELLA RIFKIN	76,000	
LYN CHEMIS	30,500	
MILES BERGER	50,000	
CAROL FRAGEN	34,000	
TOTAL	<u>\$ 438,100</u>	<u>\$ 0</u>

## Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 42,256
TAXABLE DIVIDENDS	172,504
TOTAL	\$ <u>214,760</u>

Schedule A, Part II, Line 9(e)

Description	Amount
ADVERTISING INCOME	\$ 69,797
ADVERTISING	
LESS: DEDUCTIONS	-74,496
TOTAL	\$ <u>-4,699</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
NEW EVENT - FUNDRAISER	\$ 28,182
LION OF JUDAH	17,397
ADVERTISING	
TOTAL	\$ <u>45,579</u>

**NEW EVENT - FUNDRAISER****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
INVITATIONS	\$ 3,895
PHOTOGRAPHY	975
MISC	475
TOTAL	<u>\$ 5,345</u>

## LION OF JUDAH

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
INVITATIONS	\$ 2,122
PHOTOGRAPHY	650
OTHER EVENT EXPENSES	279
TOTAL	<u>\$ 3,051</u>