

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.		D Employer identification number 23-7181875
	Doing business as		E Telephone number 561-659-6800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	700 SOUTH DIXIE HIGHWAY		G Gross receipts \$ 200,819,684.
	City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401		
F Name and address of principal officer: STACEY BELL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	
J Website: WWW.YOURCOMMUNITYFOUNDATION.ORG		L Year of formation: 1972 M State of legal domicile: FL	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

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		
	2 Check this box <input type="checkbox"/> 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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	42
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-127,655.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,758,113.	23,171,360.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,935,985.	2,985,857.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-81,384.	-83,024.
		29,612,714.	26,074,193.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,638,780.	15,585,235.
	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)	2,348,311.	3,296,034.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	977,314.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,088,925.	2,297,303.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,076,016.	21,178,572.	
19 Revenue less expenses. Subtract line 18 from line 12	10,536,698.	4,895,621.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	221,759,809.	244,681,756.
	22 Net assets or fund balances. Subtract line 21 from line 20	16,802,497.	21,677,746.
		204,957,312.	223,004,010.

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		
	STACEY BELL, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TYLER JOHNSON	TYLER JOHNSON	03/27/24	<input checked="" type="checkbox"/>	P01959117
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CITRIN COOPERMAN ADVISORS LLC	87-2525370		954-771-0896	
Firm's address					
6550 N. FEDERAL HIGHWAY, 4TH FLOOR					
FT. LAUDERDALE, FL 33308					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.

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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

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 \$ 3,611,553. including grants of \$ 3,051,569.) (Revenue \$)
GRANTMAKING - COMMUNITY REVITALIZATION, EDUCATIONAL ATTAINMENT, POSITIVE YOUTH DEVELOPMENT

THE 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 JUNE OF 2022, THE COMMUNITY FOUNDATION'S BOARD OF DIRECTORS APPROVED A NEW FIVE YEAR STRATEGIC PLAN THAT COMMENCED ON JULY 1, 2022. THE FIVE-YEAR PLAN INCLUDED A CHANGE TO THE COMMUNITY FOUNDATION'S CORE AREAS OF FOCUS. THE NEW FOCUS AREAS ARE ECONOMIC OPPORTUNITY, EDUCATION AND YOUTH, AND

4b (Code:) (Expenses \$ 1,243,991. including grants of \$ 1,051,106.) (Revenue \$)
SCHOLARSHIP PROGRAM:

THIS YEAR APPROXIMATELY 676 STUDENTS COMPLETED AN APPLICATION FOR THE COMMUNITY FOUNDATION'S SCHOLARSHIP PROGRAM. WITH THE ASSISTANCE OF DEDICATED VOLUNTEERS AND ENTRUSTED DONORS' RESOURCES, FOR THE 2023-2024 ACADEMIC YEAR, WE AWARDED \$1,162,435 IN SCHOLARSHIPS TO 116 DESERVING STUDENTS IN OUR COMMUNITY. THESE STUDENTS RECEIVED AWARDS RANGING FROM \$750 TO \$20,000 TO USE TOWARD THEIR COLLEGE OF CHOICE. RECIPIENTS ARE ATTENDING ALL MAJOR FLORIDA UNIVERSITIES, STANFORD UNIVERSITY, UNIVERSITY OF VIRGINIA, CLEMSON UNIVERSITY, AND PRINCETON UNIVERSITY, JUST TO NAME A FEW.

4c (Code:) (Expenses \$ 13,589,688. including grants of \$ 11,482,560.) (Revenue \$)
OTHER SERVICES:

DONOR-ADVISED FUNDS:

WITH OVER 50 YEARS' EXPERIENCE, THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES 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 AND DESIGNATED FUNDS DISTRIBUTED \$9,159,590 EACH GRANT IS FULLY REVIEWED BY STAFF AT THE FOUNDATION AND ADHERES TO BEST PRACTICES FOR GRANTMAKING AND ENSURES LEGAL AND FINANCIAL COMPLIANCE. THE COMMUNITY FOUNDATION

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,445,232.

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

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	34
b Enter the number of Forms W-2G included on 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	X

**COMMUNITY FOUNDATION FOR PALM BEACH AND
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		29
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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? If "Yes," see the instructions and file Form 4720, Schedule N.		X
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.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

				Yes	No
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 on Schedule O.	1a	24			
b Enter the number of voting members included on line 1a, above, who are independent	1b	24			
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				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5				X
6 Did the organization have members or stockholders?	6				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?	8a		X		
b Each committee with authority to act on behalf of the governing body?	8b		X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9				X

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				X
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		X		
b Describe on 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		X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		X		
13 Did the organization have a written whistleblower policy?	13		X		
14 Did the organization have a written document retention and destruction policy?	14		X		
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		X		
b Other officers or key employees of the organization	15b		X		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a				X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to 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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
STACEY BELL, CFO - 561-659-6800
700 S. DIXIE HIGHWAY, STE 200, WEST PALM BEACH, FL 33401

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANITA D. NIAS PRESIDENT/CEO	45.00			X			382,837.	0.	41,963.	
(2) JULIE LAUDERBAUGH VP MARKETING	45.00				X		180,800.	0.	186.	
(3) MARY KATHERINE MORALES VP FOR PHILANTHROPIC GIVIN	45.00				X		161,565.	0.	935.	
(4) DARYL HOUSTON VP COMMUNITY IMPACT	45.00					X	110,400.	0.	1,400.	
(5) BRITTANY PEERBOLTE STAFF	45.00					X	100,100.	0.	7,732.	
(6) NIKKI MISKURA CONTROLLER	45.00					X	107,363.	0.	0.	
(7) DAVID DECKER DRANE CHIEF OF STAFF	45.00					X	103,634.	0.	1,666.	
(8) STACEY BELL CHIEF FINANCIAL OFFICER	45.00			X			89,336.	0.	279.	
(9) JULIE FISHER CUMMINGS CHAIRMAN	4.00	X		X			0.	0.	0.	
(10) JEFFREY A. STOOPS VICE CHAIR	4.00	X		X			0.	0.	0.	
(11) DENNIS S, HUDSON III TREASURER	4.00	X		X			0.	0.	0.	
(12) SHEREE DAVIS CUNNINGHAM SECRETARY	4.00	X		X			0.	0.	0.	
(13) SHERRY S. BARRAT PAST CHAIR	4.00	X					0.	0.	0.	
(14) ANQUAN BOLDIN DIRECTOR	4.00	X					0.	0.	0.	
(15) MICHAEL J. BRACCI DIRECTOR	4.00	X					0.	0.	0.	
(16) NANCY G. BRINKER DIRECTOR	4.00	X					0.	0.	0.	
(17) SUSAN P. BROCKWAY DIRECTOR	4.00	X					0.	0.	0.	

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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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY D. BURKE DIRECTOR	4.00	X					0.	0.	0.	
(19) LORE MORAN DODGE DIRECTOR	4.00	X					0.	0.	0.	
(20) WILLIAM E. DONNELL DIRECTOR	4.00	X					0.	0.	0.	
(21) EARNIE ELLISON, JR. DIRECTOR	4.00	X					0.	0.	0.	
(22) DR. DENNIS GALLON DIRECTOR	4.00	X					0.	0.	0.	
(23) CHRISTINA M. MACFARLAND DIRECTOR	4.00	X					0.	0.	0.	
(24) ELIZABETH "LIBBY" MARSHALL DIRECTOR	4.00	X					0.	0.	0.	
(25) JANE M. MITCHELL DIRECTOR	4.00	X					0.	0.	0.	
(26) TAMMY JACKSON-MOORE DIRECTOR	4.00	X					0.	0.	0.	
1b Subtotal							1,236,035.	0.	54,161.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,236,035.	0.	54,161.	

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 7

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
BERDEO GROUP LLC, 347 N. NEW RIVER DRIVE E #1201, FORT LAUDERDALE, FL 33301	EXECUTIVE COACHING	130,490.

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 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	201,960.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	22,969,400.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 442,280.				
	h Total. Add lines 1a-1f			23,171,360.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,917,791.			3917791.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	849,190.			
			(ii) Personal				
				976,845.			
	b Less: rental expenses ...	6b		-127,655.			
	c Rental income or (loss)	6c					
	d Net rental income or (loss)			-127,655.		-127,655.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	172,711,955.			
			(ii) Other				
				173,643,889.			
	b Less: cost or other basis and sales expenses	7b		-931,934.			
	c Gain or (loss)	7c					
	d Net gain or (loss)			-931,934.		-931,934.	
8 a Gross income from fundraising events (not including \$ 201,960. of contributions reported on line 1c). See Part IV, line 18	8a		78,500.				
			124,757.				
b Less: direct expenses	8b		-46,257.		-46,257.		
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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	11 a MANAGEMENT FEES	Business Code	900099	76,284.		76,284.	
	b MISCELLANEOUS		900099	14,604.		14,604.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			90,888.			
12 Total revenue. See instructions			26,074,193.	0.	-127,655.	3030488.	

**COMMUNITY FOUNDATION FOR PALM BEACH AND
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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	15,585,235.	15,585,235.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	585,934.	350,291.	134,138.	101,505.
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	2,162,378.	1,292,744.	495,032.	374,602.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	154,266.	92,971.	34,354.	26,941.
9 Other employee benefits	200,322.	120,728.	44,610.	34,984.
10 Payroll taxes	193,134.	116,396.	43,010.	33,728.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	733,433.		733,433.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	238,588.	152,504.	64,995.	21,089.
12 Advertising and promotion	206,002.	169,502.		36,500.
13 Office expenses	145,603.	58,709.	48,584.	38,310.
14 Information technology	173,989.	107,726.	35,222.	31,041.
15 Royalties				
16 Occupancy	175.		175.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,404.	6,891.	1,799.	6,714.
20 Interest	50,742.	25,290.	18,370.	7,082.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,828.	77,167.	56,053.	21,608.
23 Insurance	108,728.	64,372.	19,572.	24,784.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OUTREACH	376,015.	186,857.	2,224.	186,934.
b STAFF DEVELOPMENT	84,966.	37,849.	16,707.	30,410.
c MISCELLANEOUS	8,830.		7,748.	1,082.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	21,178,572.	18,445,232.	1,756,026.	977,314.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**COMMUNITY FOUNDATION FOR PALM BEACH AND
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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,504,759.	1	3,292,702.	
	2 Savings and temporary cash investments	6,108,930.	2	11,520,801.	
	3 Pledges and grants receivable, net	258,860.	3	5,308,032.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	216,407.	9	220,206.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,823,894.			
	b Less: accumulated depreciation	10b 4,797,518.	7,279,289.	10c	7,026,376.
	11 Investments - publicly traded securities	204,677,436.	11	215,595,686.	
	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	714,128.	15	1,717,953.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	221,759,809.	16	244,681,756.		
Liabilities	17 Accounts payable and accrued expenses	249,249.	17	331,834.	
	18 Grants payable	3,826,459.	18	6,115,386.	
	19 Deferred revenue	89,428.	19	98,476.	
	20 Tax-exempt bond liabilities	4,475,082.	20	4,477,240.	
	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	8,162,279.	25	10,654,810.	
	26 Total liabilities. Add lines 17 through 25	16,802,497.	26	21,677,746.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	67,282,766.	27	75,135,371.	
	28 Net assets with donor restrictions	137,674,546.	28	147,868,639.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	204,957,312.	32	223,004,010.	
33 Total liabilities and net assets/fund balances	221,759,809.	33	244,681,756.		

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**COMMUNITY FOUNDATION FOR PALM BEACH AND
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Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	26,074,193.
2 Total expenses (must equal Part IX, column (A), line 25)	2	21,178,572.
3 Revenue less expenses. Subtract line 2 from line 1	3	4,895,621.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	204,957,312.
5 Net unrealized gains (losses) on investments	5	10,181,132.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	2,969,945.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	223,004,010.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

**COMMUNITY FOUNDATION FOR PALM BEACH AND
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22302324.	21154069.	24742414.	19817250.	23249860.	111265917
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	22302324.	21154069.	24742414.	19817250.	23249860.	111265917
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)						7718209.
6 Public support. Subtract line 5 from line 4.						103547708

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	22302324.	21154069.	24742414.	19817250.	23249860.	111265917
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3924221.	5290092.	3403624.	2919670.	3917791.	19455398.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-841,613.	-226,795.	-15,041.	-141,381.	-127,655.	-1352485.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75,308.	71,032.	110,022.	136,579.	90,888.	483,829.
11 Total support. Add lines 7 through 10						129852659
12 Gross receipts from related activities, etc. (see instructions)					12	3,039,980.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	79.74 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	71.98 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

**COMMUNITY FOUNDATION FOR PALM BEACH AND
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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
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? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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):		
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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule A (Form 990) 2022

23-7181875 Page 7

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 - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Employer identification number

23-7181875

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,074,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,728,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 874,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 843,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 613,988.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 613,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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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 info. once.) \$ _____
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	

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

2022

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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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 Tax 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 July 25, 2006, 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 \$ _____

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

Schedule D (Form 990) 2022

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule D (Form 990) 2022

23-7181875 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	
(2) ANNUITY OBLIGATIONS	1,225,097.
(3) SECURITY DEPOSITS	19,774.
(4) AGENCY TRANSACTIONS PAYABLE	9,409,939.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,654,810.

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

Schedule D (Form 990) 2022

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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	33,641,396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,181,132.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	798,527.
e	Add lines 2a through 2d	2e	10,979,659.
3	Subtract line 2e from line 1	3	22,661,737.
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	733,433.
b	Other (Describe in Part XIII.)	4b	2,679,023.
c	Add lines 4a and 4b	4c	3,412,456.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	26,074,193.

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	22,049,718.
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	2,182,345.
e	Add lines 2a through 2d	2e	2,182,345.
3	Subtract line 2e from line 1	3	19,867,373.
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	733,433.
b	Other (Describe in Part XIII.)	4b	577,766.
c	Add lines 4a and 4b	4c	1,311,199.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	21,178,572.

Part XIII Supplemental Information.

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

PART 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, THERE 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:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES	638,688.
SPECIAL EVENT EXPENSES	124,757.
CHANGE IN VALUE OF INTEREST RATE SWAP	35,082.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	798,527.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSACTIONS	2,606,182.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	72,841.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,679,023.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	638,688.
SPECIAL EVENT EXPENSES	124,757.
TRANSFER TO OTHER NONPROFIT	1,418,900.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,182,345.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY TRANSACTIONS	577,766.
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**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		FOUNDER ' S LUNCHEON		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	280,460.			280,460.
	2 Less: Contributions	201,960.			201,960.
	3 Gross income (line 1 minus line 2)	78,500.			78,500.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	124,757.			124,757.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				124,757.
11 Net income summary. Subtract line 10 from line 3, column (d)				-46,257.	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
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: _____

COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Yes No
Yes No
13a %
13b %

Name
Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization
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?
b Enter the amount of distributions required under state law to be 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.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
12TH STREET MINISTRIES COGOP 4660 HYPOLUXO RD LAKE WORTH, FL 33463	47-3026754		15,000.	0.			EDUCATION
ACADEMIC RESTORATION PLAN 650 ROYAL PALM BEACH BLVD #4 ROYAL PALM BEACH, FL 33411	87-2235866		15,000.	0.			EDUCATION
ACHIEVEMENT CENTERS FOR CHILDREN AND FAMILIES - 555 NW 4TH ST - DELRAY BEACH, FL 33444	59-1264435		10,000.	0.			YOUTH DEVELOPMENT
ADOPT-A-FAMILY OF THE PALM BEACHES, INC. - 1712 SECOND AVE N - LAKE WORTH, FL 33460	59-2471253		305,700.	0.			HUMAN SERVICES
AHEPA CHAPTER NO. 18 COMMUNITY CENTER OF THE PALM BEACHES INC - 4370 COMMUNITY DR - WEST PALM BEACH, FL 33409	23-7565992		25,000.	0.			EDUCATION
AHEPA FAMILY CHARITIES OF THE PALM BEACHES FOUNDATION, INC. - 248 BLOOMFIELD DR - WEST PALM BEACH, FL 33405	31-1697370		8,000.	0.			EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **325.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

COMMUNITY FOUNDATION FOR PALM BEACH AND
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S COMMUNITY CARE, INC. 800 NORTHPOINT PKWY WEST PALM BEACH, FL 33407	31-1481653		80,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
AMERICAN ASSOCIATES OF THE NATIONAL THEATRE - 600 FIFTH AVE 2ND FLOOR - NEW YORK, NY 10020	13-4140412		25,000.	0.			ARTS, CULTURE, & HUMANITIES
AMERICAN ASSOCIATION OF CAREGIVING YOUTH - 6401 CONGRESS AVE STE 200 - BOCA RATON, FL 33487	65-0866677		63,700.	0.			HUMAN SERVICES
AMERICAN HEART ASSOCIATION OF PALM BEACH COUNTY - 2300 CENTREPARK WEST DR - WEST PALM BEACH, FL 33409	13-5613797		5,144.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
AMERICAN RED CROSS - PALM BEACH AND TREASURE COAST CHAPTER - 1250 NORTHPOINT PKWY - WEST PALM BEACH, FL 33407	53-0196605		8,761.	0.			HUMAN SERVICES
ANN NORTON SCULPTURE GARDENS, INC. 253 BARCELONA RD WEST PALM BEACH, FL 33401	59-1874060		76,000.	0.			ARTS, CULTURE, & HUMANITIES
ART RAPIDS PO BOX 301 ELK RAPIDS, MI 49629	20-5692457		10,000.	0.			ARTS, CULTURE, & HUMANITIES
ARTS4ALL FLORIDA 2728 LAKE WORTH ROAD LAKE WORTH, FL 33461	59-2758321		6,000.	0.			EDUCATION
ATLANTIC SALMON FEDERATION INC. PO BOX 807 CALAIS, ME 04619	13-2618801		10,000.	0.			ANIMAL-RELATED

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON FLORIDA NATIONAL AUDUBON SOCIETY MIAMI, FL 33137	59-0245495		10,000.	0.			ENVIRONMENT
AVDA AKA AID TO VICTIMS OF DOMESTIC ABUSE - PO BOX 6161 - DELRAY BEACH, FL 33482	59-2486620		62,500.	0.			HUMAN SERVICES
AVERY HUMANE SOCIETY 279 NEW VALE RD NEWLAND, NC 28657	56-1321762		35,000.	0.			ANIMAL-RELATED
BALL 4 LYFE FOUNDATION, INC. 712 W JASMINE DR LAKE PARK, FL 33403	46-5709185		10,000.	0.			RECREATION & SPORTS
BANNER LAKE CLUB, INC. 12212 SE LANTANA AVE HOBE SOUND, FL 33455	59-1093236		50,000.	0.			YOUTH DEVELOPMENT
BAPTIST HEALTH FOUNDATION 2815 S SEACREST BLVD BOYNTON BEACH, FL 33435	59-6137805		24,788.	0.			HEALTH CARE
BASCOM PALMER EYE INSTITUTE UNIVERSITY OF MIAMI HEALTH SYSTEM MIAMI, FL 33136	59-0624458		7,132.	0.			EDUCATION
BATH & TENNIS HISTORIC BUILDING PRESERVATION FOUNDATION - 1170 S OCEAN BLVD - PALM BEACH, FL 33480	26-1362158		16,500.	0.			ARTS, CULTURE, & HUMANITIES
BELLA'S ANGELS, INC. 13860 WELLINGTON TRACE 38-111 WELLINGTON, FL 33414	26-1594604		10,000.	0.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENJAMIN SCHOOL 11000 ELLISON WILSON RD NORTH PALM BEACH, FL 33408	59-1536502		72,995.	0.			EDUCATION
BENZAITEN CENTER FOR CREATIVE ARTS, INC. - 1105 2ND AVENUE SOUTH - LAKE WORTH, FL 33460	45-3177421		40,000.	0.			ARTS, CULTURE, & HUMANITIES
BEST FOOT FORWARD FOUNDATION INC. 9080 KIMBERLY BLVD STE 10 BOCA RATON, FL 33434	30-0598378		21,000.	0.			EDUCATION
BIG DOG RANCH RESCUE INC 14444 OKEECHOBEE RD LOXAHATCHEE, FL 33470	26-3184971		27,000.	0.			ANIMAL-RELATED
BI-WI 'BECAUSE IM WORTH IT!' INTL., INC - 1758 ANNANDALE CIR - ROYAL PALM BEACH, FL 33411	47-5007815		15,000.	0.			EDUCATION
BOCA HELPING HANDS REMILLARD FAMILY RESOURCE CENTER BOCA RATON, FL 33432	31-1713631		69,000.	0.			FOOD, AGRICULTURE & NUTRITION
BOCA RATON MUSEUM OF ART 501 PLAZA REAL BOCA RATON, FL 33432	59-6019851		11,469.	0.			ARTS, CULTURE, & HUMANITIES
BOCA RATON REGIONAL HOSPITAL FOUNDATION - BAPTIST HEALTH SOUTH FLORIDA - BOCA RATON, FL 33486	59-1006663		28,000.	0.			HEALTH CARE
BOLDIN COMMUNITY IMPACT, INC. 170 S. BARFIELD HIGHWAY PAHOKEE, FL 33476	83-0997148		30,000.	0.			HEALTH CARE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUND FOR COLLEGE 1730 S FEDERAL HWY #297 DELRAY BEACH, FL 33483	45-4916115		20,000.	0.			EDUCATION
BOY SCOUTS OF AMERICA GULF STREAM COUNCIL PALM BEACH GARDENS, FL 33410	59-0624407		107,910.	0.			HEALTH CARE
BOY SCOUTS OF AMERICA - MOUNTAIN WEST COUNCIL - 8901 FRANKLIN RD - BOISE, ID 83709	22-1576300		24,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF MARTIN COUNTY - PO BOX 910 - HOBE SOUND, FL 33475	65-0253002		45,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS OF PALM BEACH COUNTY - 800 NORTHPOINT PKWY STE 204 - WEST PALM BEACH, FL 33407	23-7060561		266,495.	0.			YOUTH DEVELOPMENT
BOYS TOWN SOUTH FLORIDA 1655 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401	26-3965524		61,547.	0.			HUMAN SERVICES
BRADY OBERG LEGACY FOUNDATION 27160 LITTLE FLOYD LAKE RD DETROIT LAKE, MN 56501	84-2250737		25,000.	0.			HEALTH CARE
BRAHMAN ATHLETIC ASSOCIATION INC PO BOX 1543 OKEECHOBEE, FL 34973	37-1711439		25,000.	0.			RECREATION & SPORTS
BUCKET MINISTRY PO BOX 238 FATE, TX 75132	81-3684524		10,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSCH WILDLIFE SANCTUARY, INC. 2500 JUPITER PARK DR JUPITER, FL 33458	59-2379003		159,500.	0.			ANIMAL-RELATED
CAMP GRIND INC. 1433 AC EVANS ST RIVIERA BEACH, FL 33404	81-0752975		25,000.	0.			YOUTH DEVELOPMENT
CANCER ALLIANCE OF HELP AND HOPE PO BOX 3292 PALM BEACH, FL 33480	90-0101236		53,700.	0.			EDUCATION
CANCER LEGAL CARE 3503 HIGH POINT DR, STE 270 OAKDALE, MN 55128	02-0736402		8,000.	0.			CRIME & LEGAL-RELATED
CARDINAL MOONEY CATHOLIC HIGH SCHOOL - 4171 FRUITVILLE ROAD - SARASOTA, FL 34232	59-0900923		15,000.	0.			EDUCATION
CARDINAL NEWMAN HIGH SCHOOL 512 SPENCER DR WEST PALM BEACH, FL 33409	59-0938455		35,000.	0.			EDUCATION
CARIDAD CENTER, INC 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472	65-0149423		71,200.	0.			HUMAN SERVICES
CATHOLIC CHARITIES DIOCESE OF PALM BEACH - ST. FRANCIS CENTER - RIVIERA BEACH, FL 33404	59-2470479		120,713.	0.			HUMAN SERVICES
CENTER FOR CHILD COUNSELING 8895 N MILITARY TRL STE 300C PALM BEACH GARDENS, FL 33410	65-0932032		120,000.	0.			HUMAN SERVICES

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CREATIVE EDUCATION 425 24TH ST WEST PALM BEACH, FL 33407	65-0594599		612,824.	0.			ARTS, CULTURE, & HUMANITIES
CENTER FOR FAMILY SERVICES OF PALM BEACH COUNTY - 4101 PARKER AVE - WEST PALM BEACH, FL 33405	59-1084179		59,434.	0.			HUMAN SERVICES
CENTER FOR TECHNOLOGY, ENTERPRISE & DEVELOPMENT - 401 WEST ATLANTIC AVE - DELRAY BEACH, FL 33444	65-0362710		15,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
CHARITIES AID FOUNDATION OF AMERICA - 225 REINEKERS LN - ALEXANDRIA, VA 22314	43-1634280		5,435.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
CHASIN A DREAM FOUNDATION INC. 305 OCEAN DUNES CIR JUPITER, FL 33477	82-2066748		54,062.	0.			HUMAN SERVICES
CHILD EVANGELISM FELLOWSHIP INC PO BOX 861 MOUNT VERNON, OH 43050	34-0898549		52,250.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
CHILDREN'S CASE MANAGEMENT ORGANIZATION, INC. D/B/A FAMILIES FIRST - 3333 FOREST HILL BLVD 2ND FL - WEST PALM BEACH, FL 33406	65-0166352		111,778.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
CHILDREN'S HEALTHCARE CHARITY INC 3300 PGA BLVD, #800 PALM BEACH GARDENS, FL 33410	20-4394654		10,500.	0.			HUMAN SERVICES
CHILDREN'S HOME SOCIETY OF FLORIDA, PALM BEACH DIVISION - 3335 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-0192430		66,500.	0.			RELIGION-RELATED

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST FELLOWSHIP CHURCH INC. 5343 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	59-2468077		70,000.	0.			RELIGION-RELATED
CHURCH OF THE HARVEST P.O. BOX 183 LOXAHATCHEE, FL 33470	65-1079385		62,000.	0.			ENVIRONMENT
CITYHOUSE DELRAY BEACH, INC. PO BOX 8451 DELRAY BEACH, FL 33482	46-3890624		10,350.	0.			HOUSING & SHELTER
CITY OF GREENACRES 525 SWAIN BOULEVARD GREENACRES, FL 33463	59-0977961		33,525.	0.			YOUTH DEVELOPMENT
CITY OF WEST PALM BEACH MAYOR'S OFFICE - 401 CLEMATIS ST - WEST PALM BEACH, FL 33401	59-6000448		40,000.	0.			PUBLIC & SOCIETAL BENEFIT
CITY PARKS ALLIANCE 2121 WARD PL NW WASHINGTON, DC 20037	80-0015566		200,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
CLINICS CAN HELP, INC. 2560 WESTGATE AVE WEST PALM BEACH, FL 33409	20-2778895		60,620.	0.			HEALTH CARE
COMMUNITY FOUNDATION FOR SOUTHEAST MICHIGAN - 333 W FORT ST - DETROIT, MI 48226	38-2530980		20,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
COMMUNITY GREENING CORP SOCIAL IMPACT LAB AT LYNN UNIVERSIT BOCA RATON, FL 33431	81-3559159		65,000.	0.			ENVIRONMENT

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERSHIP SCHOOL C/O ADVANCEMENT OFFICE PHILADELPHIA, PA 19121	20-3195763		10,000.	0.			EDUCATION
COMMUNITY PARTNERS OF SOUTH FLORIDA - 2001 W BLUE HERON BLVD - RIVIERA BEACH, FL 33404	59-2704597		60,000.	0.			HOUSING & SHELTER
COMPASS INC. 201 N DIXIE HWY LAKE WORTH, FL 33460	65-0052657		15,000.	0.			HEALTH CARE
CONNECT TO GREATNESS, INC. PO BOX 3525 BOYNTON BEACH, FL 33424	81-4018027		30,000.	0.			YOUTH DEVELOPMENT
COUDERT INSTITUTE 163 SEMINOLE AVE PALM BEACH, FL 33480	65-1094183		10,000.	0.			EDUCATION
COX SCIENCE CENTER & AQUARIUM 4801 DREHER TRL N WEST PALM BEACH, FL 33405	59-0915177		291,268.	0.			EDUCATION
CREATIVE CITY COLLABORATIVE OF DELRAY BEACH, INC. - DBA ARTS GARAGE - DELRAY BEACH, FL 33444	26-3210202		10,000.	0.			ARTS, CULTURE, & HUMANITIES
CROS MINISTRIES 3677 23RD AVE S LAKE WORTH, FL 33461	59-1802917		63,700.	0.			RELIGION-RELATED
CULTURAL COUNCIL FOR PALM BEACH COUNTY - 601 LAKE AVE - LAKE WORTH BEACH, FL 33460	59-1862336		10,260.	0.			ARTS, CULTURE, & HUMANITIES

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CURE SANFILIPPO FOUNDATION P O BOX 6901 COLUMBIA, SC 29260	46-4322131		10,000.	0.			MEDICAL RESEARCH
CYSTIC FIBROSIS FOUNDATION - SOUTH FLORIDA OFFICE - 3201 W COMMERCIAL BLVD - FORT LAUDERDALE, FL 33309	59-1280455		22,100.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
DEERFIELD BEACH COMMUNITY CARES 8920 NW 14TH ST PEMBROKE PINES, FL 33024	87-2674720		100,000.	0.			HUMAN SERVICES
DELRAY BEACH PUBLIC LIBRARY 100 W ATLANTIC AVE DELRAY BEACH, FL 33444	59-0217683		47,500.	0.			EDUCATION
DELRAY CITIZENS FOR DELRAY POLICE, INC. - 1045 E ATLANTIC AVE - DELRAY BEACH, FL 33483	65-0027479		17,000.	0.			CRIME & LEGAL-RELATED
DIABETES COALITION OF PALM BEACH COUNTY - 2051 MARTIN LUTHER KING JR. BLVD., SUITE 306 - RIVIERA BEACH, FL 33404	82-3062946		10,000.	0.			EDUCATION
DRESS FOR SUCCESS PALM BEACHES, INC. - 2549 S CONGRESS AVE STE 204 - PALM SPRINGS, FL 33406	27-0579164		15,000.	0.			HUMAN SERVICES
DREYFOOS SCHOOL OF THE ARTS FOUNDATION, INC. - PO BOX 552 - WEST PALM BEACH, FL 33402	65-0395865		101,947.	0.			ARTS, CULTURE, & HUMANITIES
EARLY LEARNING COALITION INDIAN RIVER, MARTIN & OKEECHOBEE COUNTIES - 10 SE CENTRAL PARKWAY - STUART, FL 34994	65-1035652		21,711.	0.			EDUCATION

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EAST COAST GREENWAY ALLIANCE 5826 FAYETTEVILLE RD, STE 20 DURHAM, NC 27713	04-3326812		60,000.	0.			ENVIRONMENT
EAT BETTER LIVE BETTER, INC. 14451 S MILITARY TR, STE 2 DELRAY BEACH, FL 33484	81-0994119		19,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
EDUCATION FOUNDATION OF MARTIN COUNTY - PO BOX 291 - STUART, FL 34995	65-0304639		113,124.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
ELIZABETH H. FAULK FOUNDATION 22455 BOCA RIO RD BOCA RATON, FL 33433	23-7153172		100,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
EL SOL NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672		60,000.	0.			HUMAN SERVICES
EMANUEL JACKSON SR PROJECT INC 700 W ATLANTIC AVE DELRAY BEACH, FL 33444	47-1912341		65,000.	0.			YOUTH DEVELOPMENT
EMPOWER HEALTHCARE 491 E MAIN STREET PAHOKEE, FL 33476	85-2591676		50,000.	0.			EDUCATION
ENTERPRISE PALM BEACH INC 301 W ATLANTIC AVE, STE 0-5 DELRAY BEACH, FL 33444	37-1875408		40,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
EQUALITY PROJECT 1490 W SUNSET RD, STE 120 HENDERSON, NV 89014	27-2049717		15,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE

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E-ROADMAP CORPORATION 723 39TH STREET WEST PALM BEACH, FL 33407	46-4925867		50,000.	0.			ARTS, CULTURE, & HUMANITIES
EXPERIENCE LEARNING 18 WOODLANDS WY CIRCLEVILLE, WV 26804	81-1372464		15,000.	0.			RECREATION & SPORTS
FAITHFUL FRIENDS INC. 12 GERMAY DR WILMINGTON, DE 19804	51-0410508		10,500.	0.			ANIMAL-RELATED
FAITH HOPE LOVE CHARITY INC. 3175 S CONGRESS AVE LAKE WORTH, FL 33461	65-0464807		40,000.	0.			HUMAN SERVICES
FAITH'S PLACE CENTER FOR ARTS EDUCATION INC. - 2508 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407	80-0812101		50,000.	0.			ARTS, CULTURE, & HUMANITIES
FAMILY PROMISE OF NORTH CENTRAL PALM BEACH COUNTY - 2635 OLD OKEECHOBEE RD - WEST PALM BEACH, FL 33409	26-2142007		25,000.	0.			HOUSING & SHELTER
FAMILY PROMISE OF THE MIDLANDS 1333 OMAREST DR COLUMBIA, SC 29205	26-4259689		24,000.	0.			HUMAN SERVICES
FARMWORKER COORDINATING COUNCIL OF PB COUNTY INC - 1123 CRESTWOOD BLVD - LAKE WORTH, FL 33460	59-1830267		55,529.	0.			HUMAN SERVICES
FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY - 8306 155TH PLACE N - PALM BEACH GARDENS, FL 33418	82-3760456		41,533.	0.			FOOD, AGRICULTURE & NUTRITION

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FIRST UNITED METHODIST CHURCH OF GAINESVILLE - 419 NE 1ST ST - GAINESVILLE, FL 32601	59-0624388		39,500.	0.			RELIGION-RELATED
FLAMINGO CLAY STUDIO, INC. 15 S J ST LAKE WORTH, FL 33460	20-2847213		7,500.	0.			EDUCATION
FLORENCE FULLER CHILD DEVELOPMENT CENTER - AKA FULLER CENTER - BOCA RATON, FL 33432	59-1312245		60,000.	0.			HUMAN SERVICES
FLORIDA ATLANTIC UNIVERSITY DIVISION OF RESEARCH BOCA RATON, FL 33431	65-0385507		14,584.	0.			EDUCATION
FLORIDA ATLANTIC UNIVERSITY FOUNDATION INC - 777 GLADES RD AD 247 - BOCA RATON, FL 33431	59-0917284		181,000.	0.			EDUCATION
FLORIDA OUTREACH CENTER FOR THE BLIND, INC. - 2315 S CONGRESS AVE - PALM SPRINGS, FL 33406	55-0827232		10,000.	0.			HUMAN SERVICES
FLORIDA RURAL LEGAL SERVICES 1321 E MEMORIAL BLVD LAKELAND, FL 33801	59-1225173		75,000.	0.			HEALTH CARE
FLORIDA STATE UNIVERSITY FOUNDATION INC. - LEGACY HALL FUND (FO1069), FSU FOUNDATION INC. - TALLAHASSEE, FL 32301	59-6152180		189,000.	0.			EDUCATION
FOR THE CHILDREN, INC. 1718 S DOUGLAS ST LAKE WORTH, FL 33460	65-0950530		40,000.	0.			YOUTH DEVELOPMENT

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FRIENDS OF FOSTER CHILDREN OF PALM BEACH COUNTY, INC. - 4100 OKEECHOBEE BLVD - WEST PALM BEACH, FL 33409	59-2487590		50,000.	0.			HUMAN SERVICES
FRIENDS OF MACARTHUR BEACH STATE PARK INC - 10900 JACK NICKLAUS DR - NORTH PALM BEACH, FL 33408	65-0196497		60,000.	0.			ENVIRONMENT
FRIENDS OF MANATEE LAGOON 6000 NORTH FLAGLER DR, STE 202 WEST PALM BEACH, FL 33407	82-5477621		10,000.	0.			ANIMAL-RELATED
FRIENDS OF THE ACADEMY OF ENVIRONMENTAL SCIENCE AND TECHNOLOGY - PO BOX 21686 - WEST PALM BEACH, FL 33416	65-0788164		22,126.	0.			EDUCATION
FUND FOR PARK AVENUE NEW YORK INC 445 PARK AVE, STE 900 NEW YORK, NY 10022	13-4061153		10,000.	0.			ENVIRONMENT
GEORGE SNOW SCHOLARSHIP FUND, INC. 201 PLAZA REAL STE 260 BOCA RATON, FL 33432	59-2162597		15,500.	0.			EDUCATION
GIRL SCOUTS OF SOUTHEAST FLORIDA INC - 6944 LAKE WORTH RD - LAKE WORTH, FL 33467	59-0657327		7,910.	0.			YOUTH DEVELOPMENT
GLADES INITIATIVE, INC. 149 SE AVENUE D BELLE GLADE, FL 33430	01-0733180		112,662.	0.			HUMAN SERVICES
GOLD COAST DOWN SYNDROME ORGANIZATION, INC. - 7300 N FEDERAL HWY STE 100 - BOCA RATON, FL 33487	59-2350275		16,500.	0.			TEMP HEALTH/HUMAN SERV

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GREATER WASHINGTON COMMUNITY FOUNDATION - 1325 G ST NW, STE 480 - WASHINGTON, DC 20005	23-7343119		7,500.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
GUATEMALAN-MAYA CENTER, INC. 430 N G ST LAKE WORTH, FL 33460	65-0355018		43,700.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY
HABILITATION CENTER FOR THE HANDICAPPED INC. - AKA HABCENTER - BOCA RATON, FL 33433	59-1859543		80,350.	0.			EMPLOYMENT
HABITAT FOR HUMANITY OF SOUTH PALM BEACH COUNTY - 181 SE 5TH AVE - DELRAY BEACH, FL 33483	65-0307017		60,000.	0.			HOUSING & SHELTER
HAMETOWN CHRISTIAN ACADEMY, INC. 4774 S HAMETOWN RD BARBERTON, OH 44203	87-1753754		30,000.	0.			EDUCATION
HANDS TOGETHER FOR HAITIANS INC. 1520 10TH AVE N, STE A LAKE WORTH, FL 33460	20-2512245		40,000.	0.			EDUCATION
HANLEY FOUNDATION 700 S DIXIE HWY, STE 103 WEST PALM BEACH, FL 33401	20-2871945		93,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
HEALTHNETWORK FOUNDATION 3550 LANDER RD PEPPER PIKE, OH 44124	04-3804600		10,000.	0.			HUMAN SERVICES
HEALTHY MOTHERS/HEALTHY BABIES COALITION OF PBC, INC. - 4601 LAKE WORTH RD - GREENACRES, FL 33463	59-2657051		81,611.	0.			HEALTH CARE

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HEARTS FOR MOMS, INC. 801 NORTHPOINT PKWY, STE 75 WEST PALM BEACH, FL 33407	82-1615669		5,400.	0.			HUMAN SERVICES
HELP 4 HD INTERNATIONAL 6712 FOLKSTONE WY ELK GROVE, CA 95758	80-0642874		12,500.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
HELP US GROW FOUNDATION, INC. PO BOX 7925 LOUISVILLE, KY 40257	82-0905190		10,000.	0.			ARTS, CULTURE, & HUMANITIES
HIGH COUNTRY CHARITABLE FOUNDATION, INC. - 610 BANNER ELK HWY - BANNER ELK, NC 28604	47-3891153		10,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
HISTORICAL SOCIETY OF MARTIN COUNTY, INC. - 825 NE OCEAN BLVD - STUART, FL 34996	59-0913326		75,665.	0.			ARTS, CULTURE, & HUMANITIES
HISTORICAL SOCIETY OF PALM BEACH COUNTY - PO BOX 4364 - WEST PALM BEACH, FL 33402	59-6158821		50,000.	0.			ARTS, CULTURE, & HUMANITIES
HOBE SOUND EARLY LEARNING CENTER 11580 SE GOMEZ AVE HOBE SOUND, FL 33455	59-1107869		50,000.	0.			HUMAN SERVICES
HOMELESS COALITION OF PALM BEACH COUNTY, INC. - 345 S CONGRESS AVE - DELRAY BEACH, FL 33445	65-0125852		60,000.	0.			HUMAN SERVICES
HOMESAFE 2840 SIXTH AVE S LAKE WORTH, FL 33461	59-1935485		58,200.	0.			HUMAN SERVICES

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HOUSING LEADERSHIP COUNCIL OF PALM BEACH COUNTY INC - 2101 VISTA PKWY #258 - WEST PALM BEACH, FL 33411	20-4416008		50,000.	0.			EDUCATION
HUDSON VALLEY NEWS FOUNDATION INC. PO BOX 336 IRVINGTON, NY 10533	84-3910404		10,000.	0.			ARTS, CULTURE, & HUMANITIES
HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC. - PO BOX 72 - RICHLAND, MI 49083	13-3349872		7,500.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
IMPACT 100 PALM BEACH COUNTY 261 NW 13TH ST BOCA RATON, FL 33432	82-4558049		37,100.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
INDIAN RIVER STATE COLLEGE FOUNDATION INC - ADMINISTRATIVE BLDG - FORT PIERCE, FL 34981	59-1105591		65,000.	0.			EDUCATION
INNER CITY INNOVATORS 313 DATURA ST, STE 200 WEST PALM BEACH, FL 33401	81-3809173		45,776.	0.			YOUTH DEVELOPMENT
INOVA HEALTH SYSTEMS FOUNDATION 8095 INNOVATION PARK DR FAIRFAX, VA 22031	54-1071867		50,000.	0.			HEALTH CARE
INSTITUTE OF CONTEMPORARY ART, LOS ANGELES - 1717 E 7TH ST. - LOS ANGELES, CA 90021	95-3992968		65,000.	0.			ARTS, CULTURE, & HUMANITIES
IRON LIGHT LABS 300 S. RIVERSIDE PLAZA, STE 1625 CHICAGO, IL 60606	86-1206324		10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION, ADVOCACY

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JACOB S. ZWEIG FOUNDATION, INC. DBA IN JACOB'S SHOES - 5431 NW 15TH STREET #10 - MARGATE, FL 33063	27-1252273		10,000.	0.			HUMAN SERVICES
JEFFERSON SCHOLARS FOUNDATION 112 CLARKE CT CHARLOTTESVILLE, VA 22903	31-1755873		20,000.	0.			EDUCATION
JEFF INDUSTRIES INC 113 EAST COAST AVE HYPOLUXO, FL 33462	59-2516157		23,700.	0.			EMPLOYMENT
JESUS HOUSE OF HOPE DBA HOUSE OF HOPE - 2484 SE BONITA STREET - STUART, FL 34997	59-2422998		50,000.	0.			ARTS, CULTURE, & HUMANITIES
JEWISH FEDERATION OF PALM BEACH COUNTY - 1 HARVARD CIR - WEST PALM BEACH, FL 33409	59-0948696		6,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
JEWISH NATIONAL FUND-KEREN KAYEMETH LEISRAEL, INC. - 42 EAST 69TH STREET - NEW YORK, NY 10021	13-1659627		10,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
JMU FOUNDATION, INC. 1031 HARRISON ST HARRISONBURG, VA 22807	23-7156305		10,000.	0.			EDUCATION
JUMP FOR JOI 4500 N. FLAGLER DR, A-17 WEST PALM BEACH, FL 33407	82-0780326		50,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
JUPITER MEDICAL CENTER FOUNDATION 1210 S OLD DIXIE HWY JUPITER, FL 33458	65-0132406		7,910.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING

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KINDWAY P O BOX 443 WESTERVILLE, OH 43068	27-0254185		8,000.	0.			HUMAN SERVICES
LEAGUE OF WOMEN VOTERS OF PALM BEACH COUNTY EDUCATION FUND - PO BOX 6208 - DELRAY BEACH, FL 33482	46-2821816		15,000.	0.			EDUCATION
LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC. - 423 FERN ST STE 200 - WEST PALM BEACH, FL 33401	59-6046994		81,525.	0.			CRIME & LEGAL-RELATED
LIFE LEARNING CENTER, INC. 20 W 18TH ST COVINGTON, KY 41011	20-3454261		25,000.	0.			HUMAN SERVICES
LIGHTHOUSE ARTCENTER, INC. 373 TEQUESTA DR TEQUESTA, FL 33469	59-1118672		45,000.	0.			ARTS, CULTURE, & HUMANITIES
LIGHT HOUSE CAFE MINISTRIES OF THE GLADES - 400 SW AVE B PLACE - BELLE GLADE, FL 33430	65-0980934		20,000.	0.			HUMAN SERVICES
LIGHTHOUSE FOR THE BLIND OF THE PALM BEACHES - 5601 CORPORATE WAY STE #210 - WEST PALM BEACH, FL 33407	59-6008622		48,774.	0.			HUMAN SERVICES
LOGGERHEAD MARINELIFE CENTER, INC. 14200 US HWY 1 JUNO BEACH, FL 33408	59-2445926		50,000.	0.			ANIMAL-RELATED
LOST TREE FOUNDATION 8 CHURCH LN NORTH PALM BEACH, FL 33408	59-2104920		500,000.	0.			PROGRAM SUPPORT

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LOVE, HOPE & HEALING INC. 2620 N. AUSTRALIAN AVENUE WEST PALM BEACH, FL 33407	85-2454494		30,000.	0.			EDUCATION
LOVE SERVING AUTISM, INC. 11231 US HWY 1, #158 NORTH PALM BEACH, FL 33408	81-3503417		37,000.	0.			HUMAN SERVICES
LTTG FUND FOR THE NEEDY, INC. 9112 ALT A1A, STE 108 NORTH PALM BEACH, FL 33403	37-1642176		12,500.	0.			HUMAN SERVICES
MARINER SANDS CHAPEL 6500 SE CONGRESSIONAL WY STUART, FL 34997	59-2349297		5,665.	0.			HEALTH CARE
MARTHA'S HOUSE PO BOX 727 OKEECHOBEE, FL 34973	65-0094350		17,000.	0.			HUMAN SERVICES
MARTINARTS 80 E OCEAN BLVD STUART, FL 34994	59-2015691		14,481.	0.			ARTS, CULTURE, & HUMANITIES
MARTIN COUNTY POLICE ATHLETIC LEAGUE INC - 1284 SW 34TH ST - PALM CITY, FL 34990	82-1374560		42,500.	0.			RECREATION & SPORTS
MASSACHUSETTS GENERAL HOSPITAL, MGH FUND - DEVELOPMENT OFFICE - BOSTON, MA 02114	04-1564655		15,000.	0.			HEALTH CARE
MAYO CLINIC DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905	41-6011702		25,000.	0.			HEALTH CARE

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MEALS ON WHEELS OF THE PALM BEACHES - PO BOX 247 - WEST PALM BEACH, FL 33402	27-2891297		20,062.	0.			FOOD, AGRICULTURE & NUTRITION
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	91-2154267		21,500.	0.			HEALTH CARE
MEMORY TREES CORPORATION 120 S OLIVE AVE WEST PALM BEACH, FL 33401	45-2128932		20,000.	0.			EDUCATION
MIAMI CITY BALLET 2200 LIBERTY AVE MIAMI BEACH, FL 33139	59-2578534		33,000.	0.			ARTS, CULTURE, & HUMANITIES
MIND & MELODY, INC. 12905 SW 132ND ST MIAMI, FL 33186	47-2714159		25,042.	0.			HEALTH CARE
MISSION CLINIC OF PALM SPRINGS, INC. - 4949 S. CONGRESS AVE, B-2 - PALM SPRINGS, FL 33461	47-3441097		25,000.	0.			HEALTH CARE
MONARCH HEALTH SERVICES 2580 METROCENTRE BLVD. WEST PALM BEACH, FL 33407	35-2640151		7,500.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
MT. ZION A.M.E. CHURCH OF BELLE GLADE, INC. - PO BOX 1688 - BELLE GLADE, FL 33430	65-0421024		50,000.	0.			EDUCATION
MUCK CITY UNITED INC 772 S E 3RD ST BELLE GLADE, FL 33430	88-1060783		10,000.	0.			EDUCATION

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MUTTY PAWS RESCUE 165 LAKE ARBOR DR PALM SPRINGS, FL 33461	84-3458625		27,000.	0.			ENVIRONMENT
MYFACE - NATIONAL FOUNDATION FOR FACIAL RECONSTRUCTION - 333 E 30TH ST LOBBY OFFICE - NEW YORK, NY 10016	13-6013760		6,286.	0.			HEALTH CARE
NAMI OF PALM BEACH COUNTY, INC. MOLLIE WILMOT CENTER- PALM HEALTHCARE PAVILION - WEST PALM BEACH, FL 33407	59-2301320		9,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
NANTUCKET MARIA MITCHELL ASSOCIATION - 4 VESTAL ST - NANTUCKET, MA 02554	04-2129139		20,000.	0.			SCIENCE & TECHNOLOGY
NATIONAL AUTISM REGISTRY 7261 160TH ST N PALM BEACH GARDENS, FL 33418	65-1061465		14,702.	0.			HUMAN SERVICES
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE RD, STE 1200 JENKINTOWN, PA 19046	23-7825575		50,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO, HI 96741	52-6057064		60,000.	0.			ENVIRONMENT
NATURE CONSERVANCY-FLORIDA CHAPTER 2500 MAITLAND CENTER PKWY MAITLAND, FL 32751	53-0242652		21,405.	0.			ENVIRONMENT
NETWORK FOR TEACHING ENTREPRENEURSHIP - 360 NW 27TH STREET - MIAMI, FL 33127	13-3408731		35,000.	0.			YOUTH DEVELOPMENT

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NEW HAMPSHIRE CHARITABLE FOUNDATION - 37 PLEASANT ST - CONCORD, NH 03301	02-6005625		25,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
NEWPORT HOSPITAL FOUNDATION INC. 11 FRIENDSHIP ST NEWPORT, RI 02840	22-2535533		7,500.	0.			HEALTH CARE
NONPROFITS FIRST 1818 S AUSTRALIAN AVE WEST PALM BEACH, FL 33409	26-3189428		40,000.	0.			EDUCATION
NORTHEND RISE INC. 723 39TH ST WEST PALM BEACH, FL 33407	83-2779001		30,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
NORTH PALM BEACH ROWING CLUB C/O 153 OAKWOOD LN PALM BEACH GARDENS, FL 33410	20-8313608		10,000.	0.			RECREATION & SPORTS
NORTH PALM YOUTH SYMPHONY 4260 APPLECREST DRIVE PALM BEACH GARDENS, FL 33410	87-1669121		10,000.	0.			EDUCATION
NORTHWESTERN MEMORIAL FOUNDATION 541 N FAIRBANKS CT, RM 1630 CHICAGO, IL 60611	36-3155315		50,000.	0.			HEALTH CARE
NORTON MUSEUM OF ART, INC. 1450 S DIXIE HWY WEST PALM BEACH, FL 33401	59-0624432		142,200.	0.			ARTS, CULTURE, & HUMANITIES
NURTURE THE NEXT 600 HILL AVE NASHVILLE, TN 37210	58-1567835		24,000.	0.			CRIME & LEGAL-RELATED

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OUR COMMUNITY TABLE PALM CITY PO BOX 2180 PALM CITY, FL 34991	85-2575312		10,000.	0.			EDUCATION
PACE CENTER FOR GIRLS PALM BEACH COUNTY - 1640 S CONGRESS AVE - PALM SPRINGS, FL 33461	59-2414492		7,335.	0.			YOUTH DEVELOPMENT
PALM BEACH ATLANTIC UNIVERSITY 901 S FLAGLER DR WEST PALM BEACH, FL 33401	59-1092732		6,000.	0.			EDUCATION
PALM BEACH ATLANTIC UNIVERSITY PO BOX 24708 WEST PALM BEACH, FL 33416	59-1092732		300,000.	0.			EDUCATION
PALM BEACH CIVIC ASSOCIATION, INC. THE PARAMOUNT BUILDING PALM BEACH, FL 33480	59-0542089		41,102.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
PALM BEACH COUNTY FISHING FOUNDATION - 201 5TH ST - WEST PALM BEACH, FL 33401	65-0213715		7,500.	0.			RECREATION & SPORTS
PALM BEACH COUNTY FOOD BANK, INC 701 BOUTWELL RD LAKE WORTH BEACH, FL 33461	90-0788707		87,500.	0.			FOOD, AGRICULTURE & NUTRITION
PALM BEACH COUNTY GOLF ASSOCIATION, INC. - P O BOX 32123 - PALM BEACH GARDENS, FL 33420	59-2151354		10,000.	0.			EDUCATION
PALM BEACH DAY ACADEMY 241 SEAVIEW AVE PALM BEACH, FL 33480	59-0873834		154,800.	0.			EDUCATION

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PALM BEACH DRAMAWORKS, INC. 201 CLEMATIS ST WEST PALM BEACH, FL 33401	65-1040048		18,000.	0.			ARTS, CULTURE, & HUMANITIES
PALM BEACH OPERA, INC. 1800 S AUSTRALIAN AVE WEST PALM BEACH, FL 33409	59-1060864		21,000.	0.			ARTS, CULTURE, & HUMANITIES
PALM BEACH POLICE AND FIRE FOUNDATION - 139 N COUNTY RD, STE 26 - PALM BEACH, FL 33480	83-0462654		20,000.	0.			CRIME & LEGAL-RELATED
PALM BEACH STATE COLLEGE FOUNDATION - 812 FERN ST - WEST PALM BEACH, FL 33401	59-1818556		44,042.	0.			EDUCATION
PALM HEALTH FOUNDATION, INC. 700 S DIXIE HWY WEST PALM BEACH, FL 33401	59-2391119		80,000.	0.			HEALTH CARE
PATH TO COLLEGE FOUNDATION, INC. PO BOX 487 LAKE WORTH, FL 33460	81-5228014		50,000.	0.			EDUCATION
PATHWAYS TO PROSPERITY INC 639 E OCEAN AVE STE 101 BOYNTON BEACH, FL 33435	27-3550271		50,000.	0.			HUMAN SERVICES
PEGGY ADAMS ANIMAL RESCUE LEAGUE 3100/3200 N MILITARY TRL WEST PALM BEACH, FL 33409	59-0637811		56,500.	0.			ANIMAL-RELATED
PHILADELPHIA MUSEUM OF ART PO BOX 7646 PHILADELPHIA, PA 19101	23-1365388		10,000.	0.			ARTS, CULTURE, & HUMANITIES

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PHILANTHROPY TANK INC 120 S OLIVE AVE WEST PALM BEACH, FL 33401	46-3206074		37,561.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
PINK QUEEN FOUNDATION, INC. 1715 TIFFANY DR E WEST PALM BEACH, FL 33417	81-2632425		15,700.	0.			HUMAN SERVICES
PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384		214,500.	0.			HUMAN SERVICES
PLEASANT CITY FAMILY REUNION COMMITTEE INC. - P.O. BOX 4724 - WEST PALM BEACH, FL 33402	65-0613550		15,000.	0.			EDUCATION
POLICE ATHLETIC LEAGUE OF WEST PALM BEACH, INC. - 720 N TAMARIND AVE - WEST PALM BEACH, FL 33401	65-0929021		50,000.	0.			RECREATION & SPORTS
PREGNANCY CENTER OF OKEECHOBEE INC 808 NE PARK ST OKEECHOBEE, FL 34972	33-1164762		24,000.	0.			HUMAN SERVICES
PRISM FL, INC 1327 PARTRIDGE CLOSE POMPANO BEACH, FL 33064	85-0891778		10,383.	0.			EDUCATION
PROJECT LIFT, INC. 1330 SW 34TH ST PALM CITY, FL 34990	27-3949112		7,500.	0.			YOUTH DEVELOPMENT
QUANTUM HOUSE, INC. 987 45TH ST WEST PALM BEACH, FL 33407	65-0898326		10,763.	0.			HEALTH CARE

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RAYMOND F. KRAVIS CENTER FOR THE PERFORMING ARTS - 701 OKEECHOBEE BLVD - WEST PALM BEACH, FL 33401	59-2245054		99,691.	0.			ARTS, CULTURE, & HUMANITIES
VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400222 - CHARLOTTESVILLE, VA 22903	54-6001796		25,000.	0.			EDUCATION
REHABILITATION CENTER FOR CHILDREN & ADULTS, INC. - 300 ROYAL PALM WAY - PALM BEACH, FL 33480	59-0791037		9,910.	0.			HEALTH CARE
RESTORATION BRIDGE INTERNATIONAL 7965 LANTANA RD LAKE WORTH, FL 33467	55-0808840		50,000.	0.			HUMAN SERVICES
RICO S SCHOLARSHIP FOUNDATION 12161 KEN ADAMS WAY WELLINGTON, FL 33414	47-1106078		15,000.	0.			EDUCATION
RIDE CINCINNATI FOUNDATION PO BOX 862 CINCINNATI, OH 45040	20-4899800		24,000.	0.			MEDICAL RESEARCH
RIGHT TREE PO BOX 544 ELK RAPIDS, MI 49629	45-4182539		10,000.	0.			YOUTH DEVELOPMENT
RIVIERA BEACH INTEGRATED CARE INC 31 W 20TH STREET RIVIERA BEACH, FL 33404	85-1003540		45,000.	0.			EDUCATION
ROOTS AND WINGS, INC. 335 E LINTON BLVD, STE 2219 DELRAY BEACH, FL 33483	38-4008636		63,500.	0.			EDUCATION

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RUTH & NORMAN RALES JEWISH FAMILY SERVICES - 21300 RUTH & BARON COLEMAN BLV - BOCA RATON, FL 33428	65-1115689		81,998.	0.			MENTAL HEALTH, CRISIS INTERVENTION
RYAN LICHT SANG BIPOLAR FOUNDATION, INC. - 875 N MICHIGAN AVE, STE 3100 - CHICAGO, IL 60611	20-1750379		10,500.	0.			MENTAL HEALTH, CRISIS INTERVENTION
SAFESPACE, INC. 612 SE DIXIE HWY STUART, FL 34994	59-1983994		40,000.	0.			HUMAN SERVICES
SANDOWAY DISCOVERY CENTER 142 S OCEAN BLVD DELRAY BEACH, FL 33483	65-0603775		10,000.	0.			ENVIRONMENT
SCENIC HUDSON, INC. ONE CIVIC CENTER PLAZA POUGHKEEPSIE, NY 12601	13-2898799		15,000.	0.			ENVIRONMENT
SCHOLAR CAREER COACHING, INC. P.O. BOX 7733 DELRAY BEACH, FL 33482	46-2987394		50,000.	0.			EDUCATION
SCHOOL DISTRICT OF PALM BEACH COUNTY - 3300 FOREST HILL BLVD - WEST PALM BEACH, FL 33406	59-6000783		359,553.	0.			EDUCATION
SCRIPPS RESEARCH INSTITUTE FLORIDA DEPARTMENT OF NEUROSCIENCE JUPITER, FL 33458	33-0435954		127,000.	0.			MEDICAL RESEARCH
SECOND CHANCE INITIATIVE 3100 NW BOCA RATON BLVD, #312 BOCA RATON, FL 33431	83-1405102		43,500.	0.			EMPLOYMENT

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SERVICE NEVER SLEEPS 201 N UNION ST, STE 110 ALEXANDRIA, VA 22314	47-4405178		25,000.	0.			HUMAN SERVICES
SHARE OUR STRENGTH, INC. 1030 5TH ST, NW, STE 1100 WASHINGTON, DC 20005	52-1367538		25,000.	0.			FOOD, AGRICULTURE & NUTRITION
SOUTHEASTERN GUIDE DOGS, INC. 4210 77TH STREET EAST PALMETTO, FL 34221	59-2252352		20,000.	0.			HUMAN SERVICES
SOUTH FLORIDA PBS INC. 3401 S CONGRESS AVE BOYNTON BEACH, FL 33426	59-0737868		8,906.	0.			ARTS, CULTURE, & HUMANITIES
SOUTH FLORIDA SYMPHONY ORCHESTRA 2201 WILTON DR WILTON MANORS, FL 33305	65-0846695		10,000.	0.			ARTS, CULTURE, & HUMANITIES
SOUTH TECH CHARTER ACADEMY, INC. 6161 W WOOLBRIGHT RD BOYNTON BEACH, FL 33437	32-0089102		25,000.	0.			EDUCATION
SPADY CULTURAL HERITAGE MUSEUM INC 170 NW FIFTH AVE DELRAY BEACH, FL 33444	65-0687303		50,000.	0.			ARTS, CULTURE, & HUMANITIES
SPIRIT OF GIVING NETWORK 1515 N FEDERAL HWY STE 106 BOCA RATON, FL 33432	65-0765570		42,000.	0.			YOUTH DEVELOPMENT
ST. CATHERINE GREEK ORTHODOX CHURCH - 110 SOUTHERN BLVD - WEST PALM BEACH, FL 33405	91-2188052		75,000.	0.			RELIGION-RELATED

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STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654		13,500.	0.			EDUCATION
STETSON UNIVERSITY OFFICE OF DEVELOPMENT DELAND, FL 32723	59-0624416		50,050.	0.			EDUCATION
ST. GEORGE'S CENTER, INC. PO BOX 10584 WEST PALM BEACH, FL 33419	APPLIED FOR		11,000.	0.			RELIGION-RELATED
ST. JOHN THE EVANGELIST CHURCH PO BOX 2893 DUXBURY, MA 02331	04-2306464		15,000.	0.			RELIGION-RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 262 DANNY THOMAS PL - MEMPHIS, TN 38105	62-0646012		16,500.	0.			HEALTH CARE
ST. MARY'S EPISCOPAL CHURCH 623 SE OCEAN BLVD STUART, FL 34994	59-1005086		10,000.	0.			RELIGION-RELATED
ST. MATTHEW'S EPISCOPAL CHURCH 404 SW 3RD. ST DELRAY BEACH, FL 33444	23-7272688		13,000.	0.			RELIGION-RELATED
STRANG CANCER PREVENTION INSTITUTE 575 MADISON AVE NEW YORK, NY 10022	27-0969454		150,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
STREETWAVES CORPORATION 1220 SEA GRAPE CIRCLE DELRAY BEACH, FL 33445	27-0264330		25,000.	0.			RECREATION & SPORTS

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STUDENT ACES, INC. 7750 ARBOR CREST WAY PALM BEACH GARDENS, FL 33412	46-3081102		125,000.	0.			YOUTH DEVELOPMENT
SUITS FOR SENIORS INC 251 W 11TH ST RIVIERA BEACH, FL 33404	81-2028864		35,000.	0.			YOUTH DEVELOPMENT
SUNFLOWER CREATIVE ARTS 2601 SAINT ANDREWS BLVD. BOCA RATON, FL 33434	16-1656606		40,000.	0.			ARTS, CULTURE, & HUMANITIES
SWEET DREAM MAKERS, INC. 55 NE 5TH AVE, STE 400 BOCA RATON, FL 33432	81-3693206		6,500.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
SYNERGY CAMP INC. P.O. BOX 221912 WEST PALM BEACH, FL 33422	83-3812146		15,000.	0.			EDUCATION
TABERNACLE LEARNING CENTER, INC. D/B/A U.B. KINSEY EDUCATIONAL & COMMUNITY - 720 8TH STREET - WEST PALM BEACH, FL 33401	81-1802916		35,000.	0.			EDUCATION
TAKE STOCK IN CHILDREN OF PALM BEACH COUNTY - 1896 PALM BEACH LAKES BLVD - WEST PALM BEACH, FL 33409	20-8077416		52,500.	0.			EDUCATION
THE 1909 FOUNDATION 313 DATURA ST WEST PALM BEACH, FL 33401	30-0891778		150,000.	0.			COMMUNITY IMPROVEMENT, CAPACITY BUILDING
THE ANIMAL MEDICAL CENTER 510 E 62ND ST NEW YORK, NY 10065	13-5505367		105,000.	0.			ANIMAL-RELATED

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THE ARC OF PALM BEACH COUNTY, INC. 1201 AUSTRALIAN AVE RIVIERA BEACH, FL 33404	59-0883386		100,621.	0.			HUMAN SERVICES
THE ARC OF THE GLADES 4250 NW 16TH ST BELLE GLADE, FL 33430	59-1760374		50,000.	0.			EMPLOYMENT
THE EVERGLADES FOUNDATION, INC. 18001 OLD CUTLER RD STE 625 PALMETTO BAY, FL 33157	59-3228899		24,037.	0.			ENVIRONMENT
THE GARDEN CONSERVANCY INC. PO BOX 608 GARRISON, NY 10524	13-3570145		10,000.	0.			ENVIRONMENT
THE KIRSCH FOUNDATION 4546 EL CAMINO REAL, B10 #182 LOS ALTOS, CA 94022	87-3900704		25,000.	0.			HEALTH CARE
THE LORD'S PLACE INC PO BOX 3265 WEST PALM BEACH, FL 33402	59-2240502		294,700.	0.			HUMAN SERVICES
THE MICHAEL J. FOX FOUNDATION FOR PARKINSON'S RESEARCH - PO BOX 4777 - NEW YORK, NY 10163	13-4141945		8,500.	0.			MEDICAL RESEARCH
THE MICHELLE MCGANN FUND, INC. POST OFFICE BOX 13107 NORTH PALM BEACH, FL 33408	45-4350963		5,929.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
THE MILAGRO CENTER INC. 695 AUBURN AVE DELRAY BEACH, FL 33444	65-0804625		135,000.	0.			ARTS, CULTURE, & HUMANITIES

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THE OUTPOURING 15820 GINGERMILL CT CLERMONT, FL 34711	83-1750640		90,700.	0.			RELIGION-RELATED
THE PRIORY IN THE USA OF THE ORDER OF ST. JOHN - 1850 M ST NW - WASHINGTON, DC 20036	13-6161455		10,000.	0.			HEALTH CARE
THE PROMISE FUND OF FLORIDA 340 ROYAL POINCIANA WAY, STE 317-30 PALM BEACH, FL 33480	83-0535519		50,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
THE SALVATION ARMY OF MARTIN COUNTY - 821 SE MARTIN LUTHER KING BLVD - STUART, FL 34994	13-5562351		5,665.	0.			HEALTH CARE
THE SCRIPPS HOWARD FUND 312 WALNUT ST, 28TH FL CINCINNATI, OH 45202	87-2877540		50,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
THE SKIFF SAILING FOUNDATION 933 POLK ST ALBANY, CA 94706	43-1956843		25,000.	0.			RECREATION & SPORTS
THE SOCIETY OF THE FOUR ARTS 2 FOUR ARTS PLAZA PALM BEACH, FL 33480	59-0454318		32,500.	0.			ARTS, CULTURE, & HUMANITIES
THE SOUP KITCHEN, INC. 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33437	59-2628415		5,700.	0.			FOOD, AGRICULTURE & NUTRITION
THE SYMPHONIA 2285 POTOMAC RD BOCA RATON, FL 33431	20-1454440		40,000.	0.			ARTS, CULTURE, & HUMANITIES

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule I (Form 990)

23-7181875

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TALENTED TEEN CLUB, INC. 305 SWAIN BLVD GREENACRES, FL 33463	27-1011735		13,700.	0.			YOUTH DEVELOPMENT
THE TOBY CENTER FOR FAMILY TRANSITIONS - 100 E LINTON BLVD, STE 306A - DELRAY BEACH, FL 33483	91-2115363		25,000.	0.			HUMAN SERVICES
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352685		20,000.	0.			ARTS, CULTURE, & HUMANITIES
T. LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	33-1007795		25,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINE
TOWN OF PALM BEACH UNITED WAY, INC. - 44 COCOANUT ROW - PALM BEACH, FL 33480	59-0637885		52,100.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
TRIANGLE CLUB, INC. 1369 OKEECHOBEE RD WEST PALM BEACH, FL 33401	59-0919735		30,874.	0.			HUMAN SERVICES
TRUSTBRIDGE HOSPICE FOUNDATION 5300 EAST AVE WEST PALM BEACH, FL 33407	20-3974070		47,910.	0.			HUMAN SERVICES
TYKES & TEENS INC. 3577 SW CORPORATE PARKWAY PALM CITY, FL 34990	65-0570899		58,000.	0.			MENTAL HEALTH, CRISIS INTERVENTION
UNICORN CHILDREN'S FOUNDATION 21100 RUTH & BARON COLEMAN BLVD. BOCA RATON, FL 33428	57-1168205		10,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule I (Form 990)

23-7181875

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MARTIN COUNTY INC. 10 SE CENTRAL PKWY STE 101 STUART, FL 34994	23-7273540		27,644.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
UNITED WAY OF PALM BEACH COUNTY, INC. - 477 S ROSEMARY AVE - WEST PALM BEACH, FL 33401	59-0683258		91,272.	0.			HEALTH CARE
UNIVERSITY OF FLORIDA FOUNDATION, INC - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739		180,000.	0.			EDUCATION
UNIVERSITY OF KENTUCKY PO BOX 23552 LEXINGTON, KY 40506	61-6001218		100,000.	0.			EDUCATION
UNIVERSITY OF SOUTH FLORIDA FOUNDATION - 4202 E FOWLER AVE - TAMPA, FL 33620	59-0879015		10,000.	0.			EDUCATION
URBAN LEAGUE OF PALM BEACH COUNTY FOUNDATION, INC. - 1700 N AUSTRALIAN AVE - WEST PALM BEACH, FL 33407	82-4209303		50,000.	0.			HUMAN SERVICES
URBAN YOUTH IMPACT, INC. 2823 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	91-1901103		26,200.	0.			YOUTH DEVELOPMENT
VICTORY NURSING, INC. 965 WEDGWORTH RD BELLE GLADE, FL 33430	83-3791258		50,000.	0.			EMPLOYMENT
VILLAGE PROJECT AFRICA PO BOX 382 NOBLESVILLE, IN 46061	27-1484750		8,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule I (Form 990)

23-7181875

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VINCEREMOS THERAPEUTIC RIDING CENTER, INC. - 13300 6TH COURT NORTH - LOXAHATCHEE, FL 33470	59-2274451		30,585.	0.			HEALTH CARE
VITA NOVA INC. 2724 N AUSTRALIAN AVE WEST PALM BEACH, FL 33407	65-0298299		112,250.	0.			EDUCATION
WAYSIDE HOUSE, INC. 378 NE SIXTH AVE DELRAY BEACH, FL 33483	59-1590644		64,346.	0.			MENTAL HEALTH, CRISIS INTERVENTION
WEST JUPITER COMMUNITY GROUP INC. AKA EDNA W. RUNNER TUTORIAL CENTER JUPITER, FL 33458	65-0137715		50,000.	0.			EDUCATION
WEST PALM BEACH LIBRARY FOUNDATION 411 CLEMATIS ST WEST PALM BEACH, FL 33401	65-1068311		50,000.	0.			PHILANTHROPY, VOLUNTARISM, & GRANTMAKING
WHEATON COLLEGE 26 E MAIN ST NORTON, MA 02766	04-2103638		5,500.	0.			EDUCATION
WISETRIBE US INC 6586 W ATLANTIC AVE APT 1004 DELRAY BEACH, FL 33446	47-4319424		15,000.	0.			EDUCATION
WOMEN'S CIRCLE, INC. 912 SE 4TH STREET BOYNTON BEACH, FL 33435	65-1068376		15,000.	0.			EMPLOYMENT
YES INSTITUTE 5275 SUNSET DRIVE SOUTH MIAMI, FL 33143	65-0646667		25,000.	0.			EDUCATION

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF SOUTH PALM BEACH COUNTY 6631 PALMETTO CIR S BOCA RATON, FL 33433	59-1416281		12,500.	0.			YOUTH DEVELOPMENT
YMCA OF THE PALM BEACHES 2728 LAKE WORTH RD LAKE WORTH, FL 33461	59-0624470		10,000.	0.			YOUTH DEVELOPMENT
YOUNG SINGERS OF THE PALM BEACHES 701 OKEECHOBEE BLVD WEST PALM BEACH, FL 33401	30-0193514		40,826.	0.			ARTS, CULTURE, & HUMANITIES
YOUTH EMPOWERED TO PROSPER INC 1104 N DIXIE HWY LAKE WORTH, FL 33460	83-1731712		75,000.	0.			YOUTH DEVELOPMENT

Schedule I (Form 990)

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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.

**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

2022

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

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

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

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

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

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

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

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

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

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

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

- a** The organization?
- b** Any related organization?
- 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2022

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANITA D. NIAS PRESIDENT/CEO	(i)	331,837.	51,000.	0.	27,000.	14,963.	424,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE LAUDERBAUGH VP MARKETING	(i)	169,600.	11,200.	0.	0.	186.	180,986.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY KATHERINE MORALES VP FOR PHILANTHROPIC GIVIN	(i)	161,565.	0.	0.	0.	935.	162,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, 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.

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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PALM BEACH COUNTY, FLORIDA	59-6000785	000696547	03/04/04	10996138.	FINANCE DEVELOPMENT		X		X		X
B											
C											
D											

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									
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X									
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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									

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Schedule K (Form 990) 2022

23-7181875

Page 2

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						
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 non-governmental 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							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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 instructions and the latest information.

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 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	442,280.	FMV
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				
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 V, Donee Acknowledgement **29**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

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? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number	23-7181875
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 GRANTMAKING FOCUSES ON DISCOVERING COLLECTIVE IMPACT PARTNERSHIPS AND
 LISTENING CLOSELY TO THE NEEDS OF OUR LOCAL COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 THRIVING COMMUNITY. A PROGRAMMATIC GRANT OF \$50,000 WAS AWARDED TO THE
 CANCER ALLIANCE OF HELP & HOPE. THE GRANT WAS USED TO EASE THE BURDEN
 OF CANCER PATIENTS BY PROVIDING ASSISTANCE IN OBTAINING EXPEDITED
 MEDICAL CARE, ENSURING RACIAL EQUITY IN TREATMENT FOR CLIENTS, HELPING
 THEM UNDERSTAND THEIR DIAGNOSIS AND WHAT OPTIONS ARE AVAILABLE, AND
 PROVIDING DIRECT FINANCIAL ASSISTANCE WHEN NEEDED. A GENERAL OPERATING
 GRANT FOR \$40,000 WAS AWARDED TO SUPPORT THE EMANUAL JACKSON SR
 PROJECT. EJS BUILDS AND EMPOWERS TOMORROW'S LEADERS. THE ORGANIZATION
 PROMOTES SUCCESS IN TEENS' DAY-TO-DAY AND SCHOOL LIVES AND ENCOURAGES
 THEM TO DREAM BIG AS THEY PLAN FOR THEIR FUTURES. A CAPACITY BUILDING
 GRANT OF \$52,000 WAS AWARDED TO HOMESAFE. THE GRANT WAS USED TO SUPPORT
 STAFF DEVELOPMENT TO ENSURE TEAM MEMBERS ARE WELL VERSED IN THE SYSTEMS
 OF CARE FOR AT-RISK YOUTH.

Name of the organization	COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number	23-7181875
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ANOTHER STRONG COMPONENT OF THE COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES IS TO CONNECT THE INTEREST OF DONORS TO CAUSES THAT 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 ADDRESSES THEIR PHILANTHROPIC INTEREST; THE INTEGRITY OF THE DONOR FUND NEVER SHIFTS FROM ITS ORIGINAL INTENT; AND THE FUNDS ASSIST NONPROFITS IN ACHIEVING POSITIVE COMMUNITY IMPACT.

IN 2023, OUR FIELD OF INTEREST FUNDS ALSO ADDRESS PRESSING COMMUNITY NEEDS THROUGH OUR THREE CORE FOCUS AREAS, ECONOMIC OPPORTUNITY, EDUCATION AND YOUTH, AND THRIVING COMMUNITY. WE PARTNERED WITH ORGANIZATIONS THAT PROVIDED JOB TRAINING OPPORTUNITIES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES; NONPROFITS THAT INCREASED ACCESS TO FOOD; PROGRAMS THAT PROVIDED ENVIRONMENTAL EDUCATION TO YOUTH; ORGANIZATIONS THAT PROVIDED MENTORSHIPS FOR WOMEN-OWNED BUSINESSES; ARTS & CULTURE PROGRAMS THAT DEVELOP YOUTH MUSIC AND DANCE SKILLS; AND PROGRAMS THAT PREVENTED HOMELESSNESS BY STABILIZING INDIVIDUALS AND FAMILIES IN THEIR HOMES AND PROVIDING CASE MANAGEMENT.

THROUGH OUR FY23 COMPETITIVE GRANT PROCESS, WITH THE SUPPORT OF UNRESTRICTED AND FIELD OF INTEREST FUNDS, 116 GRANTS WERE AWARDED FOR \$4,769,474 TO NONPROFITS IN THE PALM BEACH COUNTY AND MARTIN COUNTY GEOGRAPHICAL REGION.

AN IMPORTANT COMPONENT OF THE COMMUNITY FOUNDATION'S STRATEGIC PLAN IS TO SUPPORT OUR COMMUNITY PARTNERS SERVING OUR REGION THROUGH OTHER MEANS THAN GRANT FUNDING. ONE WAY WE WERE ABLE TO DO THIS WAS BY HELPING BUILD OUR NONPROFIT CAPACITY. BY STRENGTHENING OUR NONPROFIT

Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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SYSTEMS AND STRUCTURES, THEY ARE ABLE TO WORK MORE EFFICIENTLY AND EFFECTIVELY, RESULTING IN INCREASED COMMUNITY IMPACT. THROUGH A COLLABORATIVE PARTNERSHIP WITH SEVEN OTHER COMMUNITY FUNDERS, WE WERE ABLE TO SUPPORT 63 NONPROFIT PARTNERS COMPLETE PROJECTS LIKE - SOCIAL MEDIA SETUPS, FUNDRAISING ASSESSMENTS, WEBSITE VISUAL DESIGNS, PRINT MATERIAL DESIGNS, EMPLOYEE HANDBOOKS, DATA COLLECTION PLANS, AND MORE. AS A RESULT OF THE \$150,000 INITIAL INVESTMENT, WE WERE ABLE TO SAVE OUR NONPROFIT PARTICIPANTS OVER \$1,000,000.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
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 122 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 \$16 MILLION IN SCHOLARSHIPS HAVE BEEN AWARDED TO OVER 3,000 STUDENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ADMINISTERS CHARITABLE GIVING VEHICLES TO FACILITATE THE PHILANTHROPIC INTENT OF INDIVIDUALS AND GROUPS VIA DONOR ADVISED AND DESIGNATED FUND TYPES. ADMINISTRATION CONSISTS OF PROCESSING AND DISBURSING GRANTS TO NONPROFIT ENTITIES ACCORDING TO THE TERMS OF EACH INDIVIDUAL FUND. THE COMMUNITY FOUNDATION PROVIDES ADMINISTRATIVE SERVICES TO OVER 280 DAF

Name of the organization	COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number	23-7181875
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AND DESIGNATED FUNDS. WE WORK WITH OUR FUNDHOLDERS TO MAKE GRANTS TO THE CHARITIES THEY LOVE, AND WE INTRODUCE THEM TO CHARITIES THAT ALIGN WITH THEIR GIVING WISHES. OUR PROCESS OF DUE DILIGENCE INCLUDES CONFIRMATION OF EIN/501 (C) (3) STATUS THROUGH GUIDESTAR CHARITY CHECK AND IRS.GOV WEBSITE TO ENSURE THE VALIDITY OF THE ORGANIZATION. A BENEFIT OF OUR DONOR ADVISED FUND PROGRAM IS THROUGH OUR ONLINE PORTAL, DONORCENTRAL, WHICH MAKES FUND INFORMATION EASILY AVAILABLE IN REAL TIME AND ALLOWS THE FUNDHOLDER INDEPENDENT GRANTMAKING AND ACCESSIBILITY. THROUGH OUR DONOR-CENTRIC SERVICES, WE CAN LEVERAGE GRANTMAKING DOLLARS TO IMPORTANT PROGRAMS AND TO IMMEDIATE CRITICAL NEEDS. ONE OF THE COMMUNITY FOUNDATION'S CORE COMPONENTS IS TO HELP NONPROFITS BUILD A SUSTAINABLE SOURCE OF INCOME. WE HELP LOCAL NONPROFITS BUILD THEIR SUSTAINABILITY 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 83 NONPROFIT FUNDS REPRESENTING \$9.4M.

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.

Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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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, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-72,841.
AGENCY TRANSACTIONS- AMOUNTS RECEIVED	-2,606,182.
AGENCY TRANSACTIONS- DISTRIBUTIONS TO AGENCIES	577,766.
CHANGE IN VALUE OF INTEREST RATE SWAP	35,082.
TRANSFER TO NONPROFIT	-1,418,900.
TRANSFER FROM RELATED ORGANIZATION	6,455,020.
TOTAL TO FORM 990, PART XI, LINE 9	2,969,945.

FORM 990, PART XII, LINE 2C

THERE IS NO CHANGE FORM PRIOR YEAR.

**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

2022

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
CFPBMC HOLDINGS, LLC - 20-0047844 700 SOUTH DIXIE HWY SUITE 200 WEST PALM BEACH, FL 33401	FURTHER THE CHARITABLE PURPOSE OF CFPBMC.	FLORIDA			

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
MARY AND ROBERT PEW PUBLIC EDUCATION FUND - 58-6365702, 601 HERITAGE DRIVE, STE 206, JUPITER, FL 33458	TYPE 1 SUPPORTING ORGANIZATION OF THE COMMUNITY FDN FOR P.B.&	FLORIDA	501(C)(3)	LINE 12A, I			X

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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) Disproportionate 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

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

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.

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

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

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	0.	FEE BASED 1/2% FMV PER MONTH
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

MARY AND ROBERT PEW PUBLIC EDUCATION FUND

PRIMARY ACTIVITY: TYPE 1 SUPPORTING ORGANIZATION OF THE COMMUNITY FDN FOR
P.B.& MTN CTY

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 700 SOUTH DIXIE HIGHWAY, 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401</p>	<p>D Employer identification number 23-7181875</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 244,681,756.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 2</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of STACEY BELL, CFO</p>		<p>Telephone number 561-659-6800</p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	89,065.
2 Reserved	2	
3 Add lines 1 and 2	3	89,065.
4 Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	89,065.
6 Deduction for net operating loss. See instructions STATEMENT 3	6	89,065.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____			
4 Enter available pre-2018 NOL carryovers here \$ <u>6,392,396.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
531120	\$ 1,339,259.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TYLER JOHNSON	TYLER JOHNSON	03/27/24		P01959117
	Firm's name	Firm's address		Firm's EIN	Phone no.
	CITRIN COOPERMAN ADVISORS LLC 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL 33308			87-2525370	954-771-0896

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - ROCKEFELLER ACCESS FUND I, LLC	N/A	5.
CHARITABLE CONTRIBUTIONS - ABERDEEN U.S. PRIVATE EQUITY III, LP	N/A	2.
CHARITABLE CONTRIBUTIONS - VIA ENERGY III, LP	N/A	10.
CHARITABLE CONTRIBUTIONS - JUNIPER CAPITAL II, LP	N/A	114.
TOTAL TO FORM 990-T, PART I, LINE 4		131.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021 14

TOTAL CARRYOVER 14
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 131

TOTAL CONTRIBUTIONS AVAILABLE 145
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 145
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 145

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 3

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 6,392,396.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 89,065.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	89,065.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	574,954.
CARRY FORWARD OF NET OPERATING LOSS	5,728,377.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	663,874.	0.	663,874.	663,874.
06/30/03	663,915.	0.	663,915.	663,915.
06/30/04	91,803.	0.	91,803.	91,803.
06/30/05	102,176.	0.	102,176.	102,176.
06/30/06	575,922.	0.	575,922.	575,922.
06/30/07	410,698.	0.	410,698.	410,698.
06/30/08	706,515.	0.	706,515.	706,515.
06/30/09	538,461.	0.	538,461.	538,461.
06/30/10	512,328.	0.	512,328.	512,328.
06/30/11	420,478.	0.	420,478.	420,478.
06/30/12	625,161.	0.	625,161.	625,161.
06/30/13	464,787.	0.	464,787.	464,787.
06/30/14	355,322.	0.	355,322.	355,322.
06/30/16	24,292.	0.	24,292.	24,292.
06/30/17	90,580.	0.	90,580.	90,580.
06/30/18	146,084.	0.	146,084.	146,084.
NOL CARRYOVER AVAILABLE THIS YEAR			6,392,396.	6,392,396.

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

Department of the Treasury
Internal Revenue Service

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

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

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

2022

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

A Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	B Employer identification number 23-7181875
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 2

E Describe the unrelated trade or business **COMMERCIAL RENTAL INCOME @ 700 S. DIXIE HWY.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales _____				
b Less returns and allowances _____ c Balance	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7	534,242.	608,397.	-74,155.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement)	12			
13 Total. Combine lines 3 through 12	13	534,242.	608,397.	-74,155.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion	9			
10 Contributions to deferred compensation plans	10			
11 Employee benefit programs	11			
12 Excess exempt expenses (Part VIII)	12			
13 Excess readership costs (Part IX)	13			
14 Other deductions (attach statement)	14			
15 Total deductions. Add lines 1 through 14	15			0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16			-74,155.
17 Deduction for net operating loss. See instructions	17			0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18			-74,155.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

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

A **700 S. DIXIE HWY, WEST PALM BEACH, FL 33401**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	849,190.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement) STMT 8	967,061.			
c Total deductions (add lines 3a and 3b, columns A through D)	967,061.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT	74,500,000.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 9	7,152,832.			
6 Divide line 4 by line 5	62.912%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	534,242.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	534,242.			
9 Allocable deductions. Multiply line 3c by line 6	608,397.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	608,397.			
11 Total dividends-received deductions included in line 10	0.			

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 5
 SCHEDULE A BUSINESS ACTIVITY

COMMERCIAL RENTAL INCOME @ 700 S. DIXIE HWY. & 639 S. O

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	146,084.	0.	146,084.	146,084.
06/30/19	113,126.	0.	113,126.	113,126.
06/30/19	728,487.	0.	728,487.	728,487.
06/30/20	49,683.	0.	49,683.	49,683.
06/30/20	177,112.	0.	177,112.	177,112.
06/30/22	85,959.	0.	85,959.	85,959.
06/30/22	38,808.	0.	38,808.	38,808.
NOL CARRYOVER AVAILABLE THIS YEAR			1,339,259.	1,339,259.

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 7
 AVERAGE ACQUISITION DEBT

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401	1	
BEGINNING FIRST MONTH		4,500,000.
BEGINNING SECOND MONTH		4,500,000.
BEGINNING THIRD MONTH		4,500,000.
BEGINNING FOURTH MONTH		4,500,000.
BEGINNING FIFTH MONTH		4,500,000.
BEGINNING SIXTH MONTH		4,500,000.
BEGINNING SEVENTH MONTH		4,500,000.
BEGINNING EIGHTH MONTH		4,500,000.
BEGINNING NINTH MONTH		4,500,000.
BEGINNING TENTH MONTH		4,500,000.
BEGINNING ELEVENTH MONTH		4,500,000.
BEGINNING TWELFTH MONTH		4,500,000.
TOTAL OF ALL MONTHS		54,000,000.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		4,500,000.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
DEPRECIATION EXP		94,405.		
UTILITIES		406,794.		
INTEREST EXPENSES		30,940.		
INSURANCE		96,765.		
RENTAL MANAGEMENT FEES		338,157.		
- SUBTOTAL -	1	967,061.	1.00	967,061.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				967,061.

FORM 990-T (A)

AVERAGE ADJUSTED BASIS OF OR
 ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401		7,152,832.	
- SUBTOTAL -	1		7,152,832.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			7,152,832.

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

Department of the Treasury
Internal Revenue Service

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

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

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

2
OMB No. 1545-0047

2022

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

A Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	B Employer identification number 23-7181875
C Unrelated business activity code (see instructions) 525990	D Sequence: 2 of 2

E Describe the unrelated trade or business **UNRELATED BUSINESS INCOME FROM PRIVATE LIMITE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a 236,282.		236,282.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10	5 -147,217.		-147,217.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 89,065.		89,065.

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	89,065.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	89,065.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 10

DESCRIPTION	NET INCOME OR (LOSS)
ROCKEFELLER ACCESS FUND I, LLC - ORDINARY BUSINESS INCOME (LOSS)	736.
ROCKEFELLER ACCESS FUND I, LLC - OTHER INCOME (LOSS)	-3.
ABERDEEN INTERNATIONAL PARTNERS, LP - OTHER INCOME (LOSS)	-37.
ABERDEEN U.S. PRIVATE EQUITY III, LP - ORDINARY BUSINESS INCOME (LOSS)	1,570.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,712.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-1,336.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)	1,145.
LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE INCOME	-50.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME (LOSS)	1.
LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME	49.
LANDMARK EQUITY PARTNERS XIV, LP - DIVIDEND INCOME	11.
LANDMARK EQUITY PARTNERS XIV, LP - ROYALTIES	2.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS)	-2,326.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP - NET RENTAL REAL ESTATE IN	100.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP - DIVIDEND INCOME	41.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)	3,979.
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME	-25.
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	52.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME	2.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES	24.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	-630.
GEM REALTY FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-57,357.
GEM REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME	-6,716.
GEM REALTY FUND V, LP - OTHER INCOME (LOSS)	12,656.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-6.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME	-972.
VIA ENERGY III, LP - ORDINARY BUSINESS INCOME (LOSS)	162,926.
VIA ENERGY III, LP - INTEREST INCOME	238.
VIA ENERGY III, LP - DIVIDEND INCOME	204.
VIA ENERGY III, LP - ROYALTIES	287.
VIA ENERGY III, LP - OTHER PORTFOLIO INCOME (LOSS)	-64.
VIA ENERGY III, LP - OTHER INCOME (LOSS)	-178,789.
OLD IRONSIDES ENERGY FUND II-A, LP - ORDINARY BUSINESS INCOME (LOSS)	149,125.
OLD IRONSIDES ENERGY FUND II-A, LP - OTHER INCOME (LOSS)	-189,449.
AG REALTY FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	24,942.
AG REALTY FUND IX, LP - NET RENTAL REAL ESTATE INCOME	-20,508.
AG REALTY FUND IX, LP - INTEREST INCOME	838.
AG REALTY FUND IX, LP - OTHER INCOME (LOSS)	1,944.
JUNIPER CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	261,954.

COMMUNITY FOUNDATION FOR PALM BEACH AND

23-7181875

JUNIPER CAPITAL II, LP - ROYALTIES
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS)
LEGACY VENTURE VIII, LLC - OTHER INCOME (LOSS)
LEGACY VENTURE VII, LLC - OTHER INCOME (LOSS)

24,924.
-336,499.
1,430.
81.

TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5

-147,217.

FORM 990-T
SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED
BUSINESS ACTIVITY

STATEMENT 11

UNRELATED BUSINESS INCOME FROM PRIVATE LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 3,771.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 3,771.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				10,612.
11 Enter gain from Form 4797, line 7 or 9			11	229,441.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	240,053.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	236,282.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	236,282.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Identifying number

23-7181875

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 12						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

229,441.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

229,441.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

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18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 12

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC						-146.
ABERDEEN U.S. PRIVATE EQUITY III, LP						48.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP						202.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP						5,256.
OLD IRONSIDES ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PART I, LINE 2						229,441.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 3,771.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 3,771.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				10,612.
11 Enter gain from Form 4797, line 7 or 9			11	229,441.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	240,053.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	236,282.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	236,282.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Identifying number

23-7181875

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 13						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

229,441.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

229,441.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

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18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2022)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 13

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC						-146.
ABERDEEN U.S. PRIVATE EQUITY III, LP						48.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP						202.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP						5,256.
OLD IRONSIDES ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PART I, LINE 2						229,441.

**Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17
Rule 12C-1.051
Florida Administrative Code
Effective 01/17

Information for Filing Florida Form F-7004

F-7004
R. 01/17

When to file - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to www.floridarevenue.com

Penalties - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

Signature - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

The Florida Form F-7004 must be filed - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

SEE STATEMENT

B. Type of federal return filed: 990-T

Contact person for questions: STEVEN ERJAVEC

Telephone number: 561-659-6800

Contact Person email address: SERJAVEC@CFPBMC.ORG

Extension of Time Request	Florida Income/Franchise Tax Due
1. Tentative amount of Florida tax for the taxable year	1. 0.00
2. LESS: Estimated tax payments for the taxable year	2. 0.00
3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request.	3. 0.00

Transfer the amount on Line 3 to **Tentative tax due** .

Make checks payable and mail to:

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

244961
10-04-22

**Florida Department of Revenue - Corporate Income Tax
Florida Tentative Income / Franchise Tax Return
and Application for Extension of Time to File Return**

1019
F-7004
R. 01/17

Name **COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.**
Address **700 SOUTH DIXIE HIGHWAY**
City/State/ZIP **WEST PALM BEACH, FL 33401**

FEIN 23-7181875
Taxable Year End 06/30/23
FILING STATUS Partnership S-corporation
All other federal returns to be filed **X**
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: _____

Date: _____

237181875	0	0	0
3	0	0	0
20230630	0	0	0
0	0	0	0
012	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0

F-7004

REASON FOR EXTENSION

STATEMENT 1

EXPLANATION

ADDITIONAL TIME IS NEEDED IN ORDER TO FILE AN ACCURATE RETURN.



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/23 1019

FEIN 23-7181875

For calendar year 2022 or tax year beginning

JUL 1

, 2022 ending

JUN 30, 2023

Rule 12C-1.051 Florida Administrative Code Effective 01/23 Page 1 of 6

833302023063000020050374323718187500003

Name COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC. Address 700 SOUTH DIXIE HIGHWAY City/State/ZIP WEST PALM BEACH, FL 33401

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

Table with 4 columns: Line number, Description, Check here if negative, and Amount. Includes lines 1 through 19 for tax computation.

244081 10-04-22

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/23

Do Not Detach

YEAR ENDING 06/30/23

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name COMMUNITY FOUNDATION FOR PALM MARTIN COUNTIES, INC. Address 700 SOUTH DIXIE HIGHWAY City/State/ZIP WEST PALM BEACH, FL 33401

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

Table with 4 columns: Identification number, Amount, and other values. Includes numbers like 237181875, 8906500, 0, 20220701, 624631200, etc.

0 8333 0 20230630 0002005037 4 3237181875 0000 3



COMMUNITY FOUNDATION FOR PALM BEACH

FEIN 23-7181875

1019 F-1120 R. 01/23 Page 2 of 6 06/30/23

This return is considered incomplete unless a copy of the federal return is attached.

If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

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

Sign here, Title CFO, Preparer's signature TYLER JOHNSON, Date 03/27/24, Preparer's PTIN P01959117, Firm's name CITRIN COOPERMAN ADVISORS LLC, Address 6550 N. FEDERAL HIGHWAY, 4TH FLOOR FT. LAUDERDALE, FL, FEIN 87-2525370, ZIP 33308

All Taxpayers Must Answer Questions A through L Below - See Instructions

- A. State of incorporation:
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 531120
F. A Florida extension of time was timely filed? YES NO X
G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.
G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation:
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 700 S. DIXIE HIGHWAY, STE 200 City, State, ZIP: WEST PALM BEACH, FL 33401
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: STEVEN ERJAVEC
a) Contact person telephone number: 561-659-6800
b) Contact person e-mail address: SERJAVEC@CFPBMC.ORG
L. Type of federal return filed 1120 1120S or 990-T

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/23

Schedule I - Additions and/or Adjustments to Federal Taxable Income	
1. Interest excluded from federal taxable income (see instructions)	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3. 89,065.00
4. Net capital loss carryover (attach schedule)	4. STATEMENT 3
5. Excess charitable contribution carryover (attach schedule)	5.
6. Employee benefit plan contribution carryover (attach schedule)	6.
7. Enterprise zone jobs credit (Florida Form F-1156Z)	7.
8. Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)	8.
9. Guaranty association assessment(s) credit	9.
10. Rural and/or urban high-crime area job tax credits	10.
11. State housing tax credit	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)	12.
13. New worlds reading initiative credit	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. s. 168(k), IRC, special bonus depreciation	19.
20. Depreciation of qualified improvement property (see instructions)	20.
21. Expenses for business meals provided by a restaurant (see instructions)	21.
22. Film, television, and live theatrical production expenses (see instructions)	22.
23. Internship tax credit	23.
24. Other additions (attach schedule)	24.
25. Total Lines 1 through 24. Enter total on this line and on Page 1, Line 3.	25. 89,065.00

Schedule II - Subtractions from Federal Taxable Income	
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$ _____ (b) plus s. 862, IRC, dividends \$ _____ (c) plus s. 951A, IRC, income \$ _____ (d) less direct and indirect expenses and related amounts deducted under s. 250, IRC \$ _____	1. Total ▶
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC, subpart F income \$ _____ (b) less direct and indirect expenses \$ _____	2. Total ▶
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.	STMT 4
3. Florida net operating loss carryover deduction (see instructions)	3. STATEMENT 2 6,246,312.00
4. Florida net capital loss carryover deduction (see instructions)	4.
5. Florida excess charitable contribution carryover (see instructions)	5.
6. Florida employee benefit plan contribution carryover (see instructions)	6.
7. Nonbusiness income (from Schedule R, Line 3)	7.
8. Eligible net income of an international banking facility (see instructions)	8.
9. s. 168(k), IRC, special bonus depreciation (see instructions)	9.
10. Depreciation of qualified improvement property (see instructions)	10.
11. Film, television, and live theatrical production expenses (see instructions)	11.
12. Other subtractions (attach schedule)	12.
13. Total Lines 1 through 12. Enter total on this line and on Page 1, Line 5.	13. 6,246,312.00



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/23

Schedule III - Apportionment of Adjusted Federal Income					
III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.					
	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Pg 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)				X 25% or	
2. Payroll				X 25% or	
3. Sales (Schedule III-C below)				X 50% or	
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e)). Enter here and on Schedule IV, Line 2.					1.000000
III-B For use in computing average value of property (use original cost).	WITHIN FLORIDA		TOTAL EVERYWHERE		
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year	
1. Inventories of raw material, work in process, finished goods					
2. Buildings and other depreciable assets					
3. Land owned					
4. Other tangible and intangible (financial org. only) assets (attach schedule)					
5. Total (Lines 1 through 4)					
6. Average value of property					
a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida)	6a. _____				
b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere)			6b. _____		
7. Rented property (8 times net annual rent)					
a. Rented property in Florida	7a. _____				
b. Rented property Everywhere			7b. _____		
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).					
a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida	8a. _____				
b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere			8b. _____		
III-C Sales Factor	(a) TOTAL WITHIN FLORIDA (Numerator)		(b) TOTAL EVERYWHERE (Denominator)		
1. Sales (gross receipts)	N/A				
2. Sales delivered or shipped to Florida purchasers			N/A		
3. Other gross receipts (rents, royalties, interest, etc. when applicable)					
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])					
III-D Special Apportionment Fractions (see instructions)	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places		
1. Insurance companies (attach copy of Schedule T - Annual Report)					
2. Transportation services					

Schedule IV - Computation of Florida Portion of Adjusted Federal Income	
1. Apportionable adjusted federal income from Page 1, Line 6	1.
2. Florida apportionment fraction (Schedule III-A, Line 4)	2.
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3.
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4.
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5.
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6.
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7.
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8.
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9.



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/23

Schedule V - Credits Against the Corporate Income/Franchise Tax	
1. Florida health maintenance organization consumer assistance assessment credit (attach assessment notice)	1.
2. Capital investment tax credit (attach certification letter)	2.
3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.
4. Community contribution tax credit (attach certification letter)	4.
5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.
6. Rural job tax credit (attach certification letter)	6.
7. Urban high-crime area job tax credit (attach certification letter)	7.
8. Hazardous waste facility tax credit	8.
9. Florida alternative minimum tax (AMT) credit	9.
10. Contaminated site rehabilitation tax credit (voluntary cleanup tax credit) (attach tax credit certificate)	10.
11. State housing tax credit (attach certification letter)	11.
12. Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations) (attach certificate)	12.
13. New worlds reading initiative credit (attach certificate)	13.
14. Strong families tax credit (credit for contributions to eligible charitable organizations) (attach certificate)	14.
15. New markets tax credit	15.
16. Entertainment industry tax credit	16.
17. Research and development tax credit	17.
18. Energy economic zone tax credit	18.
19. Internship tax credit	19.
20. Other credits (attach schedule)	20.
21. Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.

Schedule R - Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
Total allocated to Florida 1.	_____
(Enter here and on Page 1, Line 8)	

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total allocated elsewhere 2.		_____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3.	_____
(Enter here and on Schedule II, Line 7)	



NAME COMMUNITY FOUNDATION FOR PALM BEACH A FEIN 23-7181875 TAXABLE YEAR ENDING 06/30/23

**Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1,**

1. Florida income expected in taxable year	1.	\$	<u>-6,157,247.00</u>
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)	2.	\$	_____
3. Estimated Florida net income (Line 1 less Line 2)	3.	\$	_____
4. Total Estimated Florida tax (5.5% of Line 3)		\$	_____
Less: Credits against the tax	4.	\$	_____
5. Computation of installments:			
Payment due dates and			
payment amounts:			
If 6/30 year end, last day of 4th month,			
otherwise last day of 5th month - Enter 0.25 of Line 4	5a.		_____
Last day of 6th month - Enter 0.25 of Line 4	5b.		_____
Last day of 9th month - Enter 0.25 of Line 4	5c.		_____
Last day of fiscal year - Enter 0.25 of Line 4	5d.		_____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax	1.	\$	_____
2. Less:			
(a) Amount of overpayment from last year elected for credit			
to estimated tax and applied to date	2a.	\$	_____
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)	2b.	\$	_____
(c) Total of Lines 2(a) and 2(b)	2c.	\$	_____
3. Unpaid balance (Line 1 less Line 2(c))	3.	\$	_____
4. Amount to be paid (Line 3 divided by number of remaining installments)	4.	\$	_____

References

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below.
The forms are available online at floridarevenue.com/forms.*

Form F-2220	Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax	Rule 12C-1.051, F.A.C.
Form F-7004	Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return	Rule 12C-1.051, F.A.C.
Form F-1156Z	Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax	Rule 12C-1.051, F.A.C.
Form F-1158Z	Enterprise Zone Property Tax Credit	Rule 12C-1.051, F.A.C.
Form F-1120N	Instructions for Corporate Income/Franchise Tax Return	Rule 12C-1.051, F.A.C.
Form F-1120ES	Declaration/Installment of Florida Estimated Income/Franchise Tax	Rule 12C-1.051, F.A.C.

FL F-1120

NET OPERATING LOSS CARRYOVERS

STATEMENT 2

YEAR	APPORTION FACTOR	CURRENT YR NOL/ SECTION 382 LIMIT	NET OPERATING LOSS CARRYOVER	LOSS PREVIOUSLY DEDUCTED	NET LOSS REMAINING
2002	0%	0.	663,874.	0.	663,874.00
2003	0%	0.	663,915.	0.	663,915.00
2004	0%	0.	91,803.	0.	91,803.00
2005	0%	0.	102,176.	0.	102,176.00
2006	0%	0.	575,922.	0.	575,922.00
2007	0%	0.	410,698.	0.	410,698.00
2008	0%	0.	706,515.	0.	706,515.00
2009	0%	0.	538,461.	0.	538,461.00
2010	0%	0.	512,328.	0.	512,328.00
2011	0%	0.	420,478.	0.	420,478.00
2012	0%	0.	625,161.	0.	625,161.00
2013	0%	0.	464,787.	0.	464,787.00
2014	0%	0.	355,322.	0.	355,322.00
2016	0%	0.	24,292.	0.	24,292.00
2017	0%	0.	90,580.	0.	90,580.00
2018	0%	0.	146,084.	0.	146,084.00
2018	0%	0.	841,613.	0.	841,613.00
2019	0%	0.	226,795.	0.	226,795.00
TOTAL NET OPERATING LOSS CARRYOVER AVAILABLE					7,460,804.00

FL F-1120	FEDERAL CARRYOVER DEDUCTIONS	STATEMENT 3
CARRYOVERS DEDUCTED IN FEDERAL TAXABLE INCOME		AMOUNT
NET OPERATING LOSS		89,065.00
NET CAPITAL LOSS		
EXCESS CHARITABLE CONTRIBUTION		
EXCESS EMPLOYEE BENEFIT PLAN CONTRIBUTION		

FL F-1120	NET OPERATING LOSS DEDUCTION	STATEMENT 4
1. FLORIDA TAXABLE INCOME BEFORE NOL		89,065.
2. PRE-2018 NOL AVAILABLE	6,246,312.	
100% OF PRE-2018 NOL DEDUCTION		6,246,312.
3. POST-2017 NOL AVAILABLE	1,214,492.	
80% OF LINE 1	71,252.	
POST-2017 NOL DEDUCTION (LESSER OF POST-2017 AVAILABLE OR 80% OF TAXABLE INCOME)		0.
4. NOL DEDUCTION (LINE 2 PLUS LINE 3)		6,246,312.



COMMUNITY FOUNDATION FOR PALM BEACH AND

1019
F-1120
R. 01/23

FEIN 23-7181875

DATA Page 1 of 2

237181875	0	0	624631200
8906500	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	8906500	0	0
2	0	0	0
2	0	0	0
2	0	0	0
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0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	1.000000

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

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

2022

Department of the Treasury
Internal Revenue Service

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 700 SOUTH DIXIE HIGHWAY, 200</p> <p>City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401</p>	<p>D Employer identification number 23-7181875</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 244,681,756.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 2</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of STACEY BELL, CFO</p>		<p>Telephone number 561-659-6800</p>	

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	89,065.
2 Reserved	2	
3 Add lines 1 and 2	3	89,065.
4 Charitable contributions (see instructions for limitation rules) STMT 5 STMT 6	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	89,065.
6 Deduction for net operating loss. See instructions STATEMENT 7	6	89,065.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6a Payments: A 2021 overpayment credited to 2022	6a		
b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	6g		
7 Total payments. Add lines 6a through 6g		7	
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	
11 Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded		11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$			
4 Enter available pre-2018 NOL carryovers here \$ <u>6,392,396.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.			
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
531120	\$ 1,339,259.		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	CFO	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	TYLER JOHNSON	TYLER JOHNSON	03/27/24		P01959117
	Firm's name CITRIN COOPERMAN ADVISORS LLC 6550 N. FEDERAL HIGHWAY, 4TH FLOOR	Firm's address FT. LAUDERDALE, FL 33308		Firm's EIN	87-2525370
				Phone no.	954-771-0896

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

Department of the Treasury
Internal Revenue Service

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

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

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

1
OMB No. 1545-0047

2022

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

A Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	B Employer identification number 23-7181875
C Unrelated business activity code (see instructions) 531120	D Sequence: 1 of 2

E Describe the unrelated trade or business **COMMERCIAL RENTAL INCOME @ 700 S. DIXIE HWY.**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5			
7 Unrelated debt-financed income (Part V)	6	534,242.	608,397.	-74,155.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	534,242.	608,397.	-74,155.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-74,155.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-74,155.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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

Department of the Treasury
Internal Revenue Service

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

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

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

2022

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

A Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	B Employer identification number 23-7181875
C Unrelated business activity code (see instructions) 525990	D Sequence: 2 of 2

E Describe the unrelated trade or business **UNRELATED BUSINESS INCOME FROM PRIVATE LIMITE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a	236,282.		236,282.
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 11	4c			
6 Rent income (Part IV)	5	-147,217.		-147,217.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	89,065.		89,065.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				89,065.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				89,065.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A **700 S. DIXIE HWY, WEST PALM BEACH, FL 33401**

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	849,190.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)	0.			
b Other deductions (attach statement) STMT 14	967,061.			
c Total deductions (add lines 3a and 3b, columns A through D)	967,061.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT	1,500,000.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 15	7,152,832.			
6 Divide line 4 by line 5	62.912%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6	534,242.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				534,242.
9 Allocable deductions. Multiply line 3c by line 6	608,397.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				608,397.
11 Total dividends-received deductions included in line 10				0.

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals			0.	0.		

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

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

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

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2022

Name COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				- 3,771.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	- 3,771.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				10,612.
11 Enter gain from Form 4797, line 7 or 9			11	229,441.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	240,053.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	236,282.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	236,282.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

**COMMUNITY FOUNDATION FOR PALM BEACH AND
MARTIN COUNTIES, INC.**

Identifying number

23-7181875

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a

1b

1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEMENT 16						

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3

4

5

6

7

229,441.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8

9

229,441.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11

12

13

14

15

16

17

()

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
		Property A	Property B
		Property C	Property D
20	Gross sales price (Note: See line 1a before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25 If section 1245 property:			
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a	Additional depreciation after 1975. See instructions	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28 If section 1254 property:			
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a	
b	Enter the smaller of line 24 or 28a	28b	
29 If section 1255 property:			
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a	
b	Enter the smaller of line 24 or 29a. See instructions	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

FORM 990-T

CONTRIBUTIONS

STATEMENT 5

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS - ROCKEFELLER ACCESS FUND I, LLC	N/A	5.
CHARITABLE CONTRIBUTIONS - ABERDEEN U.S. PRIVATE EQUITY III, LP	N/A	2.
CHARITABLE CONTRIBUTIONS - VIA ENERGY III, LP	N/A	10.
CHARITABLE CONTRIBUTIONS - JUNIPER CAPITAL II, LP	N/A	114.
TOTAL TO FORM 990-T, PART I, LINE 4		131.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 6

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2017
 FOR TAX YEAR 2018
 FOR TAX YEAR 2019
 FOR TAX YEAR 2020
 FOR TAX YEAR 2021 14

TOTAL CARRYOVER 14
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 131

TOTAL CONTRIBUTIONS AVAILABLE 145
 TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS CONTRIBUTIONS 145
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 145

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 7

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 6,392,396.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 89,065.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1	0.
2	0.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL	0.
NET OPERATING DEDUCTION	89,065.
BALANCE AFTER PRE-2018 NOL DEDUCTION	0.
EXPIRING NET OPERATING LOSSES	574,954.
CARRY FORWARD OF NET OPERATING LOSS	5,728,377.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 8

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/02	663,874.	0.	663,874.	663,874.
06/30/03	663,915.	0.	663,915.	663,915.
06/30/04	91,803.	0.	91,803.	91,803.
06/30/05	102,176.	0.	102,176.	102,176.
06/30/06	575,922.	0.	575,922.	575,922.
06/30/07	410,698.	0.	410,698.	410,698.
06/30/08	706,515.	0.	706,515.	706,515.
06/30/09	538,461.	0.	538,461.	538,461.
06/30/10	512,328.	0.	512,328.	512,328.
06/30/11	420,478.	0.	420,478.	420,478.
06/30/12	625,161.	0.	625,161.	625,161.
06/30/13	464,787.	0.	464,787.	464,787.
06/30/14	355,322.	0.	355,322.	355,322.
06/30/16	24,292.	0.	24,292.	24,292.
06/30/17	90,580.	0.	90,580.	90,580.
06/30/18	146,084.	0.	146,084.	146,084.
NOL CARRYOVER AVAILABLE THIS YEAR			6,392,396.	6,392,396.

FORM 990-T
 SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED
 BUSINESS ACTIVITY

STATEMENT 9

COMMERCIAL RENTAL INCOME @ 700 S. DIXIE HWY. & 639 S. O

TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 10

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	146,084.	0.	146,084.	146,084.
06/30/19	113,126.	0.	113,126.	113,126.
06/30/19	728,487.	0.	728,487.	728,487.
06/30/20	49,683.	0.	49,683.	49,683.
06/30/20	177,112.	0.	177,112.	177,112.
06/30/22	85,959.	0.	85,959.	85,959.
06/30/22	38,808.	0.	38,808.	38,808.
NOL CARRYOVER AVAILABLE THIS YEAR			1,339,259.	1,339,259.

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 11

DESCRIPTION	NET INCOME OR (LOSS)
ROCKEFELLER ACCESS FUND I, LLC - ORDINARY BUSINESS INCOME (LOSS)	736.
ROCKEFELLER ACCESS FUND I, LLC - OTHER INCOME (LOSS)	-3.
ABERDEEN INTERNATIONAL PARTNERS, LP - OTHER INCOME (LOSS)	-37.
ABERDEEN U.S. PRIVATE EQUITY III, LP - ORDINARY BUSINESS INCOME (LOSS)	1,570.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-1,712.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	-1,336.
LANDMARK EQUITY PARTNERS XIV, LP - ORDINARY BUSINESS INCOME (LOSS)	1,145.
LANDMARK EQUITY PARTNERS XIV, LP - NET RENTAL REAL ESTATE INCOME	-50.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER NET RENTAL INCOME (LOSS)	1.
LANDMARK EQUITY PARTNERS XIV, LP - INTEREST INCOME	49.
LANDMARK EQUITY PARTNERS XIV, LP - DIVIDEND INCOME	11.
LANDMARK EQUITY PARTNERS XIV, LP - ROYALTIES	2.
LANDMARK EQUITY PARTNERS XIV, LP - OTHER INCOME (LOSS)	-2,326.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP - NET RENTAL REAL ESTATE IN	100.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL III, LP - DIVIDEND INCOME	41.
LANDMARK EQUITY PARTNERS XV, LP - ORDINARY BUSINESS INCOME (LOSS)	3,979.
LANDMARK EQUITY PARTNERS XV, LP - NET RENTAL REAL ESTATE INCOME	-25.
LANDMARK EQUITY PARTNERS XV, LP - INTEREST INCOME	52.
LANDMARK EQUITY PARTNERS XV, LP - DIVIDEND INCOME	2.
LANDMARK EQUITY PARTNERS XV, LP - ROYALTIES	24.
LANDMARK EQUITY PARTNERS XV, LP - OTHER INCOME (LOSS)	-630.
GEM REALTY FUND V, LP - ORDINARY BUSINESS INCOME (LOSS)	-57,357.
GEM REALTY FUND V, LP - NET RENTAL REAL ESTATE INCOME	-6,716.
GEM REALTY FUND V, LP - OTHER INCOME (LOSS)	12,656.
GEM REALTY FUND VI, LP - ORDINARY BUSINESS INCOME (LOSS)	-6.
GEM REALTY FUND VI, LP - NET RENTAL REAL ESTATE INCOME	-972.
VIA ENERGY III, LP - ORDINARY BUSINESS INCOME (LOSS)	162,926.
VIA ENERGY III, LP - INTEREST INCOME	238.
VIA ENERGY III, LP - DIVIDEND INCOME	204.
VIA ENERGY III, LP - ROYALTIES	287.
VIA ENERGY III, LP - OTHER PORTFOLIO INCOME (LOSS)	-64.
VIA ENERGY III, LP - OTHER INCOME (LOSS)	-178,789.
OLD IRONSIDES ENERGY FUND II-A, LP - ORDINARY BUSINESS INCOME (LOSS)	149,125.
OLD IRONSIDES ENERGY FUND II-A, LP - OTHER INCOME (LOSS)	-189,449.
AG REALTY FUND IX, LP - ORDINARY BUSINESS INCOME (LOSS)	24,942.
AG REALTY FUND IX, LP - NET RENTAL REAL ESTATE INCOME	-20,508.
AG REALTY FUND IX, LP - INTEREST INCOME	838.
AG REALTY FUND IX, LP - OTHER INCOME (LOSS)	1,944.
JUNIPER CAPITAL II, LP - ORDINARY BUSINESS INCOME (LOSS)	261,954.

COMMUNITY FOUNDATION FOR PALM BEACH AND	23-7181875
JUNIPER CAPITAL II, LP - ROYALTIES	24,924.
JUNIPER CAPITAL II, LP - OTHER INCOME (LOSS)	-336,499.
LEGACY VENTURE VIII, LLC - OTHER INCOME (LOSS)	1,430.
LEGACY VENTURE VII, LLC - OTHER INCOME (LOSS)	81.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	<u>-147,217.</u>

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 12
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UNRELATED BUSINESS INCOME FROM PRIVATE LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A)	PART V - UNRELATED DEBT-FINANCED INCOME AVERAGE ACQUISITION DEBT	STATEMENT 13
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DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401	1	
BEGINNING FIRST MONTH		4,500,000.
BEGINNING SECOND MONTH		4,500,000.
BEGINNING THIRD MONTH		4,500,000.
BEGINNING FOURTH MONTH		4,500,000.
BEGINNING FIFTH MONTH		4,500,000.
BEGINNING SIXTH MONTH		4,500,000.
BEGINNING SEVENTH MONTH		4,500,000.
BEGINNING EIGHTH MONTH		4,500,000.
BEGINNING NINTH MONTH		4,500,000.
BEGINNING TENTH MONTH		4,500,000.
BEGINNING ELEVENTH MONTH		4,500,000.
BEGINNING TWELFTH MONTH		4,500,000.
TOTAL OF ALL MONTHS		54,000,000.
NUMBER OF MONTHS IN YEAR		12
AVERAGE ACQUISITION DEBT		<u>4,500,000.</u>

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A)	PART V - OTHER DEDUCTIONS	STATEMENT 14
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
DEPRECIATION EXP		94,405.		
UTILITIES		406,794.		
INTEREST EXPENSES		30,940.		
INSURANCE		96,765.		
RENTAL MANAGEMENT FEES		338,157.		
- SUBTOTAL -	1	967,061.	1.00	967,061.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)				967,061.

FORM 990-T (A)	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY	STATEMENT 15
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401		7,152,832.	
- SUBTOTAL -	1		7,152,832.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 5			7,152,832.

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 16

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC						-146.
ABERDEEN U.S. PRIVATE EQUITY III, LP						48.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP						202.
METROPOLITAN REAL ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP						5,256.
OLD IRONSIDES ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PART I, LINE 2						229,441.