Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 07-01-2020 , and ending 06-30-2021

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
700 SOUTH DIXIE HIGHWAY NO 200

City or town, state or province, country, and ZIP or foreign postal code
WEST PALM BEACH, FL 33401

D Employer identification number
23-7181875

E Telephone number
(561) 659-6800

G Gross receipts $ 94,844,437

F Name and address of principal officer:
STEVEN ERJAVEC
700 SOUTH DIXIE HIGHWAY NO 200
WEST PALM BEACH,FL 33401

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.YOURCOMMUNITYFOUNDATION.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1972

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO ENHANCE THE QUALITY OF LIFE FOR ALL RESIDENTS NOW AND FOR FUTURE GENERATIONS; TO BUILD PERMANENT ENDOWMENTS, TO PROVIDE COMMUNITY LEADERSHIP ON RELEVANT ISSUES, AND TO ADDRESS NEEDS THROUGH GRANTMAKING. AS PART OF OUR STRATEGIC PLAN, THE COMMUNITY FOUNDATION'S GRANTMAKING FOCUSES ON DISCOVERING COLLECTIVE IMPACT PARTNERSHIPS AND LISTENING CLOSELY TO THE NEEDS OF OUR LOCAL COMMUNITY.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	22
6	Total number of volunteers (estimate if necessary)	**6**	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-15,041
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	21,154,069	24,742,414
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,084,144	13,795,602
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-95,216	83,363
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,142,997	38,621,379
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,300,235	17,311,066
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,880,787	2,230,631
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶372,135		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,814,229	1,972,039
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,995,251	21,513,736
	19	Revenue less expenses. Subtract line 18 from line 12	3,147,746	17,107,643
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	184,626,065	238,858,362
	21	Total liabilities (Part X, line 26)	13,936,995	17,423,055
	22	Net assets or fund balances. Subtract line 21 from line 20	170,689,070	221,435,307

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 2022-05-13

▶ STEVEN ERJAVEC CFO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2022-05-13		P00846353

Firm's name ▶ KEEFE MCCULLOUGH & CO LLP CPA'S — Firm's EIN ▶ 59-1363792

Firm's address ▶ 6550 N FEDERAL HIGHWAY SUITE 410
FT LAUDERDALE, FL 33308 — Phone no. (954) 771-0896

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE THE QUALITY OF LIFE FOR ALL RESIDENTS NOW AND FOR FUTURE GENERATIONS; TO BUILD PERMANENT ENDOWMENTS, TO PROVIDE COMMUNITY LEADERSHIP ON RELEVANT ISSUES, AND TO ADDRESS NEEDS THROUGH GRANTMAKING. AS PART OF OUR STRATEGIC PLAN, THE COMMUNITY FOUNDATION'S GRANTMAKING FOCUSES ON DISCOVERING COLLECTIVE IMPACT PARTNERSHIPS AND LISTENING CLOSELY TO THE NEEDS OF OUR LOCAL COMMUNITY.

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

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

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

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

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

4a (Code:) (Expenses $ 3,787,360 including grants of $ 3,389,485) (Revenue $)

GRANTMAKING - COMMUNITY REVITALIZATION, EDUCATIONAL ATTAINMENT, POSITIVE YOUTH DEVELOPMENT AND DISASTER RELIEFTHE COMMUNITY FOUNDATION STRIVES TO MAKE CONNECTIONS BY INSPIRING AND FACILITATING PHILANTHROPY TO ADDRESS OUR COMMUNITY'S MOST PRESSING NEEDS, WITH THE INTENTION OF CREATING A BETTER QUALITY OF LIFE FOR ALL RESIDENTS. WE INVEST IN OUR NONPROFIT PARTNERS THROUGH CONFIDENCE IN THEIR EXPERTISE AND EXCELLENCE OF SERVICE. IN 2021, THE COMMUNITY FOUNDATION FOR THE THIRD CONSECUTIVE YEAR PROVIDED GRANTS THAT SUPPORTED THREE STRATEGIC FOCUS AREAS: COMMUNITY REVITALIZATION, POST-SECONDARY & CAREER PATHWAY, AND POSITIVE YOUTH DEVELOPMENT. A GRANT OF $50,000 WAS AWARDED TO NEIGHBORHOOD RENAISSANCE. THE GRANT WAS USED TO HELP ELIMINATE BLIGHT, PRESERVE, AND UPGRADE EXISTING AFFORDABLE HOMES, INCREASE HOMEOWNERSHIP, AND DEVELOP RESIDENT LEADERSHIP FOR LASTING CHANGE. A GRANT OF $25,000 WAS ALSO AWARDED TO EJS PROJECT THAT HELPED STUDENTS GAIN VALUABLE WORKFORCE EXPERIENCE, ADVANCE THEIR ACADEMIC PROGRESS, AND HAVE A SAFE AND PRODUCTIVE WAY TO SPEND OUT-OF-SCHOOL TIME. IN TOTAL, 78 GRANTS WERE AWARDED IN THE AMOUNT OF $2,038,619.73.ADDITIONALLY, THE COMMUNITY FOUNDATION CONTINUED SUPPORTING EFFORTS IN RESPONSE TO THE COVID-19 PANDEMIC. WITH THE ASSISTANCE OF THE COVID-19 RELIEF AND RESPONSE FUND, 35 GRANTS WERE AWARDED TO ORGANIZATIONS IN PALM BEACH AND MARTIN COUNTIES. THE TOTAL AMOUNT DISTRIBUTED WAS $1,350,865 IN ADDITION TO SETTING UP THE COVID-19 FUND, THE COMMUNITY FOUNDATION HOSTED A COMMON RELIEF APPLICATION AND FUNDING PROCESS THAT BROUGHT THE BUSINESS, GOVERNMENT, AND PHILANTHROPIC COMMUNITY TOGETHER TO ADDRESS COMMUNITY NEEDS.

4b (Code:) (Expenses $ 1,304,547 including grants of $ 1,167,500) (Revenue $)

SCHOLARSHIP PROGRAMTHIS YEAR APPROXIMATELY 300 STUDENTS COMPLETED AN APPLICATION FOR THE COMMUNITY FOUNDATION'S SCHOLARSHIP PROGRAM. WITH THE ASSISTANTS OF DEDICATED VOLUNTEERS AND ENTRUSTED DONORS' RESOURCES, WE GRANTED $1,167,500 IN SCHOLARSHIPS TO 107 DESERVING STUDENTS IN OUR COMMUNITY. THESE STUDENTS RECEIVED AWARDS RANGING FROM $1,000 TO $30,000 TO USE TOWARDS THEIR COLLEGE OF CHOICE. THE AVERAGE SCHOLARSHIP GRANT TO RECIPIENTS WAS $10,911. RECIPIENTS ARE ATTENDING MAJOR FLORIDA UNIVERSITIES, MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT), HOWARD UNIVERSITY, AND COLUMBIA UNIVERSITY. THE SCHOLARSHIP PROGRAM IS ONE OF THE LARGEST DISTRIBUTORS OF SCHOLARSHIP FUNDS IN THE COMMUNITY. IT CREATES OPPORTUNITIES THAT AFFORD HIGH SCHOOL SENIORS FROM PALM BEACH AND MARTIN COUNTIES TO FULFILL THEIR GOALS OF OBTAINING A DEGREE OR HIGH CREDENTIAL CERTIFICATION THAT WILL PREPARE THEM FOR THE WORKFORCE. WE SUPPORT A WIDE RANGE OF STUDENTS BASED ON THE CRITERIA OF OVER 110 SCHOLARSHIP FUNDS. SCHOLARSHIP FUNDS ARE OFTEN ESTABLISHED TO HONOR OR MEMORIALIZE A LOVED ONE. EACH YEAR FUND HOLDERS ARE INFORMED OF THE RECIPIENTS AND RECEIVE THANK YOU LETTERS FROM THE STUDENTS, ALLOWING THE FUNDHOLDER TO BE PART OF THE STUDENTS' COLLEGE JOURNEY. SINCE 1983, OVER $15 MILLION IN SCHOLARSHIPS HAVE BEEN AWARDED TO OVER 2,400 STUDENTS.

4c (Code:) (Expenses $ 14,251,221 including grants of $ 12,754,081) (Revenue $)

OTHER SERVICESDONOR-ADVISED FUNDS:THE COMMUNITY FOUNDATION HELPS ITS DONORS ACHIEVE THEIR PHILANTHROPIC VISION THROUGH FINANCIAL STEWARDSHIP AND COMMUNITY LEADERSHIP. TOGETHER WE ADDRESS OUR COMMUNITIES' MOST PRESSING NEEDS, WHILE CREATING A BETTER QUALITY OF LIFE FOR ALL RESIDENTS. THIS FISCAL YEAR, DONOR ADVISED FUNDS GAVE 840 GRANTS TOTALING $12,529,989.49. FIELD OF INTEREST:AS PART OF THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES' MISSION, THE FOUNDATION SEEKS TO CONNECT THE INTEREST OF DONORS TO CAUSES WHICH THEY ARE PASSIONATE ABOUT. ONE UNIQUE WAY THIS WISH IS FULFILLED IS THROUGH OUR FIELD OF INTEREST FUNDS. THE FIELD OF INTEREST FUNDS ENSURES THAT THE DONOR'S INTENT NEVER CHANGES. WE ENSURE THAT THE ORIGINAL INTENT OF THE DONOR'S DESIRES MAINTAINS ITS INTEGRITY AND SUPPORTS NONPROFITS TO PROVIDE MAXIMUM IMPACT IN THE COMMUNITY. IN 2021, OUR FIELD OF INTEREST FUNDS HELPED ADDRESS PRESSING COMMUNITY NEEDS LIKE TRANSITIONAL HOUSING FOR INDIVIDUALS AND FAMILIES SEEKING PERMANENT SHELTER; MENTAL HEALTH THERAPY FOR WOMEN AND CHILDREN AND LGBTQ YOUTH; VOCATIONAL AND JOB READINESS TRAINING FOR AN ADULT WITH INTELLECTUAL DEVELOPMENT DISABILITIES; CREATED ENVIRONMENTAL FOCUSED JOB OPPORTUNITIES FOR YOUTH LIVING IN LOW-INCOME NEIGHBORHOODS; PROVIDED A SAFE MEETING SPACE FOR YOUTH TRANSITIONING OUT OF FOSTER CARE; ASSISTED IN THE CLEANING OF BLIGHTED COMMUNITY COMMON SPACES; PROVIDE EDUCATION TO MARGINALIZED COMMUNITIES ON THE IMPORTANCE OF BREAST CANCER SCREENING.SPECIAL INITIATIVES:IN THE MIDST COVID-19 AND THE GREAT NEED TO INFORM, EDUCATE AND PROVIDE ACCESS TO, THE COMMUNITY FOUNDATION LED THE EFFORTS TO SUPPORT A LOCAL COMMUNITY HEALTH WORKERS PROGRAM. THE CHW PROGRAM SERVES AS A LIAISON BETWEEN HEALTH AND SOCIAL SERVICES AND THE COMMUNITY TO FACILITATE ACCESS TO SERVICES AND IMPROVE THE QUALITY AND CULTURAL COMPETENCE OF SERVICE DELIVERY. WITH THE ASSISTANCE OF THE COVID-19 RELIEF AND RESPONSE FUND THE COMMUNITY FOUNDATION AWARDED OVER $625,000 TO THE CHW PROGRAM. THE COMMUNITY FOUNDATION SUPPORTS PALM HEALTH FOUNDATION'S BEWELL PBC INITIATIVE, WHICH FOCUSES ON THE SYSTEM OF BEHAVIORAL HEALTH. ITS ASPIRATIONAL GOAL IS TO CREATE A COMMUNITY CULTURE IN WHICH EVERY PERSON IN PALM BEACH COUNTY THRIVES BECAUSE THEY FEEL EMPOWERED, HOPEFUL, SUPPORTED, AND CONNECTED. AS THE NUMBER OF MENTAL HEALTH CASES IN OUR COMMUNITY CONTINUES TO IMPACT RESIDENTS OF ALL AGES, THE COMMUNITY FOUNDATION RECOGNIZES HOW IMPERATIVE IT IS TO ASSIST IN BUILDING A ROBUST SYSTEM OF CARE. A GRANT OF $25,000 WAS AWARDED TO PROVIDE CONTINUED SUPPORT OF BEWELL PBC INITIATIVE.AS ONE OF THE INITIAL SUPPORTERS OF THE LOCAL COLLEGE ACCESS NETWORK, ACHIEVE PALM BEACH COUNTY, THE COMMUNITY FOUNDATION SITS ON THE OPERATIONS TEAM, A GOVERNING BODY FOR THE GROUP. ADDITIONALLY, THE COMMUNITY FOUNDATION HAS REPRESENTATION ON THE FINANCIAL SUPPORTS TEAM. THIS STRATEGY TEAM FOCUSES ON DEVELOPING WAYS TO INCREASE COMPLETION OF THE FAFSA FORM FOR FEDERAL AID, CREATING CONTENT TO HELP STUDENTS NAVIGATE FINANCIAL PLANNING FOR POST-SECONDARY EDUCATION, AS WELL AS COMMUNICATING THE VARIOUS PRIVATE SCHOLARSHIP OPPORTUNITIES UNIQUE TO THIS AREA. LOCAL GIVING CIRCLES WITHIN THE COMMUNITY PROVIDE LARGE GRANTS TO OUR NONPROFIT PARTNERS. WE ARE PROUD TO PARTNER WITH IMPACT 100 PALM BEACH COUNTY, IMPACT THE PALM BEACHES, AND MEN GIVING BACK TO ASSIST WITH THEIR GRANTMAKING PROCESS.NONPROFIT ENDOWMENT: ONE OF THE COMMUNITY FOUNDATION'S CORE COMPONENTS IS TO HELP NONPROFITS BUILD A SUSTAINABLE SOURCE OF INCOME THROUGH ENDOWMENT-BUILDING. WE HELP LOCAL NONPROFITS BUILD THEIR ENDOWMENTS SO THAT THEIR PROGRAMS AND SERVICES CAN CONTINUE FOR YEARS. WE ARE COMMITTED TO STRENGTHENING AND SERVING OUR NONPROFIT COMMUNITY. AS PART OF THAT COMMITMENT, WE MANAGE ASSETS AND RESERVES FOR NONPROFIT ORGANIZATIONS. WE CURRENTLY HAVE 69 NONPROFIT ENDOWMENTS, AND THE NUMBER INCREASES EACH YEAR.

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

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

4e **Total program service expenses** ▶ 19,343,128

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	
15	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?			15	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16	No

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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:
▶STEVEN ERJAVEC CFO 700 S DIXIE HIGHWAY STE 200 WEST PALM BEACH,FL 33401 (561) 659-6800

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

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

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

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

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

See 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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SHERRY S BARRAT CHAIRMAN	4.00	X		X				0	0	0
(2) JULIE FISHER CUMMINGS CHAIRMAN-ELECT	4.00	X		X				0	0	0
(3) JANE M MITCHELL VICE CHAIRMAN	4.00	X		X				0	0	0
(4) MICHAEL J BRACCI TREASURER	4.00	X		X				0	0	0
(5) SUSAN P BROCKWAY SECRETARY	4.00	X		X				0	0	0
(6) ANSON M BEARD JR DIRECTOR	4.00	X						0	0	0
(7) DENNIS S HUDSON III DIRECTOR	4.00	X						0	0	0
(8) ELIZABETH R NEUHOFF DIRECTOR	4.00	X						0	0	0
(9) TIMOTHY D BURKE DIRECTOR	4.00	X						0	0	0
(10) LORE MORAN DODGE DIRECTOR	4.00	X						0	0	0
(11) EARNIE ELLISON JR DIRECTOR	4.00	X						0	0	0
(12) JEFFREY A STOOPS DIRECTOR	4.00	X						0	0	0
(13) DR DENNIS GALLON DIRECTOR	4.00	X						0	0	0
(14) WILLIAM DONNELL DIRECTOR	4.00	X						0	0	0
(15) KATHLEEN J KROLL DIRECTOR	4.00	X						0	0	0
(16) CHRISTINA M MACFARLAND DIRECTOR	4.00	X						0	0	0
(17) ELIZABETH LIBBY MARSHALL DIRECTOR	4.00	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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) LISA M MORGAN DIRECTOR	4.00	X						0	0	0
(19) ALEX RUBIO DIRECTOR	4.00	X						0	0	0
(20) SUSAN S STAUTBERG DIRECTOR	4.00	X						0	0	0
(21) LAURIE SILVERS DIRECTOR	4.00	X						0	0	0
(22) SHEREE DAVIS CUNNINGHAM DIRECTOR	4.00	X						0	0	0
(23) NANCY BRINKER DIRECTOR	4.00	X						0	0	0
(24) BRADLEY A HURLBURT PRESIDENT/CEO	45.00			X				241,156	0	26,645
(25) STEVEN ERJAVEC CHIEF FINANCIAL OFFICER	45.00			X				165,510	0	22,441
(26) VICKI PUGH VP FOR PHILANTHROPIC GIVING	45.00				X			173,253	0	9,752
(27) JANUARY REISSMAN VP FOR COMMUNITY IMPACT	45.00					X		115,923	0	9,689
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								695,842	0	68,527

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 ▶ 4

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

Section B. Independent Contractors

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

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

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
Contributions, Gifts, Grants and Other Similar Amounts						
1a Federated campaigns	1a					
b Membership dues	1b					
c Fundraising events	1c	65,550				
d Related organizations	1d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included above	1f	24,676,864				
g Noncash contributions included in lines 1a - 1f: $	1g	3,478,077				
h **Total.** Add lines 1a-1f ▶			24,742,414			
Program Service Revenue	Business Code					
2a						
b						
c						
d						
e						
f All other program service revenue.						
g **Total.** Add lines 2a–2f ▶						
3 Investment income (including dividends, interest, and other similar amounts) ▶			3,403,624			3,403,624
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
		(i) Real / (ii) Personal				
6a Gross rents	6a	743,265				
b Less: rental expenses	6b	758,306				
c Rental income or (loss)	6c	-15,041				
d Net rental income or (loss) ▶			-15,041		-15,041	
		(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	7a	65,820,112				
b Less: cost or other basis and sales expenses	7b	55,428,134				
c Gain or (loss)	7c	10,391,978				
d Net gain or (loss) ▶			10,391,978			10,391,978
Other Revenue						
8a Gross income from fundraising events (not including $ 65,550 of contributions reported on line 1c). See Part IV, line 18	8a	25,000				
b Less: direct expenses	8b	36,618				
c Net income or (loss) from fundraising events ▶			-11,618			-11,618
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less						

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						

Miscellaneous Revenue	Business Code				
11a MANAGEMENT FEES	900099	99,329			99,329
b MISCELLANEOUS	900099	10,693			10,693
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		110,022			
12 **Total revenue.** See instructions . . . . . ▶		38,621,379	0	-15,041	13,894,006

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,143,566	16,143,566		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,167,500	1,167,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	673,292	390,184	203,625	79,483
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,155,308	669,522	349,401	136,385
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	271,548	157,368	82,124	32,056
10 Payroll taxes	130,483	75,617	39,462	15,404
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	37,525	21,333	15,049	1,143
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	826,325		826,325	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	173,782	98,797	69,693	5,292
12 Advertising and promotion	216,736	216,736		
13 Office expenses	115,842	74,174	30,693	10,975
14 Information technology	113,218	70,474	18,174	24,570
15 Royalties				
16 Occupancy	30,215	15,107	8,887	6,221
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,423	6,733	1,172	518
20 Interest	20,531	10,265	6,039	4,227
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,406	45,203	26,590	18,613
23 Insurance	75,303	28,020	39,289	7,994
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STAFF DEVELOPMENT	138,104	59,289	64,817	13,998
b OUTREACH	63,805	57,022	2,070	4,713
c REPAIRS AND MAINTENANCE	51,211	25,605	15,063	10,543
d MISCELLANEOUS	10,613	10,613		
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	21,513,736	19,343,128	1,798,473	372,135
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,512,552	1	1,817,340
	2	Savings and temporary cash investments		4,909,632	2	5,194,641
	3	Pledges and grants receivable, net		1,280,145	3	614,994
	4	Accounts receivable, net			4	
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		183,728	9	191,150
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,937,481			
	b	Less: accumulated depreciation	10b 5,414,692	7,696,177	10c	7,522,789
	11	Investments—publicly traded securities		167,544,364	11	222,248,015
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		499,467	15	1,269,433
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		184,626,065	16	238,858,362
Liabilities	17	Accounts payable and accrued expenses		405,536	17	261,210
	18	Grants payable		3,425,854	18	4,013,312
	19	Deferred revenue		20,612	19	60,995
	20	Tax-exempt bond liabilities		4,470,764	20	4,472,923
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		5,614,229	25	8,614,615
	26	**Total liabilities.** Add lines 17 through 25		13,936,995	26	17,423,055
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		55,276,939	27	71,429,601
	28	Net assets with donor restrictions		115,412,131	28	150,005,706
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		170,689,070	32	221,435,307
	33	Total liabilities and net assets/fund balances		184,626,065	33	238,858,362

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	38,621,379
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,513,736
3	Revenue less expenses. Subtract line 2 from line 1	3	17,107,643
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	170,689,070
5	Net unrealized gains (losses) on investments	5	34,747,279
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,108,685
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	221,435,307

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

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* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

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**		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	6,271,865	1,670,297	22,302,324	21,154,069	24,742,414	76,140,969
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	6,271,865	1,670,297	22,302,324	21,154,069	24,742,414	76,140,969
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						11,245,004
6 **Public support.** Subtract line 5 from line 4.						64,895,965

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	6,271,865	1,670,297	22,302,324	21,154,069	24,742,414	76,140,969
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,455,396	4,229,338	3,924,221	5,290,092	3,403,624	19,302,671
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	-90,580	-146,084	-841,613	-226,795	-15,041	-1,320,113
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	52,473	23,187	75,308	71,032	110,022	332,022
11 **Total support.** Add lines 7 through 10						94,455,549

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

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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	**14**	68.710 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	**15**	70.090 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 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

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization	**Employer identification number**
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC	23-7181875

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

Name of organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

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

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

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

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

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

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

Name of organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☑ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	128,270,471	125,715,019	121,242,872	114,819,628	107,968,483
b Contributions	5,279,041	6,660,082	3,162,140	5,497,171	275,917
c Net investment earnings, gains, and losses	38,993,479	879,881	5,905,030	6,593,945	11,289,804
d Grants or scholarships					
e Other expenditures for facilities and programs	5,471,747	4,984,511	4,595,023	4,243,433	3,648,679
f Administrative expenses				1,424,439	1,065,897
g End of year balance	167,071,244	128,270,471	125,715,019	121,242,872	114,819,628

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 11.619 %

b Permanent endowment ▶ 56.928 %

c Term endowment ▶ 31.453 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		No
(ii) Related organizations		No
b If "Yes" on 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
1a Land		3,305,312		3,305,312
b Buildings		8,591,445	4,395,735	4,195,710
c Leasehold improvements				
d Equipment		1,040,724	1,018,957	21,767
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				7,522,789

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	8,614,615

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

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	71,907,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	34,747,279		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	490,975		
e	Add lines **2a** through **2d**			2e	35,238,254
3	Subtract line **2e** from line **1**			3	36,668,771
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	772,532		
b	Other (Describe in Part XIII.)	4b	1,180,076		
c	Add lines **4a** and **4b**			4c	1,952,608
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	38,621,379

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	21,160,788
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	553,822		
e	Add lines **2a** through **2d**			2e	553,822
3	Subtract line **2e** from line **1**			3	20,606,966
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	826,325		
b	Other (Describe in Part XIII.)	4b	80,445		
c	Add lines **4a** and **4b**			4c	906,770
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	21,513,736

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2:	THE INTERNAL REVENUE SERVICE (THE "IRS") HAS DETERMINED THE FOUNDATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. DUE TO THE CARRYOVER OF PRIOR YEAR NET OPERATING LOSSES, THEIR IS NO PROVISION FOR INCOME TAXES MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION FILES TWO FEDERAL INFORMATION RETURNS WITH THE IRS, ONE FOR THE PEW FUND AND ONE FOR THE FOUNDATION.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 454,357. SPECIAL EVENT EXPENSES 36,618.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AGENCY TRANSACTIONS 1,114,760. CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 65,316.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 454,357. SPECIAL EVENT EXPENSES 36,618. CHANGE IN VALUE OF NTEREST RATE SWAP 62,847.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY TRANSACTIONS 80,445.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

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

b If "Yes," list the 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						
Total . . . . . ▶						

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

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

		(a) Event #1 FOUNDER'S LUNCHEON (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	90,500			90,500
	2 Less: Contributions	65,550			65,550
	3 Gross income (line 1 minus line 2)	24,950			24,950
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	36,618			36,618
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				36,618
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-11,668

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	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Schedule G (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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 for the latest information.

OMB No. 1545-0047 | 2020 | Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number: 23-7181875

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 211 PALM BEACH TREASURE COAST INC PO BOX 3588 LANTANA,FL 33465	23-7153017	501(C)(3)	62,399				GENERAL SUPPORT
(2) ACHIEVEMENT CENTERS FOR CHILDREN AND FAMILIES 555 NW 4TH ST DELRAY BEACH,FL 33444	59-1264435	501(C)(3)	30,000				GENERAL SUPPORT
(3) ADOPT-A-FAMILY OF THE PALM BEACHES INC 1712 SECOND AVE N LAKE WORTH,FL 33460	59-2471253	501(C)(3)	429,000				GENERAL SUPPORT
(4) AID TO VICTIMS OF DOMESTIC ABUSE (AVDA) PO BOX 6161 DELRAY BEACH,FL 33482	59-2486620	501(C)(3)	27,500				GENERAL SUPPORT
(5) ALLIANCE FOR EATING DISORDERS AWARENESS INC 1649 FORUM PL WEST PALM BEACH,FL 33401	65-1080905	501(C)(3)	10,000				GENERAL SUPPORT
(6) ALZHEIMER'S COMMUNITY CARE 800 NORTHPOINT PKWY WEST PALM BEACH,FL 33407	31-1481653	501(C)(3)	210,500				GENERAL SUPPORT
(7) AMERICAN ASSOCIATION OF CAREGIVING YOUTH 6401 CONGRESS AVE BOCA RATON,FL 33487	65-0866677	501(C)(3)	29,000				GENERAL SUPPORT
(8) AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD ST NEW YORK,NY 10033	13-6213516	501(C)(3)	46,076				GENERAL SUPPORT
(9) AMERICAN RED CROSS - PALM BEACH AND TREASURE COAST CHAPTER 1250 NORTHPOINT PKWY WEST PALM BEACH,FL 33407	53-0196605	501(C)(3)	6,585				GENERAL SUPPORT
(10) ANN NORTON SCULPTURE GARDENS INC 253 BARCELONA RD WEST PALM BEACH,FL 33401	59-1874060	501(C)(3)	33,500				GENERAL SUPPORT
(11) APRIL IS FOR AUTHORS FOUNDATION 13617 41ST LN N WEST PALM BEACH,FL 33411	47-1427523	501(C)(3)	10,000				GENERAL SUPPORT
(12) AREA AGENCY ON AGING OF PBTREASURE COAST 1764 N CONGRESS AVE STE 201 WEST PALM BEACH,FL 33409	65-0087858	501(C)(3)	25,000				GENERAL SUPPORT
(13) ARMS OF HOPE COMMUNITY INC 9767 QUINN CT WELLINGTON,FL 33414	47-2851445	501(C)(3)	20,000				GENERAL SUPPORT
(14) AUDUBON OF FLORIDA 4500 BISCAYNE BLVD MIAMI,FL 33137	59-0245495	501(C)(3)	10,000				GENERAL SUPPORT
(15) AUTISM PROJECT OF PALM BEACH COUNTY INC 18370 LIMESTONE CREEK RD JUPITER,FL 33458	52-2007008	501(C)(3)	15,000				GENERAL SUPPORT
(16) AVERY HUMANE SOCIETY 279 NEW VALE RD NEWLAND,NC 28657	56-1321762	501(C)(3)	15,000				GENERAL SUPPORT
(17) BANNER LAKE CLUB INC 12212 SE LANTANA AVE HOBE SOUND,FL 33455	59-1093236	501(C)(3)	121,676				GENERAL SUPPORT
(18) BASCOM PALMER EYE INSTITUTE UNIVERSITY OF MIAMI HEALTH SYSTEM MIAMI,FL 33136	59-0624458	501(C)(3)	25,000				GENERAL SUPPORT
(19) BEAR WARRIORS UNITED INC PO BOX 622621 OVIEDO,FL 32765	82-0985009	501(C)(3)	10,000				GENERAL SUPPORT
(20) BENJAMIN SCHOOL 11000 ELLISON WILSON RD NORTH PALM BEACH,FL 33408	59-1536502	501(C)(3)	125,000				GENERAL SUPPORT
(21) BEST FOOT FORWARD FOUNDATION INC 9080 KIMBERLY BLVD STE 10 BOCA RATON,FL 33434	30-0598378	501(C)(3)	35,000				GENERAL SUPPORT
(22) BHAKTI MARGA NORTH AMERICA 19381 COUNTY LINE RD STANWOOD,WA 98292	84-3980754	501(C)(3)	10,000				GENERAL SUPPORT
(23) BIG BROTHERS BIG SISTERS OF PALM BEACH AND MARTIN COUNTIES INC 1700 KIRK RD WEST PALM BCH,FL 33406	59-2676889	501(C)(3)	14,000				GENERAL SUPPORT
(24) BOCA HELPING HANDS REMILLARD FAMILY RESOURCE CENTER BOCA RATON,FL 33432	31-1713631	501(C)(3)	71,000				GENERAL SUPPORT
(25) BOCA RATON HISTORICAL SOCIETY 71 N FEDERAL HWY BOCA RATON,FL 33432	23-2704416	501(C)(3)	25,000				GENERAL SUPPORT
(26) BOCA RATON REGIONAL HOSPITAL FOUNDATION 745 MEADOWS RD BOCA RATON,FL 33486	59-1006663	501(C)(3)	127,750				GENERAL SUPPORT
(27) BOSTON RESCUE MISSION INC 39 KINGSTON ST BOSTON,MA 02111	04-2104726	501(C)(3)	15,000				GENERAL SUPPORT
(28) BOYS & GIRLS CLUBS OF MARTIN COUNTY PO BOX 910 HOBE SOUND,FL 33475	65-0253002	501(C)(3)	50,000				GENERAL SUPPORT
(29) BOYS & GIRLS CLUBS OF PALM BEACH COUNTY 800 NORTHPOINT PKWY WEST PALM BEACH,FL 33407	23-7060561	501(C)(3)	244,621				GENERAL SUPPORT
(30) BOYS TOWN SOUTH FLORIDA 1655 PALM BEACH LAKES BLVD WEST PALM BCH,FL 33401	26-3965524	501(C)(3)	25,000				GENERAL SUPPORT
(31) BRANDYWINE CONSERVANCY & MUSEUM OF ART PO BOX 141 CHADDS FORD,PA 19317	51-6020908	501(C)(3)	25,000				GENERAL SUPPORT
(32) BUSCH WILDLIFE SANCTUARY INC 2500 JUPITER PARK DR JUPITER,FL 33458	59-2379003	501(C)(3)	100,000				GENERAL SUPPORT
(33) CAMILO VILLEGAS FOUNDATION INC 318 W RIVERSIDE DR JUPITER,FL 33469	82-3299404	501(C)(3)	15,000				GENERAL SUPPORT
(34) CANCER ALLIANCE OF HELP AND HOPE PO BOX 3292 PALM BEACH,FL 33480	90-0101236	501(C)(3)	96,000				GENERAL SUPPORT
(35) CANCER LEGAL CARE 3503 HIGH POINT DR STE 270 OAKDALE,MN 55128	02-0736402	501(C)(3)	20,000				GENERAL SUPPORT
(36) CARDINAL MOONEY CATHOLIC HIGH SCHOOL 4171 FRUITVILLE ROAD SARASOTA,FL 34232	59-0900923	501(C)(3)	10,000				GENERAL SUPPORT
(37) CARDINAL NEWMAN HIGH SCHOOL 512 SPENCER DR WEST PALM BEACH,FL 33409	59-0938455	501(C)(3)	10,000				GENERAL SUPPORT
(38) CARIDAD CENTER INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH,FL 33472	65-0149423	501(C)(3)	44,000				GENERAL SUPPORT
(39) CENTER FOR CHILD COUNSELING 8895 N MILITARY TRAIL PALM BEACH GARDENS,FL 33410	65-0932032	501(C)(3)	49,500				GENERAL SUPPORT
(40) CENTER FOR CREATIVE EDUCATION 425 24TH ST WEST PALM BEACH,FL 33407	65-0594599	501(C)(3)	60,000				GENERAL SUPPORT
(41) CENTER FOR EDUCATION REFORM WILLARD OFFICE BLDG WASHINGTON,DC 20004	52-1847187	501(C)(3)	6,250				GENERAL SUPPORT
(42) CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY 4101 PARKER AVE WEST PALM BEACH,FL 33405	59-1084179	501(C)(3)	35,000				GENERAL SUPPORT
(43) CENTER FOR TRAUMA COUNSELING INC 6801 LAKE WORTH RD LAKE WORTH,FL 33467	45-4708248	501(C)(3)	100,000				GENERAL SUPPORT
(44) CHABAD LUBAVITCH OF WEST PALM BEACH 2112 NORTH JOG RD WEST PALM BEACH,FL 33411	20-8128398	501(C)(3)	354,000				GENERAL SUPPORT
(45) CHICAGO CUBS CHARITIES 1060 W ADDISON ST CHICAGO,IL 60613	36-3443543	501(C)(3)	50,000				GENERAL SUPPORT
(46) CHILD EVANGELISM FELLOWSHIP (CEF) PO BOX 861 MOUNT VERNON,OH 43050	34-0898549	501(C)(3)	110,000				GENERAL SUPPORT
(47) CHILDREN'S CASE MANAGEMENT ORGANIZATION INC DBA FAMILIES FIRST 3333 FOREST HILL BLVD WEST PALM BEACH,FL 33406	65-0166352	501(C)(3)	61,500				GENERAL SUPPORT
(48) CHILDREN'S HEALTHCARE CHARITY INC 3300 PGA BLVD 800 PALM BEACH GARDENS,FL 33410	20-4394654	501(C)(3)	10,500				GENERAL SUPPORT
(49) CHILDREN'S HOME SOCIETY OF FLORIDA PALM BEACH DIVISION 3333 FOREST HILL BLVD WEST PALM BEACH,FL 33406	59-0192430	501(C)(3)	10,000				GENERAL SUPPORT
(50) CHILDREN'S SCHOLARSHIP FUND PHILADELPHIA 100 S BROAD ST PHILADELPHIA,PA 19110	23-3078729	501(C)(3)	6,000				GENERAL SUPPORT
(51) CHURCH OF THE HARVEST PO BOX 183 LOXAHATCHEE,FL 33470	65-1079385	501(C)(3)	30,000				GENERAL SUPPORT
(52) CITY OF GREENACRES 525 SWAIN BOULEVARD GREENACRES,FL 33463	59-0977961	501(C)(3)	25,000				GENERAL SUPPORT
(53) CLINICS CAN HELP INC 2560 WESTGATE AVE WEST PALM BEACH,FL 33409	20-2778895	501(C)(3)	24,250				GENERAL SUPPORT
(54) COALITION FOR INDEPENDENT LIVING OPTIONS 4400 N CONGRESS AVE WEST PALM BEACH,FL 33407	65-0174695	501(C)(3)	50,000				GENERAL SUPPORT
(55) COASTAL BOXER RESCUE OF FLORIDA INC PO BOX 121381 WEST MELBOURNE,FL 32912	42-1711049	501(C)(3)	19,000				GENERAL SUPPORT
(56) COLGATE UNIVERSITY 13 OAK DR HAMILTON,NY 13346	15-0532078	501(C)(3)	7,500				GENERAL SUPPORT
(57) COLLEGE FOUNDATION OF UVA PO BOX 400801 CHARLOTTESVILLE,VA 22904	54-2009312	501(C)(3)	10,850				GENERAL SUPPORT
(58) COMMUNITY FOUNDATION FOR PALM BEACH & MARTIN 700 SOUTH DIXIE HIGHWAY WEST PALM BEACH,FL 33401	23-7181875	501(C)(3)	25,000				GENERAL SUPPORT
(59) COMMUNITY GREENING CORP 610 SW 15TH AVE DELRAY BEACH,FL 33444	81-3559159	501(C)(3)	30,000				GENERAL SUPPORT
(60) COMMUNITY HEALTH CENTER OF WEST PALM BEACH 2100 N 45TH ST WEST PALM BEACH,FL 33407	26-3613337	501(C)(3)	40,000				GENERAL SUPPORT
(61) COMMUNITY LAND TRUST OF PALM BEACH COUNTY INC 4938 DAVIS RD LAKE WORTH,FL 33461	20-5090958	501(C)(3)	40,000				GENERAL SUPPORT
(62) COMMUNITY PARTNERS GROUP 2001 W BLUE HERON BLVD RIVIERA BEACH,FL 33404	59-2704597	501(C)(3)	307,700				GENERAL SUPPORT
(63) COMMUNITY PARTNERSHIP SCHOOL C/O ADVANCEMENT OFFICE PHILADELPHIA,PA 19125	20-3195763	501(C)(3)	10,000				GENERAL SUPPORT
(64) COMPASS INC 201 N DIXIE HWY LAKE WORTH,FL 33460	65-0052657	501(C)(3)	25,000				GENERAL SUPPORT
(65) CONNECT TO GREATNESS INC PO BOX 3525 BOYNTON BEACH,FL 33424	81-4018027	501(C)(3)	25,250				GENERAL SUPPORT
(66) CONNECTION ADVOCACY RESOURCES IN EDUCATION CORP (CARE CORP) 3680 NE SUGARHILL AVE JENSEN BEACH,FL 34957	85-2128009	501(C)(3)	10,000				GENERAL SUPPORT
(67) CONNOR MORAN CHILDREN'S CANCER FOUNDATION 401 OLD DIXIE HWY JUPITER,FL 33469	65-0374021	501(C)(3)	50,000				GENERAL SUPPORT
(68) COVENANT OF GRACE CHURCH 3400 COPLEY RD COPLEY,OH 44321	34-1417794	501(C)(3)	10,000				GENERAL SUPPORT
(69) COX SCIENCE CENTER & AQUARIUM 4801 DREHER TRL N WEST PALM BEACH,FL 33405	59-0915177	501(C)(3)	116,500				GENERAL SUPPORT
(70) CRC RECOVERY FOUNDATION DBA LIVING SKILLS IN SCHOOLS DELRAY BEACH,FL 33445	65-0172970	501(C)(3)	6,000				GENERAL SUPPORT
(71) CREATIVE CITY COLLABORATIVE OF DELRAY BEACH INC 94 NE 2ND AVE DELRAY BEACH,FL 33444	26-3210202	501(C)(3)	6,500				GENERAL SUPPORT
(72) CURE SANFILIPPO FOUNDATION P O BOX 6901 COLUMBIA,SC 29260	46-4322131	501(C)(3)	15,000				GENERAL SUPPORT
(73) CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE BETHESDA,MD 20814	13-1930701	501(C)(3)	7,200				GENERAL SUPPORT
(74) DELRAY BEACH PUBLIC LIBRARY 100 W ATLANTIC AVE DELRAY BEACH,FL 33444	59-0217683	501(C)(3)	50,440				GENERAL SUPPORT
(75) DELRAY CITIZENS FOR DELRAY POLICE INC 1045 E ATLANTIC AVE DELRAY BEACH,FL 33483	65-0027479	501(C)(3)	20,500				GENERAL SUPPORT
(76) DELRAY TENNIS OUTREACH 13614 WEYBURNE DR DELRAY BEACH,FL 33446	46-1037515	501(C)(3)	150,500				GENERAL SUPPORT
(77) DIGITAL VIBEZ INC 2435 OLD OKEECHOBEE RD WEST PALM BEACH,FL 33409	46-5032425	501(C)(3)	61,250				GENERAL SUPPORT
(78) DISC INC 6045 OLD COURT ROAD BOCA RATON,FL 33433	[illegible]	501(C)(3)	10,000				GENERAL SUPPORT
(79) EDUCATION FOUNDATION OF MARTIN COUNTY PO BOX 291 STUART,FL 34995	65-0304639	501(C)(3)	100,600				GENERAL SUPPORT
(80) EINSTEIN HEALTHCARE NETWORK BRAEMER BLDG GROUND FL PHILADELPHIA,PA 19141	23-2290323	501(C)(3)	671,738				GENERAL SUPPORT
(81) EL SOL NEIGHBORHOOD RESOURCE CENTER 106 MILITARY TRAIL JUPITER,FL 33458	01-0870672	501(C)(3)	25,000				GENERAL SUPPORT
(82) ELS FOR AUTISM FOUNDATION 18370 LIMESTONE CREEK RD JUPITER,FL 33458	26-3526396	501(C)(3)	85,000				GENERAL SUPPORT
(83) EMANUEL JACKSON SR PROJECT (EJS) 700 W ATLANTIC AVE DELRAY BEACH,FL 33444	47-1912341	501(C)(3)	37,500				GENERAL SUPPORT
(84) ESPERANZA COMMUNITY CENTER 3600 BROADWAY AVE 20 WEST PALM BEACH,FL 33407	83-3986715	501(C)(3)	10,000				GENERAL SUPPORT
(85) ESSENTIAL CARE COALITION INC 10 PURITAN RD WEST PALM BEACH,FL 33405	84-4136654	501(C)(3)	7,500				GENERAL SUPPORT
(86) EVERGLADES LAW CENTER INC 378 NORTHLAKE BLVD NORTH PALM BEACH,FL 33408	59-3082799	501(C)(3)	8,500				GENERAL SUPPORT
(87) EXPERIENCE LEARNING 18 WOODLANDS WY CIRCLEVILLE,WV 26804	81-1372464	501(C)(3)	75,000				GENERAL SUPPORT
(88) FAITH COVENANT CHURCH 909 S RIDGEWOOD AVE DAYTONA BEACH,FL 32114	59-0637820	501(C)(3)	69,500				GENERAL SUPPORT
(89) FAITH IN FLORIDA 108 E AMELIA ST ORLANDO,FL 32803	59-3151613	501(C)(3)	8,000				GENERAL SUPPORT
(90) FAITH'S PLACE CENTER FOR ARTS EDUCATION INC 2508 N AUSTRALIAN AVE WEST PALM BEACH,FL 33407	80-0812101	501(C)(3)	50,000				GENERAL SUPPORT
(91) FAMILY CHURCH 3331 S FLAGLER DR WEST PALM BEACH,FL 33401	26-3792344	501(C)(3)	12,000				GENERAL SUPPORT
(92) FAMILY PROMISE OF SOUTH PALM BEACH COUNTY INC 840 GEORGE BUSH BLVD DELRAY BEACH,FL 33483	36-2656166	501(C)(3)	45,000				GENERAL SUPPORT
(93) FAMILY PROMISE OF THE MIDLANDS 1333 OMAREST DR COLUMBIA,SC 29205	26-4259689	501(C)(3)	6,000				GENERAL SUPPORT
(94) FAMILY PROMISE INC 71 SUMMIT AVE SUMMIT,NJ 07901	52-1591461	501(C)(3)	40,000				GENERAL SUPPORT
(95) FARMWORKER COORDINATING COUNCIL OF PB COUNTY INC 1123 CRESTWOOD BLVD LAKE WORTH,FL 33460	59-1830267	501(C)(3)	90,000				GENERAL SUPPORT
(96) FAULK CENTER FOR COUNSELING 22455 BOCA RIO RD BOCA RATON,FL 33433	23-7153172	501(C)(3)	44,500				GENERAL SUPPORT
(97) FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY 8306 155TH PLACE N PALM BEACH GARDENS,FL 33418	82-3768456	501(C)(3)	79,800				GENERAL SUPPORT
(98) FEEDING AMERICA DONATION PROCESSING CENTER WASHINGTON,DC 20090	36-3673599	501(C)(3)	11,000				GENERAL SUPPORT
(99) FIGURE SKATING IN HARLEM INC 361 W 125TH ST NEW YORK,NY 10027	13-3945168	501(C)(3)	10,000				GENERAL SUPPORT
(100) FIRST CARE FAMILY RESOURCES INC DBA FIRST CARE WOMENS CLINIC WEST PALM BEACH,FL 33416	59-2248369	501(C)(3)	25,000				GENERAL SUPPORT
(101) FIRST CHURCH OF CHRIST SCIENTIST 222 LAKEVIEW AVE STE 162 WEST PALM BEACH,FL 33401	59-6001048	501(C)(3)	323,000				GENERAL SUPPORT
(102) FIRST STEP STAFFING 236 AUBURN AVE NE ATLANTA,GA 30303	20-8038859	501(C)(3)	25,000				GENERAL SUPPORT
(103) FIRST UNITED METHODIST CHURCH OF GAINESVILLE 419 NE 1ST ST GAINESVILLE,FL 32601	59-0624388	501(C)(3)	27,000				GENERAL SUPPORT
(104) FLAMINGO CLAY STUDIO INC 15 SOUTH F ST LAKE WORTH,FL 33460	20-2847213	501(C)(3)	15,000				GENERAL SUPPORT
(105) FLIPANY 1777 N DIXIE HWY FT LAUDERDALE,FL 33305	87-0743538	501(C)(3)	30,000				GENERAL SUPPORT
(106) FLORENCE FULLER CHILD DEVELOPMENT CENTER 200 NE 14TH ST BOCA RATON,FL 33432	59-1312245	501(C)(3)	25,000				GENERAL SUPPORT
(107) FLORIDA ATLANTIC UNIVERSITY FOUNDATION 777 GLADES RD BOCA RATON,FL 33431	59-0917284	501(C)(3)	391,229				GENERAL SUPPORT
(108) FLORIDA FISHING ACADEMY 7067 PENINSULA CT LAKE WORTH,FL 33467	16-1775538	501(C)(3)	10,000				GENERAL SUPPORT
(109) FLORIDA STATE UNIVERSITY FOUNDATION INC LEGACY HALL FUND F01069 FSU FOUNDATION INC TALLAHASSEE,FL 32301	59-6152180	501(C)(3)	20,000				GENERAL SUPPORT
(110) FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS CT CHARLOTTESVILLE,VA 22903	20-5744808	501(C)(3)	10,000				GENERAL SUPPORT
(111) FOR THE CHILDREN INC 1718 S DOUGLAS ST LAKE WORTH,FL 33460	65-0950530	501(C)(3)	88,976				GENERAL SUPPORT
(112) FOUNDCARE INC 2330 S CONGRESS AVE WEST PALM BEACH,FL 33406	54-2083748	501(C)(3)	50,000				GENERAL SUPPORT
(113) FRANCISCAN DAUGHTERS OF MARY DBA FRIENDS OF ROSE GARDEN MISSION INC COVINGTON,KY 41012	26-3313583	501(C)(3)	10,000				GENERAL SUPPORT
(114) FRESH AIR FUND 633 THIRD AVE NEW YORK,NY 10017	13-1656653	501(C)(3)	25,000				GENERAL SUPPORT
(115) FRESH RX 1260 S FEDERAL HWY BOYNTON BEACH,FL 33435	83-4640789	501(C)(3)	96,293				GENERAL SUPPORT
(116) FRIENDS OF THE GALE ACADEMY OF ENVIRONMENTAL SCIENCE AND TECHNOLOGY 3200 SUMMIT BLVD WEST PALM BEACH,FL 33416	65-0788164	501(C)(3)	10,323				GENERAL SUPPORT
(117) FRIENDS OF THE HIGH LINE INC THE DILLER - VON FURSTENBERG BUILDING NEW YORK,NY 10014	31-1734086	501(C)(3)	30,000				GENERAL SUPPORT
(118) FRIENDS OF THE ISRAEL DEFENSE FORCES (FIDF) C/O J J HARRIS ASSOCIATES PALM BEACH,FL 33480	13-3156445	501(C)(3)	10,000				GENERAL SUPPORT
(119) GEORGE SNOW SCHOLARSHIP FUND INC 201 PLAZA REAL STE 260 BOCA RATON,FL 33432	59-2162597	501(C)(3)	160,000				GENERAL SUPPORT
(120) GLADES INITIATIVE INC 141 SE AVENUE C BELLE GLADE,FL 33430	01-0733180	501(C)(3)	5,500				GENERAL SUPPORT
(121) GOSPEL CRUSADE INC 1200 GLORY WAY BLVD BRADENTON,FL 34212	59-0815021	501(C)(3)	52,000				GENERAL SUPPORT
(122) GRACE FELLOWSHIP OF WPB DBA BEREAN CHRISTIAN SCHOOL 8350 OKEECHOBEE BLVD WEST PALM BEACH,FL 33411	59-1278108	501(C)(3)	10,000				GENERAL SUPPORT
(123) GRANDMA'S PLACE INC 184 SPARROW DR ROYAL PLM BCH,FL 33411	65-0821321	501(C)(3)	70,000				GENERAL SUPPORT
(124) GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR,MI 49770	46-4122514	501(C)(3)	10,000				GENERAL SUPPORT
(125) GROUP FOR THE EAST END INC PO BOX 1792 SOUTHOLD,NY 11971	13-6379135	501(C)(3)	8,000				GENERAL SUPPORT
(126) GUATEMALAN-MAYA CENTER 430 N G ST LAKE WORTH,FL 33460	65-0355018	501(C)(3)	25,000				GENERAL SUPPORT
(127) HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY 181 SE 5TH AVE DELRAY BEACH,FL 33483	65-0307017	501(C)(3)	40,000				GENERAL SUPPORT
(128) HANLEY FOUNDATION 700 S DIXIE HWY WEST PALM BEACH,FL 33401	20-2871945	501(C)(3)	12,750				GENERAL SUPPORT
(129) HANNAH'S HOME OF SOUTH FLORIDA INC PO BOX 4512 TEQUESTA,FL 33469	33-1026070	501(C)(3)	25,000				GENERAL SUPPORT
(130) HEALTHY MOTHERSHEALTHY BABIES COALITION OF PBC INC 4601 LAKE WORTH RD GREENACRES,FL 33463	59-2657051	501(C)(3)	14,697				GENERAL SUPPORT
(131) HERD FOUNDATION 5135 CONKLIN DR DELRAY BEACH,FL 33484	83-2268455	501(C)(3)	15,000				GENERAL SUPPORT
(132) HOMELESS COALITION OF PALM BEACH COUNTY 345 S CONGRESS AVE DELRAY BEACH,FL 33445	65-0125852	501(C)(3)	50,000				GENERAL SUPPORT
(133) HOMESAFE 2840 SIXTH AVE S LAKE WORTH,FL 33461	59-1935485	501(C)(3)	135,150				GENERAL SUPPORT
(134) HOPE RURAL SCHOOL INC 15929 SW 150TH ST INDIANTOWN,FL 34956	59-2001615	501(C)(3)	6,000				GENERAL SUPPORT
(135) HORIZONS ATLANTA INC 177 NORTH AVENUE NW ATLANTA,GA 30332	37-1747624	501(C)(3)	10,000				GENERAL SUPPORT
(136) HORSES HEALING HEART INC 10359 OAK MEADOW LANE WELLINGTON,FL 33449	27-1386140	501(C)(3)	10,000				GENERAL SUPPORT
(137) HOSPITAL FOR SPECIAL SURGERY FOUNDATION 535 EAST 70TH ST NEW YORK,NY 10021	13-1624135	501(C)(3)	15,000				GENERAL SUPPORT
(138) HOUSE OF HOPE - MARTIN COUNTY 2484 SE BONITA STREET STUART,FL 34997	59-2422998	501(C)(3)	21,000				GENERAL SUPPORT
(139) HOUSING LEADERSHIP COUNCIL OF PALM BEACH COUNTY 2101 VISTA PARKWAY WEST PALM BEACH,FL 33411	20-4416008	501(C)(3)	55,000				GENERAL SUPPORT
(140) IMPACT 100 PALM BEACH COUNTY 261 NW 13TH ST BOCA RATON,FL 33432	82-4558049	501(C)(3)	18,750				GENERAL SUPPORT
(141) INDIAN RIVER STATE COLLEGE FOUNDAT ADMINISTRATIVE BUILDING FORT PIERCE,FL 34981	59-1105591	501(C)(3)	150,000				GENERAL SUPPORT
(142) INNER CITY INNOVATORS 313 DATURA ST STE 200 WEST PALM BEACH,FL 33401	81-3809173	501(C)(3)	40,000				GENERAL SUPPORT
(143) INTERNATIONAL LEADERSHIP INSTITUTE INC PO BOX 1005 CARROLLTON,GA 30112	31-1803122	501(C)(3)	25,000				GENERAL SUPPORT
(144) ISRAEL TENNIS CENTERS FOUNDATION INC 3275 W HILLSBORO BLVD DEERFIELD BEACH,FL 33442	13-2961273	501(C)(3)	11,000				GENERAL SUPPORT
(145) JEFFERSON SCHOLARS FOUNDATION 112 CLARKE CT CHARLOTTESVILLE,VA 22903	31-1755873	501(C)(3)	25,000				GENERAL SUPPORT
(146) JESUS HOUSE OF HOPE DBA HOUSE OF HOPE 2484 SE BONITA ST STUART,FL 34997	59-2422998	501(C)(3)	50,265				GENERAL SUPPORT
(147) JEWISH FEDERATION OF PALM BEACH COUNTY 1 HARVARD CIR WEST PALM BEACH,FL 33409	59-0948696	501(C)(3)	50,000				GENERAL SUPPORT
(148) JUMP FOR JOI 400 51ST ST WEST PALM BEACH,FL 33407	82-0780326	501(C)(3)	20,000				GENERAL SUPPORT
(149) JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HWY JUPITER,FL 33458	65-0132406	501(C)(3)	200,000				GENERAL SUPPORT
(150) JUPITER TEQUESTA ATHLETIC ASSOCIATION 200 MILITARY TRAIL JUPITER,FL 33458	65-0016849	501(C)(3)	6,000				GENERAL SUPPORT
(151) KIDS CANCER FOUNDATION 324 ROYAL PALM BEACH BLVD ROYAL PALM BEACH,FL 33411	01-0551879	501(C)(3)	56,000				GENERAL SUPPORT
(152) KINDWAY P O BOX 443 WESTERVILLE,OH 43086	27-0254185	501(C)(3)	26,000				GENERAL SUPPORT
(153) LEES MCRAE COLLEGE INC 191 MAIN ST BANNER ELK,NC 28604	56-0529953	501(C)(3)	10,000				GENERAL SUPPORT
(154) LEGAL AID SOCIETY OF PALM BEACH COUNTY 423 FERN ST STE 200 WEST PALM BEACH,FL 33401	59-6046994	501(C)(3)	256,500				GENERAL SUPPORT
(155) LIFE LEARNING CENTER INC 20 W 18TH ST COVINGTON,KY 41011	20-3454261	501(C)(3)	50,000				GENERAL SUPPORT
(156) LITTLE SMILES 1125 N CONGRESS AVE WEST PALM BEACH,FL 33401	65-0963754	501(C)(3)	15,000				GENERAL SUPPORT
(157) LIVING HUNGRY INC 208 SUMMA ST WEST PALM BEACH,FL 33405	81-5473623	501(C)(3)	7,500				GENERAL SUPPORT
(158) LOCAL MEDIA FOUNDATION PO BOX 85015 CHICAGO,IL 60689	36-4427750	501(C)(3)	10,000				GENERAL SUPPORT
(159) LOGGERHEAD MARINELIFE CENTER 14200 US HWY 1 JUNO BEACH,FL 33408	59-2445926	501(C)(3)	18,500				GENERAL SUPPORT
(160) LOWELL CATHOLIC HIGH SCHOOL 530 STEVENS ST LOWELL,MA 01851	04-2563657	501(C)(3)	40,000				GENERAL SUPPORT
(161) LOXAHATCHEE RIVER HISTORICAL SOCIETY 500 CAPTAIN ARMOURS WAY JUPITER,FL 33469	23-7448343	501(C)(3)	10,398				GENERAL SUPPORT
(162) MALTZ JUPITER THEATRE INC 1001 E INDIANTOWN RD JUPITER,FL 33477	65-0985652	501(C)(3)	121,000				GENERAL SUPPORT
(163) MARINER SANDS CHAPEL 6500 SE CONGRESSIONAL WY STUART,FL 34997	59-2349297	170(C)(1)	5,600				GENERAL SUPPORT
(164) MARTIN COUNTY POLICE ATHLETIC LEAGUE INC 686 SE MONTEREY RD 688 STUART,FL 34994	82-1374560	501(C)(3)	10,000				GENERAL SUPPORT
(165) MARTIN COUNTY SCHOOL DISTRICT 500 EAST OCEAN BOULEVARD STUART,FL 34994	59-6000742	501(C)(3)	30,000				GENERAL SUPPORT
(166) MASSACHUSETTS GENERAL HOSPITAL MGH FUND DEVELOPMENT OFFICE BOSTON,MA 02114	04-1564655	501(C)(3)	30,000				GENERAL SUPPORT
(167) MASSACHUSETTS INSTITUTE OF TECHNOLOGY MIT ROOM 11-120 CAMBRIDGE,MA 02139	04-2103594	501(C)(3)	90,000				GENERAL SUPPORT
(168) MEALS ON WHEELS OF THE PALM BEACHES PO BOX 247 WEST PALM BEACH,FL 33402	27-2891297	501(C)(3)	21,000				GENERAL SUPPORT
(169) MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVE NEW YORK,NY 10065	91-2154267	501(C)(3)	10,000				GENERAL SUPPORT
(170) MIAMI CITY BALLET 2200 LIBERTY AVE MIAMI BEACH,FL 33139	59-2578534	501(C)(3)	33,000				GENERAL SUPPORT
(171) MIRACLE LEAGUE OF PALM BEACH COUNTY PO BOX 7211 DELRAY BEACH,FL 33482	65-1248741	501(C)(3)	21,000				GENERAL SUPPORT
(172) MODERN MONEY NETWORK LIMITED 4215 CRESCENT ST LONG ISLAND CITY,NY 11101	47-1649201	501(C)(3)	10,000				GENERAL SUPPORT
(173) MORSELIFE FOUNDATION INC 4847 DAVID S MACK DR WEST PALM BEACH,FL 33417	59-2774476	501(C)(3)	39,155				GENERAL SUPPORT
(174) MOVING FOR MELANOMA OF DELAWARE INC P O BOX 954 MIDDLETOWN,DE 19709	33-1225914	501(C)(3)	10,000				GENERAL SUPPORT
(175) MUTTY PAWS RESCUE 165 LAKE ARBOR DR PALM SPRINGS,FL 33461	84-3458625	501(C)(3)	48,500				GENERAL SUPPORT
(176) MYFACE 333 E 30TH ST NEW YORK,NY 10016	13-6013760	501(C)(3)	6,614				GENERAL SUPPORT
(177) NAMI OF PALM BEACH COUNTY MOLLIE WILMOT CENTER-PALM HEALTHCARE PAVILLION WEST PALM BEACH,FL 33407	59-2301320	501(C)(3)	50,000				GENERAL SUPPORT
(178) NATIONAL AUTISM REGISTRY 7261 160TH ST N PALM BEACH GARDENS,FL 33418	65-1061465	501(C)(3)	10,000				GENERAL SUPPORT
(179) NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO,HI 96741	52-6057064	501(C)(3)	20,000				GENERAL SUPPORT
(180) NATURE CONSERVANCY-FLORIDA CHAPTER 2500 MAITLAND CENTER PKWY MAITLAND,FL 32751	53-0242652	501(C)(3)	25,000				GENERAL SUPPORT
(181) NEIGHBORHOOD RENAISSANCE INC 510 24TH ST SUITE A WEST PALM BEACH,FL 33407	65-0352279	501(C)(3)	50,000				GENERAL SUPPORT
(182) NETWORK FOR TEACHING ENTREPRENEURSHIP 360 NW 27TH STREET MIAMI,FL 33127	13-3408731	501(C)(3)	30,000				GENERAL SUPPORT
(183) NEW BRANCH MINISTRIES INTERNATIONAL DBA BLESSING BROKER PO BOX 12433 GLENDALE,AZ 85318	84-2294075	501(C)(3)	20,000				GENERAL SUPPORT
(184) NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT ST CONCORD,NH 03301	02-6005625	501(C)(3)	25,000				GENERAL SUPPORT
(185) NORTH PALM BEACH ROWING CLUB C/O 153 OAKWOOD LN PALM BEACH GARDENS,FL 33410	20-8313608	501(C)(3)	30,000				GENERAL SUPPORT
(186) NORTHEND RISE INC 723 39TH STREET WEST PALM BEACH,FL 33407	83-2779001	501(C)(3)	50,000				GENERAL SUPPORT
(187) NORTHWEST COMMUNITY CONSORTIUM INC 409 N ROSEMARY AVENUE WEST PALM BEACH,FL 33401	27-1113574	501(C)(3)	67,185				GENERAL SUPPORT
(188) NORTON MUSEUM OF ART INC 1450 S DIXIE HWY WEST PALM BEACH,FL 33401	59-0624432	501(C)(3)	132,750				GENERAL SUPPORT
(189) NUMBERSUSA EDUCATION AND RESEARCH FOUNDATION 1400 CRYSTAL DR ARLINGTON,VA 22202	47-0865426	501(C)(3)	20,000				GENERAL SUPPORT
(190) NURTURE THE NEXT 600 HILL AVE NASHVILLE,TN 37210	58-1567835	501(C)(3)	6,000				GENERAL SUPPORT
(191) PACE CENTER FOR GIRLS PALM BEACH COUNTY 1640 S CONGRESS AVE PALM SPRINGS,FL 33461	59-2414492	501(C)(3)	28,000				GENERAL SUPPORT
(192) PALM BEACH ATLANTIC UNIVERSITY 901 S FLAGLER DR WEST PALM BEACH,FL 33401	59-1092732	501(C)(3)	7,500				GENERAL SUPPORT
(193) PALM BEACH CIVIC ASSOCIATION INC THE PARAMOUNT BUILDING PALM BEACH,FL 33480	59-0542089	501(C)(3)	37,737				GENERAL SUPPORT
(194) PALM BEACH COUNTY FOOD BANK INC 701 BOUTWELL RD LAKE WORTH BEACH,FL 33461	90-0788707	501(C)(3)	320,000				GENERAL SUPPORT
(195) PALM BEACH COUNTY MEDICAL SOCIETY SERVICES INC 3540 FOREST HILL BLVD WEST PALM BEACH,FL 33406	65-1048299	501(C)(3)	30,000				GENERAL SUPPORT
(196) PALM BEACH DAY ACADEMY 241 SEAVIEW AVE PALM BEACH,FL 33480	59-0873834	501(C)(3)	31,400				GENERAL SUPPORT
(197) PALM BEACH DRAMA WORKS INC 201 CLEMATIS STREET WEST PALM BEACH,FL 33401	65-1040048	501(C)(3)	10,000				GENERAL SUPPORT
(198) PALM BEACH HABILITATION CENTER INC 4522 S CONGRESS AVE PALM SPRINGS,FL 33461	59-6213381	501(C)(3)	70,000				GENERAL SUPPORT
(199) PALM BEACH HARVEST 4601 S FLAGLER DR WEST PALM BEACH,FL 33405	65-0867851	501(C)(3)	10,000				GENERAL SUPPORT
(200) PALM BEACH OPERA INC 1800 S AUSTRALIAN AVE WEST PALM BEACH,FL 33409	59-1060864	501(C)(3)	10,000				GENERAL SUPPORT
(201) PALM BEACH SHELTER DOG PROJECT INC 2147 WIGHTMAN DR WELLINGTON,FL 33414	47-3353154	501(C)(3)	11,000				GENERAL SUPPORT
(202) PALM BEACH SYMPHONY SOCIETY 400 HIBISCUS ST WEST PALM BEACH,FL 33401	59-1542539	501(C)(3)	53,000				GENERAL SUPPORT
(203) PALM HEALTH FOUNDATION 700 S DIXIE HWY WEST PALM BEACH,FL 33401	59-2381119	501(C)(3)	60,000				GENERAL SUPPORT
(204) PEDIATRIC ONCOLOGY SUPPORT TEAM INC 927 45TH ST STE 203 WEST PALM BEACH,FL 33407	45-4769367	501(C)(3)	58,000				GENERAL SUPPORT
(205) PENN MEDICINE DEVELOPMENT & ALUMNI RELATIONS 3535 MARKET ST PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	500,000				GENERAL SUPPORT
(206) PERELMAN SCHOOL OF MEDICINE UNIVERSITY OF PENNSYLVANIA PHILADELPHIA,PA 19104	23-1352685	501(C)(3)	10,000				GENERAL SUPPORT
(207) PHI BETA KAPPA SOCIETY 1606 NEW HAMPSHIRE AVE NW WASHINGTON,DC 20009	53-0226282	501(C)(3)	10,000				GENERAL SUPPORT
(208) PHILANTHROPY TANK INC 120 S OLIVE AVE WEST PALM BEACH,FL 33401	46-3260074	501(C)(3)	45,363				GENERAL SUPPORT
(209) PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS,FL 33418	65-0841384	501(C)(3)	113,800				GENERAL SUPPORT
(210) PLACE OF HOPE AT THE LEIGHAN AND DAVID RINKER CAMPUS 21441 BOCA RIO ROAD BOCA RATON,FL 33433	26-1808939	501(C)(3)	10,000				GENERAL SUPPORT
(211) POLICE ATHLETIC LEAGUE OF WEST PALM BEACH INC 720 N TAMARIND AVE WEST PALM BEACH,FL 33401	65-0929021	501(C)(3)	43,500				GENERAL SUPPORT
(212) POWERUP SCHOLARSHIP FUND INC 6100 LAKE FORREST DR ATLANTA,GA 30328	82-0885331	501(C)(3)	25,000				GENERAL SUPPORT
(213) PRESERVATION SOCIETY OF NEWPORT COUNTY 424 BELLEVUE AVE NEWPORT,RI 02840	05-0252708	501(C)(3)	14,000				GENERAL SUPPORT
(214) PROJECT LIFT INC 3330 SW 34TH ST PALM CITY,FL 34990	27-3948112	501(C)(3)	40,000				GENERAL SUPPORT
(215) QUANTUM HOUSE 987 45TH ST WEST PALM BEACH,FL 33407	65-0898326	501(C)(3)	55,510				GENERAL SUPPORT
(216) QUANTUM LEAP HEALTHCARE COLLABORATIVE 3450 CALIFORNIA ST SAN FRANCISCO,CA 94118	20-4284925	501(C)(3)	10,000				GENERAL SUPPORT
(217) RAYMOND F KRAVIS CENTER FOR THE PERFORMING ARTS 701 OKEECHOBEE BLVD WEST PALM BEACH,FL 33401	59-2245054	501(C)(3)	160,549				GENERAL SUPPORT
(218) REHABILITATION CENTER FOR CHILDREN & ADULTS INC 300 ROYAL PALM WAY PALM BEACH,FL 33480	59-0751037	501(C)(3)	5,500				GENERAL SUPPORT
(219) ROOTS AND WINGS INC 335 E LINTON BLVD STE 2219 DELRAY BEACH,FL 33483	38-4008636	501(C)(3)	17,050				GENERAL SUPPORT
(220) SALVATION ARMY OF MARTIN COUNTY 821 SE MARTIN LUTHER KING BLVD STUART,FL 34994	13-5562351	501(C)(3)	17,600				GENERAL SUPPORT
(221) SANDOWAY DISCOVERY CENTER 142 S OCEAN BLVD DELRAY BEACH,FL 33483	65-0603775	501(C)(3)	10,000				GENERAL SUPPORT
(222) SCHOLAR CAREER COACHING INC PO BOX 7733 DELRAY BEACH,FL 33482	46-2987394	501(C)(3)	10,000				GENERAL SUPPORT
(223) SCHOOLHOUSE CONNECTION 4401A CONNECTICUT AVE WASHINGTON,DC 20008	81-5042929	501(C)(3)	11,000				GENERAL SUPPORT
(224) SEA TURTLE ADVENTURES 15301 92 WAY N JUPITER,FL 33478	81-3995409	501(C)(3)	10,000				GENERAL SUPPORT
(225) SEAGULL SERVICES 3879 BYRON DR WEST PALM BEACH,FL 33404	59-1879968	501(C)(3)	20,000				GENERAL SUPPORT
(226) SECOND CHANCE INITIATIVE 7400 N FEDERAL HWY BOCA RATON,FL 33487	83-1405102	501(C)(3)	38,100				GENERAL SUPPORT
(227) SELFLESS LOVE FOUNDATION 1095 MILITARY TR 1033 JUPITER,FL 33458	47-4544148	501(C)(3)	478,200				GENERAL SUPPORT
(228) SHARE OUR STRENGTH INC PO BOX 75475 BALTIMORE,MD 21275	52-1367538	501(C)(3)	20,000				GENERAL SUPPORT
(229) SHRINERS HOSPITAL FOR CHILDREN OFFICE OF DEVELOPMENT TAMPA,FL 33607	36-2193608	501(C)(3)	12,500				GENERAL SUPPORT
(230) SOUTH FLORIDA PBS INC 3401 S CONGRESS AVE BOYNTON BEACH,FL 33426	59-0737868	501(C)(3)	11,797				GENERAL SUPPORT
(231) SOUTH TECH CHARTER ACADEMY INC 6161 W WOOLBRIGHT RD BOYNTON BEACH,FL 33437	32-0089102	501(C)(3)	56,000				GENERAL SUPPORT
(232) SOUTHEASTERN GUIDE DOGS INC D-4210 77TH STREET EAST PALMETTO,FL 34221	59-2252352	501(C)(3)	15,000				GENERAL SUPPORT
(233) ST GEORGE'S CENTER INC ST GEORGES EPISCOPAL CHURCH RIVIERA BEACH,FL 33404	65-0893108	501(C)(3)	32,000				GENERAL SUPPORT
(234) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 262 DANNY THOMAS PL MEMPHIS,TN 38105	62-0646012	501(C)(3)	8,950				GENERAL SUPPORT
(235) STRANG CANCER PREVENTION INSTITUTE 575 MADISON AVE NEW YORK,NY 10022	27-0969454	501(C)(3)	170,000				GENERAL SUPPORT
(236) STUDENT ACES INC 7750 ARBOR CREST WAY PALM BEACH GARDENS,FL 33412	46-3081102	501(C)(3)	76,200				GENERAL SUPPORT
(237) SUITS FOR SENIORS INC 251 W 11TH ST RIVIERA BEACH,FL 33404	81-2028864	501(C)(3)	31,000				GENERAL SUPPORT
(238) SUSAN G KOMEN PO BOX 801889 DALLAS,TX 75380	75-1835298	501(C)(3)	50,000				GENERAL SUPPORT
(239) SWEET DREAM MAKERS INC 55 NE 5TH AVE STE 400 BOCA RATON,FL 33432	81-3693206	501(C)(3)	12,000				GENERAL SUPPORT
(240) SYMPHONY OF THE AMERICAS INC 2300 E OAKLAND PK BLVD FT LAUDERDALE,FL 33306	65-0157441	501(C)(3)	50,000				GENERAL SUPPORT
(241) T LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD PALM BEACH GARDENS,FL 33418	33-1007795	501(C)(3)	33,500				GENERAL SUPPORT
(242) TAKE STOCK IN CHILDREN OF PALM BEACH COUNTY 1896 PALM BEACH LAKES BLVD WEST PALM BEACH,FL 33409	59-3331584	501(C)(3)	54,400				GENERAL SUPPORT
(243) TAKING THE NATIONS FOR JESUS MINISTRY INC 4820 POSEIDON PL GREENACRES,FL 33463	16-1775401	501(C)(3)	150,000				GENERAL SUPPORT
(244) THE 1909 FOUNDATION 313 DATURA ST WEST PALM BEACH,FL 33401	30-0891778	501(C)(3)	80,000				GENERAL SUPPORT
(245) THE ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK,NY 10065	13-5505367	501(C)(3)	100,000				GENERAL SUPPORT
(246) THE ARC OF PALM BEACH COUNTY 1201 AUSTRALIAN AVE RIVIERA BEACH,FL 33404	59-0883386	501(C)(3)	20,000				GENERAL SUPPORT
(247) THE EVERGLADES FOUNDATION 18001 OLD CUTLER RD PALMETTO BAY,FL 33157	59-3228899	501(C)(3)	17,841				GENERAL SUPPORT
(248) THE GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON,DC 20077	53-0196584	501(C)(3)	8,333				GENERAL SUPPORT
(249) THE HEALING PLACE INC 1020 W MARKET ST LOUISVILLE,KY 40202	61-1164775	501(C)(3)	23,000				GENERAL SUPPORT
(250) THE LIBRARY FOUNDATION OF MARTIN COUNTY INC 2351 SE MONTEREY RD STUART,FL 34996	65-0315112	509(A)(1)	103,592				GENERAL SUPPORT
(251) THE LINK'S FOUNDATION INC 1200 MASSACHUSETTS AVE NW WASHINGTON,DC 20005	52-1170830	501(C)(3)	35,000				GENERAL SUPPORT
(252) THE LORD'S PLACE PO BOX 3265 WEST PALM BEACH,FL 33402	59-2240502	501(C)(3)	154,500				GENERAL SUPPORT
(253) THE MILAGRO CENTER INC 695 AUBURN AVE DELRAY BEACH,FL 33444	65-0804625	501(C)(3)	172,976				GENERAL SUPPORT
(254) THE OUTPOURING 15820 GINGERMILL CT CLERMONT,FL 34711	83-1750640	501(C)(3)	33,000				GENERAL SUPPORT
(255) THE PINE SCHOOL 12350 SE FEDERAL HWY HOBE SOUND,FL 33455	59-1276282	501(C)(3)	13,000				GENERAL SUPPORT
(256) THE PRIORY IN THE USA OF THE ORDER OF ST JOHN 1850 M ST NW WASHINGTON,DC 20036	13-6161455	501(C)(3)	8,500				GENERAL SUPPORT
(257) THE PROMISE FUND OF FLORIDA 340 ROYAL POINCIANA WAY STE 317-301 317-301 PALM BEACH,FL 33480	83-0535519	501(C)(3)	50,000				GENERAL SUPPORT
(258) THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH,FL 33480	59-0454318	501(C)(3)	36,000				GENERAL SUPPORT
(259) THE SOUP KITCHEN INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH,FL 33437	59-2628415	501(C)(3)	10,000				GENERAL SUPPORT
(260) THE SYMPHONIA 2285 POTOMAC RD BOCA RATON,FL 33431	20-1454440	501(C)(3)	25,000				GENERAL SUPPORT
(261) THE TALENTED TEEN CLUB INC 305 SWAIN BLVD GREENACRES,FL 33463	27-1011735	501(C)(3)	7,000				GENERAL SUPPORT
(262) TIDES CENTER PO BOX 399385 SAN FRANCISCO,CA 94139	94-3213100	501(C)(3)	11,000				GENERAL SUPPORT
(263) TOWN OF PALM BEACH UNITED WAY INC 44 COCOANUT ROW PALM BEACH,FL 33480	59-0637885	501(C)(3)	25,900				GENERAL SUPPORT
(264) TREASURE COAST HEALTH COUNCIL INC 600 SANDTREE DR STE 101 WEST PALM BEACH,FL 33403	59-2242689	501(C)(3)	625,000				GENERAL SUPPORT
(265) TREASURE COAST HOSPICE FOUNDATION 1201 SE INDIAN ST STUART,FL 34997	65-0047497	501(C)(3)	8,601				GENERAL SUPPORT
(266) TRIANGLE CLUB INC 1369 OKEECHOBEE ROAD WEST PALM BEACH,FL 33401	59-0919735	501(C)(3)	7,500				GENERAL SUPPORT
(267) TRUE FAST OUTREACH MINISTRIES 638 SIXTH ST WEST PALM BEACH,FL 33401	30-0194610	501(C)(3)	6,000				GENERAL SUPPORT
(268) TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK COLUMBIA MAILMAN SCHOOL OF PUBLIC HEALTH NEW YORK,NY 10032	13-5598093	501(C)(3)	25,000				GENERAL SUPPORT
(269) TSUNAMI FOUNDATION- ANSON AND DEBRA BEARD JR AND FAMILY THE BRISTOL WEST PALM BEACH,FL 33401	13-7019761	501(C)(3)	75,000				GENERAL SUPPORT
(270) UK PHILANTHROPY PO BOX 23552 LEXINGTON,KY 40523	61-6001218	501(C)(3)	104,000				GENERAL SUPPORT
(271) UNITED WAY OF MARTIN COUNTY INC 10 SE CENTRAL PKWY STUART,FL 34994	23-7273540	501(C)(3)	22,158				GENERAL SUPPORT
(272) UNITED WAY OF PALM BEACH COUNTY 477 S ROSEMARY AVE WEST PALM BEACH,FL 33401	59-0683258	501(C)(3)	85,350				GENERAL SUPPORT
(273) UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVE ATHENS,GA 30605	58-6033837	501(C)(3)	15,000				GENERAL SUPPORT
(274) UNIVERSITY OF MIAMI UNIVERSITY ADVANCEMENT CORAL GABLES,FL 33124	59-0624458	501(C)(3)	7,503				GENERAL SUPPORT
(275) URBAN LEAGUE OF PALM BEACH COUNTY 1700 N AUSTRALIAN AVE WEST PALM BEACH,FL 33407	59-1533710	501(C)(3)	68,094				GENERAL SUPPORT
(276) URBAN YOUTH IMPACT INC 2823 N AUSTRALIAN AVE WEST PALM BEACH,FL 33407	91-1901103	501(C)(3)	89,957				GENERAL SUPPORT
(277) VETERINARIANS INTERNATIONAL INC 1 PENN PLAZA NEW YORK,NY 10119	46-5277273	501(C)(3)	7,500				GENERAL SUPPORT
(278) VICTORY LIFE CHURCH 3833 HUDSON DR STOW,OH 44224	34-1458845	501(C)(3)	50,000				GENERAL SUPPORT
(279) VILLAGE OF HOPE PALM BEACH COUNTY INC 9078 ISAIAH LANE PALM BEACH GARDENS,FL 33418	20-4591024	501(C)(3)	100,000				GENERAL SUPPORT
(280) VILLAGE PROJECT AFRICA PO BOX 382 NOBLESVILLE,IN 46061	27-1484750	501(C)(3)	20,000				GENERAL SUPPORT
(281) VITA NOVA INC 2724 N AUSTRALIAN AVE WEST PALM BEACH,FL 33407	65-0298299	501(C)(3)	50,000				GENERAL SUPPORT
(282) WAYSIDE HOUSE INC 378 NE SIXTH AVE DELRAY BEACH,FL 33483	59-1590644	501(C)(3)	51,500				GENERAL SUPPORT
(283) WEATHERVANE THEATRE PLAYERS INC PO BOX 127 WHITEFIELD,NH 03598	02-0327698	501(C)(3)	10,000				GENERAL SUPPORT
(284) WEST END SYNAGOGUE 3810 W END AVE NASHVILLE,TN 37205	62-0513743	501(C)(3)	7,961				GENERAL SUPPORT
(285) WEST JUPITER COMMUNITY GROUP INC AKA EDNA W RUNNER TUTORIAL CENTER JUPITER,FL 33458	65-0137715	501(C)(3)	90,250				GENERAL SUPPORT
(286) WEST PALM BEACH CENTER FOR ARTS & TECHNOLOGY INC PO BOX 1015 WEST PALM BEACH,FL 33402	84-2128291	501(C)(3)	51,000				GENERAL SUPPORT
(287) WEST PALM BEACH LIBRARY FOUNDATION 411 CLEMATIS ST WEST PALM BEACH,FL 33401	65-1068311	501(C)(3)	10,000				GENERAL SUPPORT
(288) WINSTON SALEM STATE UNIVERSITY FOUNDATION INC 601 S MARTIN LUTHER KING JR DR WINSTONSALEM,NC 27110	56-0989620	501(C)(3)	10,000				GENERAL SUPPORT
(289) WISETRIBE US INC 6586 W ATLANTIC AVE APT 1004 DELRAY BEACH,FL 33446	47-4319424	501(C)(3)	9,991				GENERAL SUPPORT
(290) WISTAR INSTITUTE OF ANATOMY & BIOLOGY 3601 SPRUCE ST PHILADELPHIA,PA 19104	23-6434390	501(C)(3)	25,000				GENERAL SUPPORT
(291) WOMEN MOVING MILLIONS 19 FULTON ST 301 NEW YORK,NY 10038	45-2576859	501(C)(3)	10,000				GENERAL SUPPORT
(292) WOMEN'S FOUNDATION OF PALM BEACH COUNTY INC PO BOX 611 WEST PALM BEACH,FL 33402	61-1508703	501(C)(3)	11,000				GENERAL SUPPORT
(293) WOMEN'S JUSTICE NOW 150 W 28TH ST NEW YORK,NY 10001	13-3083202	501(C)(3)	15,000				GENERAL SUPPORT
(294) XCEL STRATEGIES - VO- COMPLETION OF 8401 ROYAL OAK DRIVE SAVANNAH,GA 31406	46-0987967	501(C)(3)	35,000				GENERAL SUPPORT
(295) YALE SCHOOL OF MEDICINE OFFICE OF DEVELOPMENT NEW HAVEN,CT 06510	06-0646973	501(C)(3)	25,000				GENERAL SUPPORT
(296) YES INSTITUTE 5275 SUNSET DRIVE SOUTH MIAMI,FL 33143	65-0646667	501(C)(3)	25,000				GENERAL SUPPORT
(297) YMCA OF METRO ATLANTA FINANCIAL DEVELOPMENT DEPARTMENT ATLANTA,GA 30314	58-0566253	501(C)(3)	10,000				GENERAL SUPPORT
(298) YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S BOCA RATON,FL 33433	59-1416281	501(C)(3)	35,000				GENERAL SUPPORT
(299) YORK COLLEGE FOUNDATION INC 94-20 GUY R BREWER BLVD JAMAICA,NY 11451	11-2982841	501(C)(3)	20,000				GENERAL SUPPORT
(300) YOUTH EMPOWERED TO PROSPER (YEP) 1104 N DIXIE HWY LAKE WORTH,FL 33460	83-1731712	501(C)(3)	9,800				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 300

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) SCHOLARSHIPS	107	1,167,500			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	PROPOSALS ARE RECEIVED AND REVIEWED BY VICE PRESIDENT FOR COMMUNITY INVESTMENT. PROPOSALS ARE APPROVED BY THE BOARD OF DIRECTORS. COMMUNITY INVESTMENT STAFF VISITS AND MEETS WITH GRANTEES. GRANTEE'S REPORTS REQUEST ARE EVALUATED.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☐ Independent compensation consultant ☑ Compensation survey or study			
	☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		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**		No
b	Any related organization?	**6b**		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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRADLEY A HURLBURT PRESIDENT/CEO	(i)	209,956	31,200	0	15,766	10,879	267,801	0
	(ii)	0	0	0	0	0	0	0
2 STEVEN ERJAVEC CHIEF FINANCIAL OFFICER	(i)	153,270	12,240	0	11,597	10,844	187,951	0
	(ii)	0	0	0	0	0	0	0
3 VICKI PUGH VP FOR PHILANTHROPIC GIVING	(i)	165,553	7,700	0	0	9,752	183,005	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PALM BEACH COUNTY FLORIDA	59-6000785	000696547	03-04-2004	10,996,138	FINANCE DEVELOPMENT		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,400,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,996,138			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	157,063			
8	Credit enhancement from proceeds	10,879			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,899,196			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2005			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?	X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

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2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	1,930,020	
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential	X	1	776,300	
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

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2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 AND 990T IS PRESENTED TO AND REVIEWED BY THE AUDIT COMMITTEE PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST STATEMENT IS COMPLETED AND SUBMITTED ANNUALLY BY THE OFFICERS, DIRECTORS AND KEY EMPLOYEES FOR REVIEW BY THE CFO FOR POTENTIAL CONFLICTS OF INTEREST. THE FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO THE BEGINNING OF THE FISCAL YEAR.
FORM 990, PART VI, SECTION B, LINE 15	CEO AND OFFICER'S SALARIES ARE DETERMINED FROM RESEARCH OF OTHER LOCAL AREA NONPROFIT COMPENSATION RECORDS AND ALSO FROM PUBLISHED SALARY SURVEY DATA FOR HUMAN RESOURCE MANAGEMENT PURPOSES.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -65,316. AGENCY TRANSACTIONS -980,522. CHANGE IN VALUE OF INTEREST RATE SWAP -62,847.
FORM 990, PART XII, LINE 2C	THERE IS NO CHANGE FORM PRIOR YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES INC

Employer identification number
23-7181875

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) MARY AND ROBERT PEW PUBLIC EDUCATION FUND 601 HERITAGE DRIVE STE 206 JUPITER, FL 33458 58-6365702	TYPE 1 SUPPORTING ORGANIZATION OF THE COMMUNITY FDN FOR P.B.& MTN CTY	FL	501(C)(3)	LINE 12A, I			No

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

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

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

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

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

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

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

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) MARY AND ROBERT PEW PUBLIC EDUCATION FUND	L	45,538	FEE BASED 1/2% FMV PER MONTH

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2020

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