

			** PUBLIC DISCLOSURE COPY		-	
	(	חחו	Return of Organization Exempt From	om Ir	ncome lax	OMB No. 1545-0047
Forr	n	<b>J90</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	ode (exce	ept private foundation	s) <b>2022</b>
_			Do not enter social security numbers on this form as it			Open to Public
Depa Intern	rtmer Ial Re	t of the Treasury venue Service	formation.	Inspection		
ΑF	or t	he 2022 calend	lar year, or tax year beginning $ { m JUL}1,2022$ and en	nding J	UN 30, 2023	
Bc	heck	if <b>C</b> Name of	f organization		D Employer identific	ation number
а	pplic		UNITY FOUNDATION FOR PALM BEACH AND			
	_Ado	inge MAR	IN COUNTIES, INC.			
	Nar Cha	ne Inge Doing k	pusiness as		23-71818	75
	Init retu			oom/suite	E Telephone number	
	 Fin: retu		SOUTH DIXIE HIGHWAY 20		561-659-6	
	terr	nin-	town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	200,819,684.
		ended TATE CI	PALM BEACH, FL 33401		H(a) Is this a group re	
			and address of principal officer: STACEY BELL		for subordinates	
·	per		AS C ABOVE		H(b) Are all subordinates in	
<u>і</u> т	av.	exempt status:		527		list. See instructions
			YOURCOMMUNITYFOUNDATION.ORG		H(c) Group exemption	
			X Corporation Trust Association Other	I Vear (		State of legal domicile: FL
Pa						
	1	-	be the organization's mission or most significant activities: TO ENH	HANCE	THE OUALTTY	OF LIFE
e	'		RESIDENTS NOW AND FOR FUTURE GENERA			
Governance	2	Check this b			· · · ·	
/err	3				I . I	24
g	4		dependent voting members of the governing body (Part VI, line 1a)			24
	-		of individuals employed in calendar year 2022 (Part V, line 2a)			29
ties	5					42
Activities &	6		of volunteers (estimate if necessary)			-127,655.
Ac			d business revenue from Part VIII, column (C), line 12			0.
		<b>b</b> Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year
		O and the diam			19,758,113.	23,171,360.
ne	8		and grants (Part VIII, line 1h)		<u>19,750,115.</u> 0.	23,171,300.
Revenue	9	•	ice revenue (Part VIII, line 2g)		9,935,985.	2,985,857.
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-81,384.	-83,024.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		29,612,714.	26,074,193.
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,638,780.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	15,585,235.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
es	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		2,348,311.	3,296,034.
Expenses	16		iundraising fees (Part IX, column (A), line 11e)		0.	0.
ă			sing expenses (Part IX, column (D), line 25) 977, 314		2 000 005	2 207 202
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,088,925.	2,297,303.
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>19,076,016.</u>	21,178,572.
	19	Revenue less	expenses. Subtract line 18 from line 12		10,536,698.	4,895,621.
Net Assets or Fund Balances					ginning of Current Year	End of Year
sset	20		Part X, line 16)		21,759,809.	244,681,756.
t As	21		s (Part X, line 26)		16,802,497.	21,677,746.
<b>N</b>	22		fund balances. Subtract line 21 from line 20	2	04,957,312.	223,004,010.
Pa		•				
			I declare that I have examined this return, including accompanying schedules an			knowledge and belief, it is
true,	cor	rect, and complete	e. Declaration of preparer (other than officer) is based on all information of which	h preparer l	has any knowledge.	
			10			
Sigr	٦	Signature of c			Date	
Her	е	STACEY	•			
		Type or print	name and title			

	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	TYLER JOHNSON	TYLER JOHNSON	03/27/24 self-employed P01959117
Preparer	Firm's name CITRIN COOPERMAN	ADVISORS LLC	Firm's EIN 87-2525370
Use Only	Firm's address 6550 N. FEDERAL H	IGHWAY, 4TH FLOOR	
	FT. LAUDERDALE, F	L 33308	Phone no. 954 - 771 - 0896
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

232001 12-13-22	LHA For Paperwo	rk Redu	ction Act Notice, see the	e separate instr	uctions.	
SEE	SCHEDULE O	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

	COMMUNITY FOUNDATION FOR PALM BEACH AND	
Form	990 (2022) MARTIN COUNTIES, INC. 23-7181875 Page	2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u>.</u> ]
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?	_
	prior Form 990 or 990-EZ?	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	~
5	If "Yes," describe these changes on Schedule O.	0
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:	_ )
	SCHOLARSHIF FROGRAM:	—
	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:	
	DONOR-ADVISED FONDS:	—
	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.	_
	Form <b>990</b> (202	22)
232002	12-13-22 SEE SCHEDULE O FOR CONTINUATION(S)	
	4	

<sup>16410327 790347 239175</sup> 

<sup>2022.05080</sup> COMMUNITY FOUNDATION FOR 239175\_1

MARTIN COUNTIES, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

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Form 990 (2022)

Part IV Checklist of Required Schedules

 COMMUNITY FOUNDATION FOR PALM BEACH AND

 Form 990 (2022)
 MARTIN COUNTIES, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		х
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ZTU		
zJa		25a		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
~~	Schedule L, Part I	25b		
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%			77
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			77
	"Yes," complete Schedule L, Part IV	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
<b>.</b> .	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			77
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			77
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
<b>-</b>	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0	Chack if Schedule O contains a response or note to any line in this Part V			
	Check in Schedule O contains a response of note to any line in this Part V		Vcc	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 34		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a34Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		1c	Х	
232004				(2022)
232004	6 f	1 0111		(2022)

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MARTIN COUNTIES, INC.

Par	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,		29					
	filed for the calendar year ending with or within the year covered by this return	2a		2b	x			
	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>							
чa	At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x		
h	If "Yes," enter the name of the foreign country	locour		та				
2	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccoun	ts (FBAR).					
5a				5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible as charitable contributions?			6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons oi	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X	<u> </u>		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired					
	to file Form 8282?	1		7c		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 co		t?	7e		<u> </u>		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		<u> </u>		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
-	<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	•		8				
9								
a	Did the energy experimentian make any tayable distributions under section 10662			9a				
b	Did the energy is a superior make a distribution to a dense dense advices or velated as soon 0			9b				
10	Section 501(c)(7) organizations. Enter:							
а	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:							
а	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 <sup>°</sup>	?	12a		<u> </u>		
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.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	1					
•	organization is licensed to issue qualified health plans	13b 13c						
	Enter the amount of reserves on hand	•		14a		x		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner							
-	excess parachute payment(s) during the year?			15		x		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		Х		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	6					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.							
232005	12-13-22			Form	990	(2022)		

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Form 990 (2022)

16410327 790347 239175

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

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 0. 24 **b** Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	d finan	cial	
	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	
232006	12-13-22											Form <b>990</b> (2022)

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232006 12-13-22

Form 990 (2022)

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2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

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COMMUNITY	FOUNDAT	TON	FOR	PALM	BEACH	AND
MARTIN COL	UNTTES.	TNC.				

0111 000 (	2022)						
Part VII	Compensation	of Officers,	, Directors, T	rustees,	Key Employees,	Highest	Compensated
-	Employees, an	d Independ	ent Contract	ors			

#### Employees, and independent Contractors

m 000 (2022)

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)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t com	~	1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANITA D. NIAS	45.00	-		0	-					
PRESIDENT/CEO		1		х				382,837.	Ο.	41,963.
(2) JULIE LAUDERBAUGH	45.00									
VP MARKETING		1			х			180,800.	Ο.	186.
(3) MARY KATHERINE MORALES	45.00									
VP FOR PHILANTHROPIC GIVIN		1			х			161,565.	Ο.	935.
(4) DARYL HOUSTON	45.00									
VP COMMUNITY IMPACT						Х		110,400.	0.	1,400.
(5) BRITTANY PEERBOLTE	45.00									
STAFF						X		100,100.	0.	7,732.
(6) NIKKI MISKURA	45.00									
CONTROLLER						X		107,363.	0.	0.
(7) DAVID DECKER DRANE	45.00									
CHIEF OF STAFF						X		103,634.	0.	1,666.
(8) STACEY BELL	45.00									
CHIEF FINANCIAL OFFICER				Х				89,336.	0.	279.
(9) JULIE FISHER CUMMINGS	4.00									
CHAIRMAN		Х		Х				0.	0.	0.
(10) JEFFREY A. STOOPS	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(11) DENNIS S, HUDSON III	4.00									
TREASURER		Х		Х				0.	0.	0.
(12) SHEREE DAVIS CUNNINGHAM	4.00									
SECRETARY		Х		Х				0.	0.	0.
(13) SHERRY S. BARRAT	4.00									
PAST CHAIR		Х						0.	0.	0.
(14) ANQUAN BOLDIN	4.00									
DIRECTOR		Х						0.	0.	0.
(15) MICHAEL J. BRACCI	4.00									
DIRECTOR		Х						0.	0.	0.
(16) NANCY G. BRINKER	4.00									
DIRECTOR		Х						0.	0.	0.
(17) SUSAN P. BROCKWAY	4.00									
DIRECTOR		Х						0.	0.	0.
232007 12 13 22			_		-			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2022)

232007 12-13-22

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MARTIN COUNTIES, INC.

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	COUNTIES,	I	NC	•					23-718	<u>318</u>	75	Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees, a	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0		-		(D)	(E)		(F)	)
Name and title	Average	Position						Reportable	Reportable		Estima	
Name and the	hours per		not ch					compensation	compensation		amour	
	week							from	from related		othe	
	(list any	tor						the	organizations		compen	
	hours for	director				5		organization	(W-2/1099-MISC		from	
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	ruste	al tru:		/ee	mper		1099-NEC)			and rel	
	below	dual t	ltion	_	n pl o	st co	5	,			organiza	
	line)	Individual trustee or	Institutional trustee	Officer	ey er	Highest compensated employee	Former				5	
(18) TIMOTHY D. BURKE	4.00		_		×		_					
DIRECTOR		x						0.	(	<b>)</b> .		0.
(19) LORE MORAN DODGE	4.00	- 23		_		+		0.	· · · · ·	<b>′</b> •+		•••
	4.00	v						0.	(	).		0
DIRECTOR	4 00	Х				_		0.	l l	<b>'</b> -⊢		0.
(20) WILLIAM E. DONNELL	4.00											-
DIRECTOR		Х						0.	(	).		0.
(21) EARNIE ELLISON, JR.	4.00											
DIRECTOR		X						0.	(	).		Ο.
(22) DR. DENNIS GALLON	4.00											
DIRECTOR		x						0.	(	).		0.
(23) CHRISTINA M. MACFARLAND	4.00	Δ		_		+	-	0.		<b>′</b> ∙+		0.
	4.00											•
DIRECTOR		Х						0.		).		0.
(24) ELIZABETH "LIBBY" MARSHALL	4.00											
DIRECTOR		Х						0.	(	).		0.
(25) JANE M. MITCHELL	4.00											
DIRECTOR		х						0.	(	).		Ο.
(26) TAMMY JACKSON-MOORE	4.00											
DIRECTOR		x						0.	(	).		Ο.
								1,236,035.		).	<b>Б</b> /	161.
1b Subtotal											54,	
c Total from continuation sheets to Pa								0.		).		0.
d Total (add lines 1b and 1c)								1,236,035.		).	54,	161.
2 Total number of individuals (including l	out not limited to th	ose	listed	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												7
										_	Ye	s No
3 Did the organization list any former of	ficer, director, truste	ee, k	key er	mple	ove	e, or	hic	hest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J	for such individual			·	•						3	X
4 For any individual listed on line 1a, is the										· -		
											4 X	
and related organizations greater than										··  -	4 1	
5 Did any person listed on line 1a receive	-				-			-				
rendered to the organization? If "Yes."	complete Schedule	e J fo	or suc	ch p	bers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five higher	st compensated ind	lepe	nden	t co	ontra	acto	rs tł	hat received more than \$	100,000 of compe	nsatio	on from	
the organization. Report compensation	n for the calendar ye	ear e	nding	g wi	ith c	or wi	thir	n the organization's tax y	ear.			
(A	)							(B)			(C)	
Name and busi								Description of s	ervices	Co	mpensat	ion
BERDEO GROUP LLC, 347 1	NEW RTV	ER	DF	ידא	VE	Е						
#1201, FORT LAUDERDALE					. –	-		EXECUTIVE CO	CHING		130,	190
TZOI, FORI DRODERDADE, FD 55501 ERECOIIVE CORCHING 150										150,	<u> </u>	
• Table and the last in the last												
2 Total number of independent contracto		ot lin	nited	to t	nos 1	se lis I	ted	above) who received mo	ore than			
\$100,000 of compensation from the or					1	L						
SEE PART VII, SECT	ION A CONT	IN	UAJ	ΓI(	ON	S	HE	ETS		F	orm <b>990</b>	(2022)

SEE PART VII, SECTION A CONTINUATION SHEETS 232008 12-13-22 10

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

#### 23-7181875

Form 990 MARTIN CO	OUNTIES,	I	NC	•				M BEACH AND	23-718	1875
Part VII Section A. Officers, Directors, Tr		nplo	yee			lighe	est (		, , ,	
(A) Name and title	<b>(B)</b> Average hours	(cł	<b>(C)</b> Position (check all that apply)				ly)	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) LISA M. MORGAN DIRECTOR	4.00	x						0.	0.	0.
(28) ELIZABETH R. NEUHOFF DIRECTOR	4.00	x						0.	0.	0.
(29) ALEX RUBIO DIRECTOR	4.00	x						0.	0.	0.
(30) LAURIE SILVERS DIRECTOR	4.00	x						0.	0.	0.
(31) SUSAN S. STAUTBERG DIRECTOR	4.00	x						0.	0.	0.
(32) MEREDITH TRIM DIRECTOR	4.00	x						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c				•	•					
								1	1	

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COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.

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Ра	rt	VII	Statement of Re	ven	nue							
			Check if Schedule O	cont	ains a r	respons	se or	note to any lin		(D)	(0)	
									<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
									Total revenue	function revenue	business revenue	from tax under
												sections 512 - 514
ts ts	1	la	Federated campaigns			1a						
ran		b	Membership dues			1b						
D G		с	Fundraising events		ſ	1c		201,960.				
ifts ar A			<b>B</b> 1 1 1 1 1			1d						
nii G			Government grants (contr			1e						
Sir			All other contributions, gifts,									
her		-	similar amounts not included	-		1f		22,969,400.				
oti		a	Noncash contributions included in			1g \$		442,280.				
Contributions, Gifts, Grants and Other Similar Amounts		-							23,171,360.			
0.0								Business Code	_ / _ / _ / .			
vice	2	2 a					_					
erv ue		b					_					
n S /en		c										
grai Bev		d					-  -					
Program Service Revenue		е										
д.			All other program service									
			Total. Add lines 2a-2f									
	3	3	Investment income (inclue	•					3 01 5 501			2017701
		_	other similar amounts)						3,917,791.			3917791.
	4		Income from investment of			•	•	oceeds				
	5	5	Royalties	· · · · · · ·								
					<u> </u>	Real		(ii) Personal				
	6	b c	Gross rents	6a		49,19						
			Less: rental expenses $\dots$	6b		76,84						
		С	Rental income or (loss)	6c	-1	.27,65	5.					
		d	Net rental income or (loss	) <u></u> (			<u></u>		-127,655.		-127,655.	
	7	'a	Gross amount from sales of		<u> </u>	ecuritie		(ii) Other				
			assets other than inventory	7a	172,7	11,95	5.					
		b	Less: cost or other basis									
ne			and sales expenses	7b	173,6	43,88	9.					
Revenue		с	Gain or (loss)		- 9	31,93	4.					
Rev			Net gain or (loss)						-931,934.			-931,934.
er	8		Gross income from fundraisi									
Óŧ					,960.							
-			contributions reported on									
			Part IV, line 18				8a	78,500.				
		b					8b	124,757.				
			Net income or (loss) from			····· •		,	-46,257.			-46,257.
	c		Gross income from gamin		0	́ г	Ť		,			,
			Part IV, line 19				9a					
		h					9b					
			Net income or (loss) from			····· -	50					
	10		Gross sales of inventory,	0	0	Г						
		<i>,</i> a					10a					
		h	and allowances				10a 10b					
			Less: cost of goods sold			····· -						
		C	Net income or (loss) from	sale	s ui inv	entory	1	Business Code				
sn			MANAGEMENT FEES				-	900099	76,284.			76,284.
Miscellaneous Revenue	11		MISCELLANEOUS				-  -	900099	14,604.			14,604.
llar							-  -	200033	14,004.			14,004.
Sce		c	All - 45 - 11				-  -					<u> </u>
Mis			All other revenue						00 000			
	• *		Total. Add lines 11a-11d						90,888.		107 655	2020400
	12		Total revenue. See instruction	ons					26,074,193.	0.	-127,655.	3030488.
23200	9 12	2-13-	22									Form <b>990</b> (2022)

Form 990 (2022)

Form	1990 (2022) MARTIN COUN	TIES, INC.	R PALM BEACH	AND 23-71	81875 Page <b>10</b>
	rt IX Statement of Functional Expense				
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and demostic neuronente. Cas Dart IV line Of	15 585 235.	15,585,235.		
2	Grants and other assistance to domestic	15,505,255.	15,505,255.		
2	individuale. Can Davt IV/ Jina 00				
3	Grants and other assistance to foreign				
Ŭ	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.	<u>26,941.</u> 34,984.
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):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	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,	~~~ ~~~	150 504	<i>c</i> , , , , , , , , , , , , , , , , , , ,	
	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.	40 504	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	100		100	
16		175.		175.	
17	Travel				
18	Payments of travel or entertainment expenses				
• -	for any federal, state, or local public officials	15 /0/	C 001	1,799.	6 71 4
19 00	Conferences, conventions, and meetings	15,404. 50,742.	6,891. 25,290.	18,370.	6,714. 7,082.
20	Interest	50,742.	43,490.	10,370.	1,002.
21	Payments to affiliates	154,828.	77,167.	56,053.	21,608.
22	Depreciation, depletion, and amortization	108,728.	64,372.	19,572.	24,784.
23	Insurance	100,120.	04,3/2.	ــــــــــــــــــــــــــــــــــــــ	44,/04.

108,728. 64,372. 19,572. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 376,015. 186,857. 2,224. 186,934. OUTREACH а STAFF DEVELOPMENT 84,966. 37,849. 16,707. 30,410. b 8,830. 7,748. c MISCELLANEOUS d All other expenses е 21,178,572. 18,445,232. 1,756,026. 977,314. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) 232010 12-13-22 13 16410327 790347 239175 2022.05080 COMMUNITY FOUNDATION FOR

Form 990 (2022)

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

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	990 (2			23-	/1818/5 Page I
Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
≝∣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		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
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			/ /
an	27	Net assets without donor restrictions	67,282,766.	27	75,135,371
Ba	28	Net assets with donor restrictions	137,674,546.	28	147,868,639
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ĩ,		and complete lines 29 through 33.			
0 S	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	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

Form **990** (2022)

232011 12-13-22

COMMUNITY	FOUNDAT	<b>FION</b>	FOR	PALM	BEACH	AND
MARTIN CC	TINTTES	TNC				

	990 (2022) MARTIN COUNTIES, INC.	23-	·7181	875	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,074</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,178		
3	Revenue less expenses. Subtract line 2 from line 1	3		,895		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,957		
5	Net unrealized gains (losses) on investments	5	10	,181	<b>.,1</b> :	32.
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	9,94	<u>45.</u>
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	<b>1,0</b> 1	10.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· · · · · · · · · · · · · · · ·		X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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	red aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2022)

232012 12-13-22

Description         Description         Description         Description           Name of the organization         COMMUNITY FOUNDATION FOR PALM BEACH AND         Encloyer/description         23 - 7181875           Part         Reason for Public Charty Status. (All organization and complete this part.) See instructions.         Encloyer/description         23 - 7181875           Part         Reason for Public Charty Status. (All organization and complete this part.) See instructions.         Encloyer/description         23 - 7181875           2         A schuch, convertion of durches, or association of hurches described in section 170b(1)(1)(4)(i).         All organization partial comparation operated in computeton with a hospital described in section 170b(1)(1)(4)(i).         Encloyer/description           3         A noganization operated for the barefiel of a college or university control of the section 170b(1)(1)(4)(i).         Encloyer/description           4         Andexide state, or icod government and excluded in section 170b(1)(1)(4)(i).         Encloyer/description           4         A signification operated for the barefiel of a college or university overnmental unit described in section 170b(1)(4)(i)(i).         Encloyer/description           7         M an organization matching the section 170b(1)(4)(i)(i).         Complet Part I)         Encloyer/description           8         A community tradescription in the section 170b(1)(4)(i)(i)(i).         Complet Part I).         Encloyer/description <th>SCHED</th> <th>))</th> <th>  Co</th> <th>OMB No. 1545-0047</th>	SCHED	))	 Co	OMB No. 1545-0047							
Name of the organization         COMMUNITY FOUNDATION FOR PAIM BEACH AND         Endprove identification number 23 - 7181875           Part1         Reason for Public Charity Status. (All organizations must complete this part) See instructions.         The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)         Image: Charity Status (All organization described in section TO(b)(1)(A)(i).           A hoursh organization described in section TO(b)(1)(A)(ii).         A hoursh organization described in section TO(b)(1)(A)(ii).           A model accordent organization described in section TO(b)(1)(A)(ii).         A model accordent organization described in section TO(b)(1)(A)(ii).           A model accordent organization described in section TO(b)(1)(A)(ii).         A community thready receives a substatula part of its support from a governmental unit described in section TO(b)(1)(A)(i).           A community thus described in section TO(b)(1)(A)(i)(i) (Complete Part II)         A community that described in section TO(b)(1)(A)(i)(i) (Complete Part II)           B An againization denomization described in section TO(b)(1)(A)(i)(i) (Complete Part II)         A community that described in section TO(b)(1)(A)(i)(i) (Complete Part II)           B An againization described in section TO(b)(1)(A)(i)(i) (Complete Part II)         A community that describes in section TO(b)(1)(A)(i)(i) (Complete Part II)           B An againization described in section TO(b)(1)(A)(i)(i) (Complete Part II)         A community that any and charter status in the section status in the section status and grast college or university or a non-land grast college or			(					ormation.		-	
The organization is not a private foundation because if its: (For Ines 1 through 12, check only one box)  A school described in section 170(b)(1)A(i)), (Attach Schedule E (Form 990))  A hospital or a cooperative hospital service organization described in section 170(b)(1)A(i)),  A hospital or a cooperative hospital service organization described in section 170(b)(1)A(i)),  A hospital or a cooperative hospital service organization described in section 170(b)(1)A(i)),  A hospital or a cooperative hospital service organization described in section 170(b)(1)A(i)),  A hospital or a cooperative hospital service organization operated by a governmental unit described in section 170(b)(1)A(i)(), (Complete Part II)  A n organization that normally receives a substantial part of its support from a governmental unit of norm the general public described in section 170(b)(1)A(i)(i), (Complete Part II))  A n agnicultural research organization described in section 170(b)(1)A(i)(i) operated in conjunction with a land grant college or university: A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 33 1/3% of its support from goss investment income and unreliated busines taxabile income (iess section 500(a)(2). See section 500(a)(4).  A norganization data doperated exclusively to the benefit of, to partorm the functions of, or to carry out the purposes of one or more publicly supporting organization operated exclusively to the benefit of, to partorm the functions of, or to carry out the purposes of one or more publicly supporting organization described in section 500(a)(2). See section 500(a)(3), Chenck the box on lines 12 at hough 12 dth dth describes the supporting organization and chence and public described in section 500(a)(2). See section 500(a)(3), Chenck the box on lines 12 at hough 12 dth dth describes the supporting organization and chence as		-	COMM MART	UNITY FOUNI IN COUNTIE:	DATION FOR PA S, INC.	ALM BE	EACH A	ND	2		
1       A church, convention of churches, or association of churches described in section 1700(b)(1)(A)(ii).         2       A choice described in section 1700(b)(1)(A)(ii). (Anto 6) Stochadte E from 1900).         3       A medical research organization operated in conjunction with a hospital described in section 1700(b)(1)(A)(iii). Enter the hospital's name, chi, and state:         5       An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700(b)(1)(A)(v).         6       A federal, state, or local government or governmental unit described in section 1700(b)(1)(A)(v).         7       An organization that normally receives association described in section 1700(b)(1)(A)(v).         8       A community trust describe I an section 1700(b)(1)(A)(v).       Complete Part II.)         9       An organization that normally receives association described in section 1700(b)(1)(A)(v).       Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from achive related to its eventpt functions, subject to estima exceptions, and (2) no more than 33 1/3% of its support for granization organization and unitable dusiness taxable income (less section 509(a)(2). See section 509(a)(3). Check the box on lines 52 at through 124 th describes the regularity approximation and pareled exclusively to the store 509(a)(2). See section 509(a)(3). Check the box on lines 52 at through 124 th describes the regularity approximation and organization and parelet exclusively to test oropublic sately. See section 509(a)(3). Check								ee instructior	IS.		
section 170(b)(1)(A)(v), (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).         7       An agriculture in the normally receives a substantial bart of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v).         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of fits support from contributions, membership fees, and governmental uniteral evaluations, subject to carrial exceptions, and (2) no more than 33 1/3% of fits support from gross investment income and unrelated business taxable income (see section 501 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         12       An organization organized and operated exclusively for the benefit or, to carry out the purposes of one or more publicly supported organization exceptions, and exceptions, and (2). See section 509(4)(2). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         11       An organization organized and operated exclusively apoint or elect a majority of the dincertors or trustees of the s	1 2 3 4	A church, conve A school descrit A hospital or a c A medical resea	ention of chu bed in <b>secti</b> cooperative l	urches, or associatio on 170(b)(1)(A)(ii). ( hospital service orga	n of churches described Attach Schedule E (Form unization described in se	in <b>sectio</b> 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,	
6 A federal, state, or local government argument ar	5	– An organization	operated fo	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in	
7       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)         9       A nomunity trust described in section 170(b)(1)(A)(V). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(V). (Complete Part II.)         9       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to carrial exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Coencet Part III.)         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describes in section 509(a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization section soft section 500 (a)(2). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization section with its supported organization (b) gradinization operated, supervised, or controlled by its supported organization(s), by laving control or management of the supporting organization operated in connection with its supported organization (b) gradinization apprentiate, suporting organization operated, supervised and controlled in conne		section 170(b)(	(1)(A)(iv). (C	omplete Part II.)							
or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	7 🗶	<ul> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> </ul>									
university:	9 🗌 /	An agricultural re	esearch org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college	
10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated is supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization wested in connection with its supported organization(s), by naving control or management of the supporting organization operated in connection with its supported organization(s) to umst complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) the directors). You must complete Part IV, Sections A and C, and Part V.         e       Check this box if the organization received a write determination from the IRS that its a support dorganization(s) the grated. A supporting organization operated in connection with its supported organization(s) thave the organizat		or university or a	a non-land-g	rant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	or	
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  11 An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization not of more publicly supported organizations described in secton 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organizations (strong be power to regulary appoint or elect a majority of the directors or trustees of the supporting organization supporting organization with the supported organization supporting organization operated in connection with its supported organization supporting organization operated in connection with, and functionally integrated with, its supported organization supporting organization operated in connection with, and functionally integrated with, its supported organization supporting organization operated in connection with, and functionally integrated with, its supported organizations (see instructions). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requinement and an attentiveness requinement (see instructions)											
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  The organization organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  a □ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (b) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and B.  C □ Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  d □ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization must complete Part IV, Sections A and D, and Part V.  e □ Check this box if the organization evelwed a written determination from the IRS that it is a Type I, Type II functionally integrated. The organization organization generation (b) the grane part of comparization.  f Enter the number of supported organizations grane part of the supported organizations grane part of the supported organizations grane part of the supported or											
See section 509(a)(2), (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization operated IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. Type III organizations.         generitement (see instructions). You must complete Part IV, Sections A a	:	activities related	to its exem	pt functions, subjec	t to certain exceptions; a	ind (2) no r	more than	33 1/3% of it	s support f	rom gross investment	
11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with a supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D.         e       Check this box if the organization excited a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated. The organization ogranization.         f Enter the number of supported organizations       (0) EIN       (0) EIN       (0) EIN       (0) Pare organizations       (0) Amount of other support (see instructions)       (0)					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	Ifter June 30, 1975.	
12       An organization organization depented exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by tis supported organization(s), typically by giving the supported organization operated, or controlled by tis supported organization(s), by having corganization, You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled to in connection with its supported organization(s), by having corganization(s), typically different organization(s), by having corganization(s), You must complete Part IV, Sections A and C.         c       Type II functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated bart N, Sections A and D, and Part V.         e       Check this box if the organization supported organization.         f the supported organizations       (M) the regenation file organization.         g Provide the following information about the supported organization is the organization.       (M) Amount of monetany (M) Amount of other support (see instruct		See section 509	9(a)(2). (Cor	nplete Part III.)							
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12t, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having contorl or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III on-functionally integrated. A supporting organization operated in connection with its supported organization(s). Type III on-functionally integrated supporting organization.         f       Type III on-functionally integrated supporting organization.         f       Enter the number of supported organization supported organizations.         g       Provide the following information about the supported organization(s).         (i) Name of supported organization celeved a written determini	11 🛄 /	An organization	organized a	and operated exclusi	vely to test for public saf	ety. See s	section 50	)9(a)(4).			
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, suppervised, or controlled by its supported organization(s), typically by giving the supported organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization (S). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s). t Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). with downing desmetric test instructions) with event desemetric test i	12	An organization	organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or	
a Type I. A supported organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated organization(s). f Enter the number of supported organizations g Provide the following information about the supported organization(s). if IN have of supported (ii) EIN (iii) File organization (see instructions) above (see instructions)). Yes No	I	more publicly su	pported org	ganizations describe	d in <b>section 509(a)(1)</b> o	r section 5	509(a)(2).	See section	509(a)(3). (	Check the box on	
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that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization (iii) Type of organization (div) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported (iii) EIN (diversity of organization (described on lines 1-10 above (see instructions)) (i) Support (see instructions)) (ii) Annount of monetary support (see instructions)) (iv) Amount of monetary support (see instructions)) (iv) above (see instructions) (iv) above (see instructions)) (iv) above (see instructions) (iv) above (see instructions)) (iv) above (see instructions) (iv) above (see i		its supported	organizatior	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
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e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization (ii) Type of organization (described on lines 1-10 above (see instructions))       iii) Is the organization (iv) Amount of monetary support (see instructions)         (i) Name of supported (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       iv) Is the organization support (see instructions)         (ii) Static organization       Iv) Is the organization (described on lines 1-10 above (see instructions))       iv) Is the organization support (see instructions)         version       Ivo I above (see instructions)       Ivo I above (see instructions)       ivo I above (see instructions)         Image: Image		that is not fun	ctionally inte	egrated. The organiz	ation generally must sati	sfy a distri	bution rec	quirement and	an attentiv	/eness	
functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations  g Provide the following information about the supported organization(s).  (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))  Yes No (v) Amount of monetary support (see instructions)  upport (see instructions)  (v) Amount of monetary support (see instructions)  (vi) Amount of monetary support (see instructions)  (vi) Amount of other support (see instructions)  (vi) Amount of monetary		requirement (s	ee instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
f Enter the number of supported organizations	e	Check this bo	x if the orga	nization received a v	vritten determination from	n the IRS f	that it is a	Туре I, Туре	II, Type III		
g       Provide the following information about the supported organization (s).       (iii) Name of supported (iii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         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       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       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0					nally integrated supportir	ng organiza	ation.				
(i) Name of supported organization       (ii) EIN (iii) EIN organization       (iii) Type of organization (described on lines 1-10) above (see instructions))       (iv) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: Structure of the organization (described on lines 1-10) above (see instructions))       Image: Structure of the organization (described on lines 1-10) above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: Structure of the organization (described on lines 1-10) above (see instructions))       Image: Structure of the organization (described on lines 1-10) above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         Image: Structure of the organization (described on lines 1-10) above (see instructions))       Image: Structure of the organization (described on lines 1-10) above (see instructions)       (vi) Amount of other support (see instructions)         Image: Structure of the organization (described on lines 1-10) above (see instructions))       Image: Structure of the organization (described on lines 1-10) above (see instructure of the organizatio (described on lines 1-10) above (see instructure of th	f Enter	the number of s	supported o	rganizations							
Import governing document?     (m) run governing document?     (m) run document?     (m) run document?       organization     (m) run document?     Yes     No     support (see instructions)       Import governing document?     Yes     No     support (see instructions)						(iv) is the orga	nization listed	( ) )			
above (see instructions))         res         no         res         no	()		a			in your governir	ng document?		-		
		organization			above (see instructions))	Yes	NO				
Image: Constraint of the second se											
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## COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.

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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.)

Schedule A (Form 990) 2022

Sec	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</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.	<u>19817250.</u>	23249860.	111265917				
2	Tax revenues levied for the organ-										
	ization'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.	<u>19817250.</u>	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.				
	Public support. Subtract line 5 from line 4.						103547708				
Sec	ction B. Total Support	1	<b>-</b>	1	1						
	ndar 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,			2422524	0010670		10455000				
	and income from similar sources $\dots$	3924221.	5290092.	3403624.	2919670.	3917791.	19455398.				
9	Net income from unrelated business										
	activities, whether or not the	0.4.4 4.0		15 0 4 4	1 4 4 9 9 4	100 600	1050405				
	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		<b>F</b> 1 000	110 000	126 580		400.000				
	assets (Explain in Part VI.)	75,308.	71,032.	110,022.	136,579.		483,829.				
	Total support. Add lines 7 through 10		-				129852659				
	Gross receipts from related activities,	·	,			· · · · ·	,039,980.				
13	First 5 years. If the Form 990 is for th	Ũ		· ·		()()					
500	organization, check this box and stor ction C. Computation of Public										
				(f)		44	79.74 %				
	Public support percentage for 2022 (					14 15	<b>F1</b> 0.0				
	Public support percentage from 2021 33 1/3% support test - 2022. If the										
104	stop here. The organization qualifies						V				
h	<b>33 1/3% support test - 2021.</b> If the		•			or more check th					
				- H							
17a	and <b>stop here.</b> The organization qualifies as a publicly supported organization										
110	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 te			-	-	-					
h	10% -facts-and-circumstances test	-		• • • •		7a, and line 15 is					
	more, and if the organization meets the										
	organization meets the facts-and-circl										
18	<b>Private foundation.</b> If the organization		•				s				
			,	, , ,	,		(Form 990) 2022				

# Schedule A (Form 990) 2022 MARTIN COUNTIES, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
<b>5</b> The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
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	2 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
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.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
check this box and stop here						
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Section D. Computation of Invest	stment Income	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (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					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
232023 12-09-22						dule A (Form 990) 2022
		18	3			•

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

Schedule A (Form 990) 2022

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1

Yes No

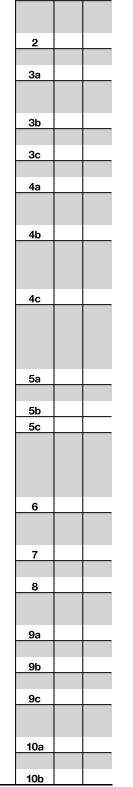
#### Part IV Supporting Organizations

(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

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

232024 12-09-22



Schedule A (Form 990) 2022

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23-7181875 Page 5 ARTIN COUNTIES, INC. Schedule A Supporting Organizations (continued Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 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? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No

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

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

1	Check the box next to the method that the organization used to sat	isfy the Integral Part Test duri	ng the vear (see instruction	s).
	Check the box next to the method that the organization used to sai	isiy the integral Part Test duri	ng ine year (see manuci	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---------------------------------------------------	---------------------------------------------------------------------------------	--

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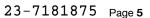
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Schedule A (Form 990) 2022

16410327 790347 239175



(Form 990) 2022	M

	dule A (Form 990) 2022 MARTIN COUNTIES, INC.	-	2	3-7181875 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	1
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

#### COMMUNITY FOUNDATION FOR PALM BEACH AND RUTN COUNTES

	t V Type III Non-Functionally Integrated 509	1	nizations (		3-/1818/5 Page 7
	on D - Distributions		nizations (continue	<u>əa)</u>	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exe	mot purposos		1	Current rear
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-	
2	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	s	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	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: \$				
	Applied to underdistributions of prior years			_	
	Applied to 2022 distributable amount				
	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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019 Excess from 2020				
	Excess from 2020				
	Excess from 2022				
E					

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A	(Form 990) 2022	COMMUNI MARTIN					PALM	BEACH	AND	23-7181875 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. Prov 2, 3b, 3c, 4b, ines 2 and 3; F	/ide the exp 4c, 5a, 6, 9 Part IV, Sec	olanations 9a, 9b, 9c tion E, lin	s require , 11a, 1 <sup>-</sup> ies 1c, 2	ed by Pa 1b, and a, 2b, 3a	11c; Part   a, and 3b;	IV, Section E Part V, line	8, lines 1 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
232028 12-09-2	22				0.2					Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### 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

Employer identification number

23-7181875

MARI	'IN	COUNTIES,	INC.
Organization type (check one):			

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

COMMUNITY FOUNDATION FOR PALM BEACH AND

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**

X 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 for an *exclusively* set in the set of the parts unless to the set of the parts unless to the set of the set of the set of the parts unless to the set of the set

**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).

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

Schedule B (Form 990) (2022)

16410327 790347 239175

Part I

(a)

No.

1

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,074,814.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,728,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>1,000,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,000,000.</u>	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)
	25		、, <b>、</b> ,

#### Schedule B (Form 990) (2022)

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

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

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

23-7181875

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(c)

**Total contributions** 

\$\_\_\_\_

2,600,000.

Page 2

Name o	t organizat	lion
--------	-------------	------

Schedule B (Form 990) (2022)

COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.

Employer identification number

23-7181875

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 874,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 843,893. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 613,988. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 10 X Person Payroll Noncash 613,500. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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16410327 790347 239175

Name of or			Employer identification number
	ITY FOUNDATION FOR PALM BEACH AND		23-7181875
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	

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223453 11-15-22

Schedule B (Form 990) (2022)

#### 16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

Schedule B (Form 990) (2022) Name of organization

Schedule	B (Form 990) (2022)				Page <b>4</b>					
Name of o	organization				Employer identification number					
	NITY FOUNDATION FOR PALM	M BEACH AND								
MARTI	N COUNTIES, INC.				23-7181875					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				hat total more than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of	51,000 or less for th	ne year. (Enter this info.	once.) \$					
(a) Na	Use duplicate copies of Part III if additional	space is needed.		[						
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held					
Part I										
	· · · · · · · · · · · · · · · · · · ·									
		(e) Trans	fer of gift							
			-							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee					
(a) No										
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Des	scription of how gift is held					
Part I										
			_							
	(e) Transfer of gift									
	Transferee's name, address, a	nd <b>ZIP</b> + 4	R	elationship of tra	ansferor to transferee					
(a) No.										
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift (d) 🛙		cription of how gift is held					
	(e) Transfer of gift									
			_							
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	ansferor to transferee					
(a) No. from		(2) 112 - 24	- 14	(d) D						
Part I	(b) Purpose of gift	(c) Use of	gift	(d) Des	cription of how gift is held					
		(e) Trans	ter of gift							
	Transferee's name, address, a	nd $\mathbf{7IP} \pm 4$	в	elationship of the	ansferor to transferee					
		IIM <b>LI</b> F T <b>T</b>	K							
223454 11-15	5-22				Schedule B (Form 990) (2022)					

#### 16410327 790347 239175

SC	SCHEDULE D Supplemental Financial Statements								
	n 990)	Complete if the orga	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022					
Depart	ment of the Treasury	Open to Public							
Interna	Revenue Service		0 for instructions and the latest informatio						
Nam	e of the organization		ON FOR PALM BEACH AND	Employer identification number 23-7181875					
Pa	rt I Organiza	MARTIN COUNTIES, II	d Funds or Other Similar Funds or						
		n answered "Yes" on Form 990, Part IV, lin							
	-		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at er	nd of year							
2	Aggregate value of								
3	Aggregate value of	f grants from (during year)							
4		t end of year							
5	-		writing that the assets held in donor advised						
•			exclusive legal control?						
6	•		dvisors in writing that grant funds can be us r donor advisor, or for any other purpose co	•					
	impermissible priva		r donor advisor, or for any other purpose co						
Pa			ganization answered "Yes" on Form 990, Pa						
1		ervation easements held by the organization	· · · · ·	· · · ·					
	Preservation	of land for public use (for example, recrea	tion or education) Preservation of a	historically important land area					
	Protection o	f natural habitat	Preservation of a	certified historic structure					
	Preservation	of open space							
2		<b>.</b> .	ied conservation contribution in the form of						
	day of the tax year			Held at the End of the Tax Year					
a									
b	•		ucture included in (a)						
c d		vation easements included in (c) acquired a		20					
ŭ		., .		2d					
3			eased, extinguished, or terminated by the or						
	year								
4	Number of states v	where property subject to conservation eas	sement is located						
5		tion have a written policy regarding the per							
		orcement of the conservation easements it							
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year					
7	Amount of expense	es incurred in monitoring inspecting hand	lling of violations, and enforcing conservatio	n essements during the year					
'	Amount of expense	es incurred in monitoring, inspecting, nand		n easements during the year					
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(	(4)(B)(i)					
9			on easements in its revenue and expense sta						
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statement	ts that describes the					
Do	organization's acco	ounting for conservation easements.	Art Historical Tracquires or Oth	or Similar Acasta					
Pa			Art, Historical Treasures, or Othe	er Similar Assets.					
10		the organization answered "Yes" on Form	8, not to report in its revenue statement and	l balance aboat works					
Id	•		blic exhibition, education, or research in furth						
			icial statements that describes these items.						
b			8, to report in its revenue statement and bal	lance sheet works of					
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in further	ance of public service,					
	provide the following amounts relating to these items:								
	(i) Revenue inclue								
	(ii) Assets include	\$							
2									
-	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  \$								
		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2022					
	1 09-01-22			- · · · · · · · · · · · · · · · · · · ·					
			29						

16410327 790347 239175

		TY FOUNDAT		OR PAI	LM BEACH	H AN		00 71	01075	-	•
		COUNTIES,		riaal Tra		<u>Atha</u>			81875		age Z
	t III Organizations Maintaining C								s (contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other record	s, check a	any of the f	ollowing that r	make si	gnificant	use of its			
а	Public exhibition	d	<b>i</b> 🗌 Lo	oan or excl	hange progran	n					
b	Scholarly research	e									
c	Preservation for future generations	-									
4	Provide a description of the organization's co	lections and explain	n how they	v further th	e organization	n's exen	not ouroo	se in Part	XIII.		
5	During the year, did the organization solicit o								,		
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			gamzatio		00 011	1 0111 000	, r arcrv,			
1a	Is the organization an agent, trustee, custodi		liary for co	ontributions	s or other asse	ets not i	included				
14	on Form 990, Part X?		-						Yes	X	No
h	If "Yes," explain the arrangement in Part XIII							∟			
b			nowing tax	JIE.					Amount		
~	Beginning balance						1c		,		
	Additions during the year										
-	Distributions during the year										
f	Ending balance Did the organization include an amount on Fo						. <b>1</b> f		Yes		
	-						ity?	····· ∟			_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										
1 41		(a) Current year		or year	(c) Two years		(d) Three	ware hack	(e) Four	Veare	hack
4.							.,		. ,	-	
	Beginning of year balance	153,514,177.         167,071,244.         128,270,471.         125,715,019.         121,242.           2,128,822.         6,139,599.         5,279,041.         6,660,082.         3,162									
	Contributions	2,128,822.						60,082. 79,881.			
	Net investment earnings, gains, and losses	9,368,621.	-14,9	946,541.	38,993,	,4/9.	c	5,	905,	030.	
	Grants or scholarships										
е	Other expenditures for facilities	<pre>c 000 001</pre>				- <i>.</i> -					
	and programs	6,908,901.	4,7	750,125.	5,471,	,747.	4,9	84,511.	4,	595,	023.
f	Administrative expenses										
g	End of year balance	158,102,719.		514,177.		,244.	128,2	70,471.	125,	715,	019.
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)	) held as:						
а	Board designated or quasi-endowment	10.8184	_%								
b	Permanent endowment 64.8450	%									
С	Term endowment 24.3370	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held an	nd administere	d for th	e		_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sch	nedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fur	nds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, I	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	valu	е
		basis (investr	nent)	basis (	(other)	de	preciation				
1a	Land			3,30	5,312.				3,305		
b	Buildings			8,51	8,582.	4,'	797,5	18.	3,721	,0	64.
	Leasehold improvements										
	Equipment										
	Other										
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X. column	( <u>B).</u> line 1(	)c.)				7,026	5,3	76.
									D (Form	990)	2022

Schedule D (Form 990) 2022 MARTIN COUNT	IES, INC.	23	-7181875 Page 3
Part VII Investments - Other Securities.	n Form 000 Port IV line	11b See Form 000 Dart V line 12	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(d) The second at the tractions	(b) DOOK value		oryear market value
(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" o	n 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" o		11d. See Form 990, Part X, line 15.	
(a) D	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" o	n 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			1 225 007
(2) ANNUITY OBLIGATIONS			<u>1,225,097</u> . 19,774.
(3) SECURITY DEPOSITS	<b>D</b>		
(4) AGENCY TRANSACTIONS PAYABL	£		9,409,939.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line ,	05.)		10,654,810.

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

232053 09-01-22

COMMUNITY	FOUNDAT	ION	FOR	PALM	BEACH	AND
MARTIN COL	INTTES	TNC.				

	dule D (Form 9			COUNTI								Page 4
Pa	rt XI Reco	onciliation o	f Revenue	per Audite	d Fin	ancial S	statement	s Wit	h Revenue per R	eturn.		
	Comp	olete if the organ	ization answei	red "Yes" on F	orm 9	90, Part IV	/, line 12a.					
1	Total revenue	e, gains, and oth	ner support pe	r audited finan	ncial sta	atements				1	33,641	<u>,396.</u>
2	Amounts incl	luded on line 1 k	out not on Forr	n 990, Part VI	II, line	12:						
а	Net unrealize	ed gains (losses)	on investment	ts				2a	10,181,132	•		
b	Donated serv	vices and use of	facilities					2b		_		
С	Recoveries of	of prior year gran	ts					2c				
d	Other (Descri	ibe in Part XIII.)						2d	798,527	•		
е	Add lines 2a	through 2d								2e	10,979	
3										3	22,661	<u>,737.</u>
4	Amounts incl	luded on Form 9	990, Part VIII, li	ne 12, but not	t on lin	e 1:						
а	Investment e	expenses not inc	luded on Form	n 990, Part VIII	l, line 7	'b			733,433	•		
b	Other (Descri	ibe in Part XIII.)						4b	2,679,023	•		
	Add lines 4a									4c	3,412	
5	Total revenue	e. Add lines <b>3</b> ar	nd <b>4c.</b> (This mu	<u>ust equal Form</u>	<u>1 990.  </u>	Part I. line	<u>12.)</u>		ith Expenses per	5	26,074	<u>,193.</u>
Pa								ts W	ith Expenses per	Retur	n.	
		olete if the organ				90, Part IV	/, line 12a.					=1.0
1	-	es and losses p								1	22,049	,718.
2		luded on line 1 k		,	·							
а		vices and use of						2a		_		
b		justments						2b		_		
С	Other losses							2c		_		
d		ibe in Part XIII.)							2,182,345	•_		
е										2e	2,182	
3	Subtract line	2e from line 1								3	19,867	,373.
4		luded on Form 9		,								
а		expenses not inc							733,433	<u>-</u>		
b		ibe in Part XIII.)						4b	577,766	<u> </u>		
С	Add lines 4a									4c	1,311	
5	Total expense	es. Add lines 3	and <b>4c.</b> <i>(This r</i>	nust equal For	<u>m 990 m</u>	. Part I. lin	<u>e 18.)                                     </u>			5	21,178	,572.
Pa	π λIII∣ Supp	plemental In	tormation.									

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 FDERAL INCOME TAX UNDER SECTION 501(C)(3) OF
THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT
DIRECTLY RELATED TO THE FOUNDATION'S TAX-EXEMPT PURPOSE MAY BE SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. DUE TO THE CARRYOVER OF PRIOR YEAR
NET OPERATING LOSSES, THEIR IS NO PROVISION FOR INCOME TAXES MADE IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION FILES TWO FEDERAL
INFORMATION RETURNS WITH THE IRS, ONE FOR THR PEW FUND AND ONE FOR THE
FOUNDATION.

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PART XI, LINE 2D - OTHER ADJUSTMENTS:

232054 09-01-22

COMMUNITY FOUNDATION FOR PALM BEACH AND Schedule D (Form 990) 2022 MARTIN COUNTIES, INC. Part XIII Supplemental Information (continued)	23-7181875 Page 5
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.

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047			
(Form 990)	Complete if the	2022								
Department of the Treasury	epartment of the Treasury ternal Revenue ServiceAttach to Form 990 or Form 990-EZ.Open to Public InspectionGo to www.irs.gov/Form990 for instructions and the latest information.Inspection									
Name of the organization	er identification number									
Name of the organization	••••••	TY FOUNDATION FOR I COUNTIES, INC.	АП		LACH AND		181875			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
required to	complete this part	t.								
	0	ed funds through any of the following	0		,					
—	a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants									
c Phone solicit		g Special		-	-					
d 🗌 In-person so	licitations			Ū						
•		r oral agreement with any individual	•	•		tees, or				
		art VII) or entity in connection with pr			•		Yes No			
compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreer	nents under which tr	ne fundraiser is	to be			
			(iii)	Did		(v) Amount p				
(i) Name and address or entity (fund		(ii) Activity		aiser ustody trol of	(iv) Gross receipts from activity	to (or retained fundraiser	to (or retained by)			
			or control of contributions?			listed in col.	(i) organization			
			Yes	No						
Total										
		n is registered or licensed to solicit c		utions	or has been notified	it is exempt fro	om registration			

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

Schedule G (Form 990) 2022

232081 10-27-22

			TY FOUNDATIO				
			COUNTIES, IN			7181875 Page 2	
Pa	nrt I	Fundraising Events. Complete if the of fundraising event contributions and green the other structures.					
			(a) Event #1	(b) Event #2	(c) Other events		
			FOUNDER'S		NONE	(d) Total events	
			LUNCHEON		NONE	(add col. <b>(a)</b> through	
en			(event type)	(event type)	(total number)	col. <b>(c)</b> )	
			() )	(	(		
Revenue	1	Gross receipts	280,460.			280,460.	
Re	•						
	2	Less: Contributions	201,960.			201,960.	
	3	Gross income (line 1 minus line 2)	78,500.			78,500.	
	4	Cash prizes					
	5	Noncash prizes					
ses		Dept/facility.coot-					
per	6	Rent/facility costs				 	
Direct Expenses	7	Food and beverages					
irec	<b>'</b>	ruou anu peverages					
Δ	8	Entertainment					
	9	Other direct expenses	4 4 4			124,757.	
	10	Direct expense summary. Add lines 4 through				124,757.	
	11	11 Net income summary. Subtract line 10 from line 3, column (d)					
Pa	irt I	<b>II Gaming.</b> 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.					
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
nue			(,3	bingo/progressive bingo	(-,	col. (a) through col. (c))	
Revenue							
_	1	Gross revenue					
ses	2	Cash prizes					
xpenses	3	Noncash prizes					
Ш	5						
Direct	4	Rent/facility costs					
Di	-						
	5	Other direct expenses					
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %		
	6	Volunteer labor	Νο	No	Νο		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
•	<b>-</b>						
		er the state(s) in which the organization condune or the organization licensed to conduct gaming and the organization licensed				Yes No	
		No," explain:					
, D							
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax	/ear?	Yes No	
		Yes," explain:					
23204	32 10	-27-22			Sche	dule G (Form 990) 2022	
					00110		

Sch	edule G (Form 990) 2022	COMMUNITY MARTIN CO					23-7	181875	Page 3
11								Yes	
	Is the organization a grantor, bene	eficiary or trustee of	a trust, or a me	mber of a partn	ership or other e	entity formed			
	to administer charitable gaming?							Yes	No No
	Indicate the percentage of gaming The organization's facility							13a	%
	An outside facility							13b	<u></u> %
	Enter the name and address of the								,,,
	Name		-						
	Address								
15a	Does the organization have a cont	tract with a third pa	rty from whom t	he organization	receives gamin	g revenue?		Yes	🗌 No
b	If "Yes," enter the amount of gami of gaming revenue retained by the		d by the organiz			and the an	nount		
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		ndependent cor	ntractor				
17	Mandatory distributions:								
a	Is the organization required under retain the state gaming license?							Yes	🗌 No
b	Enter the amount of distributions r organization's own exempt activiti	•		buted to other e	exempt organiza	ations or spent	in the		
Pa	<b>Supplemental Inform</b> 15b, 15c, 16, and 17b, as	mation. Provide t	he explanations				; and Par	t III, lines 9,	9b, 10b,
2320	83 10-27-22						Sched	ule G (Form	990) 2022
20200				36			Concu		555, 2022

	Schedule G (Form 990) Part IV Supplemental Info	COMMUNITY FO MARTIN COUNT mation (continued)	UNDATION F IES, INC.	OR PALM	BEACH AND	23-7181875	Page <b>4</b>
		(					
Schodule C /Earm 000							
Schodule C /Earm 000							
Schodula C (Earm 000)							
Sabadula C /Earm 000							
Schodula C (Earm 000)						0.1	

SCHEDULE I	G	rants and Oth	er Assistan	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)		vernments, an ete if the organization					2022
Department of the Treasury		C C	Attach to Form				Open to Public
Internal Revenue Service			.gov/Form990 for		ation.		Inspection
Name of the organization COMMUNITY MARTIN CO		N FOR PALM	BEACH ANI	)			Employer identification number 23-7181875
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the a	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monito	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</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			, <u>,</u>				
CENTER OF THE PALM BEACHES INC -							
4370 COMMUNITY DR - WEST PALM							
BEACH, FL 33409	23-7565992		25,000.	٥.			EDUCATION
AHEPA FAMILY CHARITIES OF THE PALM BEACHES FOUNDATION, INC 248 BLOOMFIELD DR - WEST PALM BEACH,							
FL 33405	31-1697370		8,000.	٥.			EDUCATION
2 Enter total number of section 501(c)(3) ar	nd government orga	anizations listed in the	e 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)

MARTIN COUNTIES, INC.

23-7181875 Page 1

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	гс п.) Т	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S COMMUNITY CARE, INC.							VOLUNTARY HEALTH
800 NORTHPOINT PKWY							ASSOCIATIONS & MEDICAL
WEST PALM BEACH, FL 33407	31-1481653		80,000.	٥.			DISCIPLINE
AMERICAN ASSOCIATES OF THE							
NATIONAL THEATRE - 600 FIFTH AVE							ARTS, CULTURE, &
2ND FLOOR - NEW YORK, NY 10020	13-4140412		25,000.	٥.			HUMANITIES
ZND FLOOR NEW TORK, NI 10020	15 4140412		25,000.	••			
AMERICAN ASSOCIATION OF CAREGIVING							
YOUTH - 6401 CONGRESS AVE STE 200							
- BOCA RATON, FL 33487	65-0866677		63,700.	٥.			HUMAN SERVICES
AMERICAN HEART ASSOCIATION OF PALM							
BEACH COUNTY - 2300 CENTREPARK							VOLUNTARY HEALTH
WEST DR - WEST PALM BEACH, FL							ASSOCIATIONS & MEDICAL
33409	13-5613797		5,144.	0.			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							ARTS, CULTURE, &
WEST PALM BEACH, FL 33401	59-1874060		76,000.	0.			HUMANITIES
	33 10,1000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>			
ART RAPIDS							
PO BOX 301							ARTS, CULTURE, &
ELK RAPIDS, MI 49629	20-5692457		10,000.	0.			HUMANITIES
ARTS4ALL FLORIDA							
2728 LAKE WORTH ROAD							
LAKE WORTH, FL 33461	59-2758321		6,000.	٥.			EDUCATION
ATLANTIC SALMON FEDERATION INC.							
PO BOX 807							
	12 2610001		10.000	_			
CALAIS, ME 04619	13-2618801		10,000.	0.		1	ANIMAL-RELATED

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

Schedule I (Form 990) MA

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

23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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.	٥.			ENVIRONMENT
AVEN AVEN ALE DO VICULING OF							
AVDA AKA AID TO VICTIMS OF DOMESTIC ABUSE – PO BOX 6161 –							
DELRAY BEACH, FL 33482	59-2486620		62,500.	0.			HUMAN SERVICES
Delimit Diffen, 11 33402	35 2400020		02,500.				
AVERY HUMANE SOCIETY							
279 NEW VALE RD							
NEWLAND, NC 28657	56-1321762		35,000.	٥.			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	E0 1002026		E0 000	0			VOUTELL DEVEL ODVENT
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				_			ARTS, CULTURE, &
OCEAN BLVD - PALM BEACH, FL 33480	26-1362158		16,500.	0.			HUMANITIES
BELLA'S ANGELS, INC.							
BELLA S ANGELS, INC. 13860 WELLINGTON TRACE 38-111							
WELLINGTON, FL 33414	26-1594604		10,000.	0.			HUMAN SERVICES

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MARTIN COUNTIES, INC.

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	UNTIES, IF			( <u>0</u> )			33 - 11818 / 5 Pac
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	Int II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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.	٥.			EDUCATION
BENZAITEN CENTER FOR CREATIVE							
ARTS, INC 1105 2ND AVENUE SOUTH							ARTS, CULTURE, &
- LAKE WORTH, FL 33460	45-3177421		40,000.	0.			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.	٥.			ANIMAL-RELATED
BI-WI 'BECAUSE IM WORTH IT!'							
INTL., INC - 1758 ANNANDALE CIR -							
ROYAL PALM BEACH, FL 33411	47-5007815		15,000.	0.			EDUCATION
DOGN HEI DING HANDS							
BOCA HELPING HANDS							
REMILLARD FAMILY RESOURCE CENTER	21 1712621		CO. 000				FOOD, AGRICULTURE &
BOCA RATON, FL 33432	31-1713631		69,000.	0.			NUTRITION
BOCA RATON MUSEUM OF ART							
501 PLAZA REAL							ARTS, CULTURE, &
BOCA RATON, FL 33432	59-6019851		11,469.	0.			HUMANITIES
			, -				
BOCA RATON REGIONAL HOSPITAL							
FOUNDATION - BAPTIST HEALTH SOUTH							
FLORIDA - BOCA RATON, FL 33486	59-1006663		28,000.	٥.			HEALTH CARE
BOLDIN COMMUNITY IMPACT, INC.							
170 S. BARFIELD HIGHWAY							
PAHOKEE, FL 33476	83-0997148		30,000.	٥.			HEALTH CARE

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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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
			20,000	••			
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.	٥.			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							INTERNATIONAL, FOREIG
FATE, TX 75132	81-3684524		10,000.	0.			AFFAIRS

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MARTIN COUNTIES, INC.

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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	50 0070000		150 500	0			
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	50 0000455		25.000				
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.	٥.			HUMAN SERVICES
CENTER FOR CHILD COUNSELING							
8895 N MILITARY TRL STE 300C	65 0000000		100.000				
PALM BEACH GARDENS, FL 33410	65-0932032		120,000.	٥.		1	HUMAN SERVICES

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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 2 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 Don	nestic Organizations	and Domestic Go	overnments (Sche I	edule I (Form 990), Pa	rt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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.	٥.			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.	٥.			HEALTH CARE
COMMUNITY FOUNDATION FOR SOUTHEAST							PHILANTHROPY,
MICHIGAN - 333 W FORT ST -							VOLUNTARISM, &
DETROIT, MI 48226	38-2530980		20,000.	0.			GRANTMAKING
COMMUNITY GREENING CORP SOCIAL IMPACT LAB AT LYNN UNIVERSIT							
BOCA RATON, FL 33431	81-3559159		65,000.	٥.			ENVIRONMENT

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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	
	00 1001100		10,000.	<b>.</b>				
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							ARTS, CULTURE, &	
GARAGE - DELRAY BEACH, FL 33444	26-3210202		10,000.	0.			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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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURE SANFILIPPO FOUNDATION							
P O BOX 6901							
COLUMBIA, SC 29260	46-4322131		10,000.	0.			MEDICAL RESEARCH
CYSTIC FIBROSIS FOUNDATION - SOUTH							VOLUNTARY HEALTH
FLORIDA OFFICE - 3201 W COMMERCIAL							ASSOCIATIONS & MEDICAL
BLVD - FORT LAUDERDALE, FL 33309	59-1280455		22,100.	0.			DISCIPLINE
DEEDETELD DEACH CONSULTRY CADEC							
DEERFIELD BEACH COMMUNITY CARES							
8920 NW 14TH ST	07 0674700		100.000	0			
PEMBROKE PINES, FL 33024	87-2674720		100,000.	0.			HUMAN SERVICES
DELRAY BEACH PUBLIC LIBRARY							
100 W ATLANTIC AVE	50 0017600		47 500	0			
DELRAY BEACH, FL 33444	59-0217683		47,500.	0.			EDUCATION
DELDAN ATTERNA DOD DELDAN DOLLAR							
DELRAY CITIZENS FOR DELRAY POLICE,							
INC 1045 E ATLANTIC AVE -	65 0005450		15 000				
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 -				_			ARTS, CULTURE, &
WEST PALM BEACH, FL 33402	65-0395865		101,947.	0.			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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MARTIN COUNTIES, INC.

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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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 & MEDICAN DISCIPLINE

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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
E-ROADMAP CORPORATION							
723 39TH STREET							ARTS, CULTURE, &
WEST PALM BEACH, FL 33407	46-4925867		50,000.	0.			HUMANITIES
	10 1920007			••			
EXPERIENCE LEARNING							
18 WOODLANDS WY							
CIRCLEVILLE, WV 26804	81-1372464		15,000.	0.			RECREATION & SPORTS
	01 10/2101		10,000.	••			
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							ARTS, CULTURE, &
AVE - WEST PALM BEACH, FL 33407	80-0812101		50,000.	0.			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
	20 2112007		23,000.	0.			
FAMILY PROMISE OF THE MIDLANDS							
1333 OMAREST DR							
COLUMBIA, SC 29205	26-4259689		24,000.	0.			HUMAN SERVICES
	20 1200000		21,000.	0.			
FARMWORKER COORDINATING COUNCIL OF							
PB COUNTY INC - 1123 CRESTWOOD							
BLVD - LAKE WORTH, FL 33460	59-1830267		55,529.	0.			HUMAN SERVICES
DIVE MORTH, FI 55400	55 1030207		55,529.	0.			HONAN DERVICED
FEED THE HUNGRY PANTRY OF PALM							
BEACH COUNTY - 8306 155TH PLACE N							FOOD, AGRICULTURE &
- PALM BEACH GARDENS, FL 33418	82-3760456		41,533.	0.			NUTRITION
- FALM DEACH GARDENS, PL 33418	02-3/00430		41, <sup>33</sup> .	υ.			MOTETION

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Schedule I (Form 990) MARTIN CO Part II Continuation of Grants and Other A	UNTIES, IT		and Domostia Co	vernmente (Sch	dula I (Earm 000) Da		3-/1010/5 Page
(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
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 FLORENCE FULLER CHILD DEVELOPMENT CENTER - AKA FULLER CENTER - BOCA	20-2847213		7,500.	0.			EDUCATION
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 (F01069), FSU FOUNDATION INC	55 1225175		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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 FLAGER DR, STE 202							
WEST PALM BEACH, FL 33407	82-5477621		10,000.	0.			ANIMAL-RELATED
FRIENDS OF THE ACADEMY OF	02 5477021		10,000.	0.			ANIMAL REDATED
ENVIRONMENTAL SCIENCE AND							
TECHNOLOGY - PO BOX 21686 - WEST	CE 05001C4						
PALM BEACH, FL 33416	65-0788164		22,126.	0.			EDUCATION
FUND FOR PARK AVENUE NEW YORK INC							
445 PARK AVE, STE 900	10 10 11 10 0						L
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
BOCK RATON, FL 55452	55-2102557		13,500.	· ·			EDUCATION
GIRL SCOUTS OF SOUTHEAST FLORIDA							
INC - 6944 LAKE WORTH RD - LAKE							
	59-0657327		7 010	0.			YOUTH DEVELOPMENT
WORTH, FL 33467	59-05/32/		7,910.	0.			TOOLU DEAEPOLWENL
GLADES INITIATIVE, INC.							
149 SE AVENUE D							
	01-0733180		112 662	^			UUMAN CEDUTCEC
BELLE GLADE, FL 33430	01-0122180		112,662.	0.			HUMAN SERVICES
GOLD COAST DOWN SYNDROME							
DRGANIZATION, INC 7300 N							
FEDERAL HWY STE 100 - BOCA RATON,							
FL 33487	59-2350275		16,500.	0.			TEMP HEALTH/HUMAN SERV

Schedule I (Form 990)

MARTIN COUNTIES, INC. Part II Continuation of Grante and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990) Part II)

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER WASHINGTON COMMUNITY							PHILANTHROPY,
FOUNDATION - 1325 G ST NW, STE 480							VOLUNTARISM, &
- WASHINGTON, DC 20005	23-7343119		7,500.	0.			GRANTMAKING
GUATEMALAN-MAYA CENTER, INC.							
430 N G ST							CIVIL RIGHTS, SOCIAL
LAKE WORTH, FL 33460	65-0355018		43,700.	0.			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 -	65 0005015		60.000				
DELRAY BEACH, FL 33483	65-0307017		60,000.	0.			HOUSING & SHELTER
HAMETOWN CHRISTIAN ACADEMY, INC.							
4774 S HAMETOWN RD	87-1753754		20.000	0.			EDUCATION
BARBERTON, OH 44203	07-1755754		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
			10,000.				
HANLEY FOUNDATION							
700 S DIXIE HWY, STE 103							MENTAL HEALTH, CRISIS
WEST PALM BEACH, FL 33401	20-2871945		93,000.	0.			, 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

Schedule I (Form 990)

)) MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other						,	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							VOLUNTARY HEALTH
5712 FOLKSTONE WY							ASSOCIATIONS & MEDICAL
ELK GROVE, CA 95758	80-0642874		12,500.	0.			DISCIPLINE
HELP US GROW FOUNDATION, INC.							
, РО ВОХ 7925							ARTS, CULTURE, &
LOUISVILLE, KY 40257	82-0905190		10,000.	0.			HUMANITIES
HIGH COUNTRY CHARITABLE							PHILANTHROPY,
FOUNDATION, INC 610 BANNER ELK							VOLUNTARISM, &
HWY - BANNER ELK, NC 28604	47-3891153		10,000.	0.			GRANTMAKING
HISTORICAL SOCIETY OF MARTIN							
COUNTY, INC 825 NE OCEAN BLVD -							ARTS, CULTURE, &
STUART, FL 34996	59-0913326		75,665.	Ο.			HUMANITIES
			,				
HISTORICAL SOCIETY OF PALM BEACH							
COUNTY - PO BOX 4364 - WEST PALM							ARTS, CULTURE, &
BEACH, FL 33402	59-6158821		50,000.	0.			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.	Ο.			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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING LEADERSHIP COUNCIL OF PALM							
BEACH COUNTY INC - 2101 VISTA PKWY							
258 - WEST PALM BEACH, FL 33411	20-4416008		50,000.	0.			EDUCATION
NUDSON VALLEY NEWS FOUNDATION INC.							
РО ВОХ 336							ARTS, CULTURE, &
IRVINGTON, NY 10533	84-3910404		10,000.	0.			HUMANITIES
NUNTINGTON'S DISEASE SOCIETY OF							VOLUNTARY HEALTH
AMERICA, INC PO BOX 72 -							ASSOCIATIONS & MEDICAL
RICHLAND, MI 49083	13-3349872		7,500.	0.			DISCIPLINE
IMPACT 100 PALM BEACH COUNTY							PHILANTHROPY,
261 NW 13TH ST 30CA RATON, FL 33432	82-4558049		37,100.	0.			VOLUNTARISM, & GRANTMAKING
SOCA RATON, FL 33432	02-4550049		57,100.	0.			GRANIMARING
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							
VEST PALM BEACH, FL 33401	81-3809173		45,776.	0.			YOUTH DEVELOPMENT
INOVA HEALTH SYSTEMS FOUNDATION							
3095 INNOVATION PARK DR							
FAIRFAX, VA 22031	54-1071867		50,000.	0.			HEALTH CARE
INSTITUTE OF CONTEMPORARY ART, LOS							
ANGELES - 1717 E 7TH ST LOS							ARTS, CULTURE, &
ANGELES, CA 90021	95-3992968		65,000.	0.			HUMANITIES
RON LIGHT LABS							CIVIL RIGHTS, SOCIAL
CHICAGO, IL 60606	86-1206324		10,000.	0.			ACTION, ADVOCACY

Schedule I (Form 990) MARTIN COUNTIES, INC.

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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACOB 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
	51 1755675		20,000.	••			
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 -							ARTS, CULTURE, &
STUART, FL 34997	59-2422998		50,000.	0.			HUMANITIES
JEWISH FEDERATION OF PALM BEACH							PHILANTHROPY,
COUNTY - 1 HARVARD CIR - WEST PALM							VOLUNTARISM, &
BEACH, FL 33409	59-0948696		6,000.	0.			GRANTMAKING
JEWISH NATIONAL FUND-KEREN							
KAYEMETH LEISRAEL, INC 42 EAST							INTERNATIONAL, FOREIGN
69TH STREET - NEW YORK, NY 10021	13-1659627		10,000.	0.			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							MENTAL HEALTH, CRISIS
WEST PALM BEACH, FL 33407	82-0780326		50,000.	0.			INTERVENTION
JUPITER MEDICAL CENTER FOUNDATION							PHILANTHROPY,
1210 S OLD DIXIE HWY				_			VOLUNTARISM, &
JUPITER, FL 33458	65-0132406		7,910.	Ο.		1	GRANTMAKING

Schedule I (Form 990)

MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other A		-		-			
(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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							ARTS, CULTURE, &
TEQUESTA, FL 33469	59-1118672		45,000.	0.			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

Schedule I (Form 990)

MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							ARTS, CULTURE, &
STUART, FL 34994	59-2015691		14,481.	0.			HUMANITIES
MARTIN COUNTY POLICE ATHLETIC							
LEAGUE INC - 1284 SW 34TH ST -	82-1374560		42,500.	0.			RECREATION & SPORTS
PALM CITY, FL 34990	02-13/4300		42,500.	0.			RECREATION & SPORTS
MASSACHUSETTS GENERAL HOSPITAL,							
MGH FUND - DEVELOPMENT OFFICE -							
BOSTON, MA 02114	04-1564655		15,000.	0.			HEALTH CARE
	04 104000		13,000.	0.			
MAYO CLINIC							
DEPARTMENT OF DEVELOPMENT							
ROCHESTER, MN 55905	41-6011702		25,000.	0.			HEALTH CARE

Schedule I (Form 990)

MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	overnments (Sche	edule I (Form 990), Pa	ırt II.) T	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS OF THE PALM							
BEACHES - PO BOX 247 - WEST PALM							FOOD, AGRICULTURE &
BEACH, FL 33402	27-2891297		20,062.	0.			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							ARTS, CULTURE, &
MIAMI BEACH, FL 33139	59-2578534		33,000.	0.			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.							COMMUNITY IMPROVEMENT,
WEST PALM BEACH, FL 33407	35-2640151		7,500.	0.			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

Schedule I (Form 990) MARTIN COUNTIES, INC.

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

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Part II Continuation of Grants and Other							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUTTY PAWS RESCUE							
165 LAKE ARBOR DR							
PALM SPRINGS, FL 33461	84-3458625		27,000.	0.			ENVIRONMENT
MYFACE - NATIONAL FOUNDATION FOR			27,000	<b>.</b>			
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							MENTAL HEALTH, CRISIS
BEACH, FL 33407	59-2301320		9,000.	0.			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.	٥.			HUMAN SERVICES
NATIONAL PHILANTHROPIC TRUST							PHILANTHROPY,
165 TOWNSHIP LINE RD, STE 1200							VOLUNTARISM, &
JENKINTOWN, PA 19046	23-7825575		50,000.	0.			GRANTMAKING
NATIONAL TROPICAL BOTANICAL GARDEN							
3530 PAPALINA RD							
KALAHEO, HI 96741	52-6057064		60,000.	٥.			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.	٥.			YOUTH DEVELOPMENT

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MARTIN COUNTIES, INC.

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NEW HAMPSHIRE CHARITABLE							PHILANTHROPY,
FOUNDATION - 37 PLEASANT ST - CONCORD, NH 03301	02-6005625		25,000.	0.			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
WEST FALM BEACH, FL 55407	05-2779001		50,000.	0.			CAPACITI 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							ARTS, CULTURE, &
WEST PALM BEACH, FL 33401	59-0624432		142,200.	0.			HUMANITIES
NURTURE THE NEXT							
600 HILL AVE							
NASHVILLE, TN 37210	58-1567835		24,000.	0.			CRIME & LEGAL-RELATED

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MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other	Assistance to Don		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		13-7101075 Page
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							COMMUNITY IMPROVEMENT,
PALM BEACH, FL 33480	59-0542089		41,102.	0.			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							FOOD, AGRICULTURE &
LAKE WORTH BEACH, FL 33461	90-0788707		87,500.	0.			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

	UNTIES, IN	IC.					23-7181875 Page 1
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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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990) MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILANTHROPY TANK INC							PHILANTHROPY,
120 S OLIVE AVE							VOLUNTARISM, &
WEST PALM BEACH, FL 33401	46-3206074		37,561.	0.			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
DELON DI TNO							
PRISM FL, INC 1327 PARTRIDGE CLOSE							
POMPANO BEACH, FL 33064	85-0891778		10,383.	0.			EDUCATION
	00 0001770		10,303.				
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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Part II Continuation of Grants and Other A	Assistance to Dom	lestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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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Part II Continuation of Grants and Other A		icolio ol guinzalione	1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTH & NORMAN RALES JEWISH FAMILY							
SERVICES - 21300 RUTH & BARON							MENTAL HEALTH, CRISIS
COLEMAN BLV - BOCA RATON, FL 33428	65-1115689		81,998.	0.			INTERVENTION
RYAN LICHT SANG BIPOLAR							
FOUNDATION, INC 875 N MICHIGAN							MENTAL HEALTH, CRISIS
AVE, STE 3100 - CHICAGO, IL 60611	20-1750379		10,500.	0.			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
AGUAGI DIAMPIAM OF DIVE DIAM							
SCHOOL DISTRICT OF PALM BEACH							
COUNTY - 3300 FOREST HILL BLVD -	59-6000783		359,553.	0.			EDUCATION
WEST PALM BEACH, FL 33406	55-0000785			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

Schedule I (Form 990) MARTIN COUNTIES, INC.

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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							FOOD, AGRICULTURE &
WASHINGTON, DC 20005	52-1367538		25,000.	0.			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							ARTS, CULTURE, &
BOYNTON BEACH, FL 33426	59-0737868		8,906.	0.			HUMANITIES
SOUTH FLORIDA SYMPHONY ORCHESTRA							
2201 WILTON DR							ARTS, CULTURE, &
WILTON MANORS, FL 33305	65-0846695		10,000.	٥.			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							ARTS, CULTURE, &
DELRAY BEACH, FL 33444	65-0687303		50,000.	0.			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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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule | (Form 990), Part II.)

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	٥.			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	04-2306464		15 000	0.			RELIGION-RELATED
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							VOLUNTARY HEALTH
575 MADISON AVE	27.0060454		150 000				ASSOCIATIONS & MEDICAL
NEW YORK, NY 10022	27-0969454		150,000.	0.			DISCIPLINE
STREETWAVES CORPORATION							
1220 SEA GRAPE CIRCLE							
DELRAY BEACH, FL 33445	27-0264330		25,000.	0.			RECREATION & SPORTS
			,	••		1	

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MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other A	ารอารเลกต่อ เป บอก	esue organizations			-uule i (Fuitti 990), Pa	асп. <i>ј</i>	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.							ARTS, CULTURE, &
BOCA RATON, FL 33434	16-1656606		40,000.	0.			HUMANITIES
,			, .				
SWEET DREAM MAKERS, INC.							PHILANTHROPY,
55 NE 5TH AVE, STE 400							VOLUNTARISM, &
BOCA RATON, FL 33432	81-3693206		6,500.	0.			GRANTMAKING
ANNERGY GIVE THE							
SYNERGY CAMP INC.							
P.O. BOX 221912	83-3812146		15 000	0			
WEST PALM BEACH, FL 33422 TABERNACLE LEARNING CENTER, INC.	03-3012140		15,000.	0.			EDUCATION
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	01 1002910			0.			EDUCATION
BEACH COUNTY - 1896 PALM BEACH							
LAKES BLVD - WEST PALM BEACH, FL							
33409	20-8077416		52,500.	0.			EDUCATION
	20 0077410		52,500.				
THE 1909 FOUNDATION							
313 DATURA ST							COMMUNITY IMPROVEMENT,
WEST PALM BEACH, FL 33401	30-0891778		150,000.	0.			CAPACITY BUILDING
THE ANIMAL MEDICAL CENTER							
510 E 62ND ST	10 5505007		105 000	_			ANTWAL DELATED
NEW YORK, NY 10065	13-5505367		105,000.	٥.			ANIMAL-RELATED

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MARTIN COUNTIES, INC.

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Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	s and Domestic Go	overnments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	٥.			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
	0, 3500,04		23,000.				
THE LORD'S PLACE INC							
PO BOX 3265							
WEST PALM BEACH, FL 33402	59-2240502		294,700.	٥.			HUMAN SERVICES
THE MICHAEL J. FOX FOUNDATION FOR							
PARKINSON'S RESEARCH - PO BOX 4777	12 41 41 0 45		0.500				
- NEW YORK, NY 10163	13-4141945		8,500.	0.			MEDICAL RESEARCH
THE MICHELLE MCGANN FUND, INC.							PHILANTHROPY,
POST OFFICE BOX 13107							VOLUNTARISM, &
NORTH PALM BEACH, FL 33408	45-4350963		5,929.	0.			GRANTMAKING
THE MILAGRO CENTER INC.							
695 AUBURN AVE							ARTS, CULTURE, &
DELRAY BEACH, FL 33444	65-0804625		135,000.	0.			HUMANITIES
DEDIAL DEACH, FU JJ444	05-0004025		1 135,000.	U.			HOHANTITES

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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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.	Ο.			HEALTH CARE
THE PROMISE FUND OF FLORIDA							VOLUNTARY HEALTH
340 ROYAL POINCIANA WAY, STE 317-30							ASSOCIATIONS & MEDICAL
PALM BEACH, FL 33480	83-0535519		50,000.	0.			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							PHILANTHROPY,
312 WALNUT ST, 28TH FL	00.00000040		50.000	0			VOLUNTARISM, &
CINCINNATI, OH 45202	87-2877540		50,000.	0.			GRANTMAKING
THE SKIFF SAILING FOUNDATION							
933 POLK ST							
ALBANY, CA 94706	43-1956843		25,000.	0.			RECREATION & SPORTS
	10 1900010		23,000.				
THE SOCIETY OF THE FOUR ARTS							
2 FOUR ARTS PLAZA							ARTS, CULTURE, &
PALM BEACH, FL 33480	59-0454318		32,500.	0.			HUMANITIES
· · · ·			,				
THE SOUP KITCHEN, INC.							
8645 W BOYNTON BEACH BLVD							FOOD, AGRICULTURE &
BOYNTON BEACH, FL 33437	59-2628415		5,700.	0.			NUTRITION
THE SYMPHONIA							
2285 POTOMAC RD							ARTS, CULTURE, &
BOCA RATON, FL 33431	20-1454440		40,000.	Ο.			HUMANITIES

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MARTIN COUNTIES, INC.

(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	<b>(f)</b> 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							ARTS, CULTURE, &
BLVD - PHILADELPHIA, PA 19104	23-1352685		20,000.	0.			HUMANITIES
M LEDON TEREPOON MEDICAL COCTEMY							
T. LEROY JEFFERSON MEDICAL SOCIETY							VOLUNTARY HEALTH
4595 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33418	33-1007795		25,000.	0.			ASSOCIATIONS & MEDICA DISCIPLINE
FREM BEACH GARDENS, FE 55410	55-1007755		25,000.	0.			DISCIPLINE
TOWN OF PALM BEACH UNITED WAY,							PHILANTHROPY,
INC 44 COCOANUT ROW - PALM							VOLUNTARISM, &
BEACH, FL 33480	59-0637885		52,100.	0.			, 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
			1,,510.	<b>.</b>			
TYKES & TEENS INC.							
3577 SW CORPORATE PARKWAY							MENTAL HEALTH, CRISIS
PALM CITY, FL 34990	65-0570899		58,000.	0.			INTERVENTION
UNICORN CHILDREN'S FOUNDATION							
21100 RUTH & BARON COLEMAN BLVD.							
BOCA RATON, FL 33428	57-1168205		10,000.	0.			YOUTH DEVELOPMENT

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MARTIN COUNTIES, INC.

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> 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.							PHILANTHROPY,
10 SE CENTRAL PKWY STE 101							VOLUNTARISM, &
STUART, FL 34994	23-7273540		27,644.	0.			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.	٥.			EMPLOYMENT
VILLAGE PROJECT AFRICA							
PO BOX 382	27 1404750			<u>_</u>			INTERNATIONAL, FOREIG
NOBLESVILLE, IN 46061	27-1484750		8,000.	0.			AFFAIRS

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MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> 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							MENTAL HEALTH, CRISIS
DELRAY BEACH, FL 33483	59-1590644		64,346.	0.			INTERVENTION
WEST JUPITER COMMUNITY GROUP INC.							
AKA EDNA W. RUNNER TUTORIAL CENTER							
JUPITER, FL 33458	65-0137715		50,000.	0.			EDUCATION
WEGE DALK DEAGU LIDDADU DOUDAELON							
WEST PALM BEACH LIBRARY FOUNDATION							PHILANTHROPY,
411 CLEMATIS ST	65-1068311		50,000.	0.			VOLUNTARISM, & GRANTMAKING
WEST PALM BEACH, FL 33401	05-1008511		50,000.	0.			GRANIMARING
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.	Ο.			EDUCATION

Schedule I (Form 990)

MARTIN COUNTIES, INC. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) 23-7181875 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCA 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							ARTS, CULTURE, &
WEST PALM BEACH, FL 33401	30-0193514		40,826.	0.			HUMANITIES
VOUTURE ENDOWEDED TO DOODED ING							
YOUTH EMPOWERED TO PROSPER INC 1104 N DIXIE HWY							
LAKE WORTH, FL 33460	83-1731712		75,000.	٥.			YOUTH DEVELOPMENT
IARE WORTH, FE 55400	05 1751712		75,000.	· · ·			ICOTH DEVELOPMENT

Schedule I (Form 990)

Schedule I (Form 990) 2022

MARTIN COUNTIES, INC.

23-7181875

Page 2

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>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc

**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.

(Form 990)       For certain Officers, Directors, Trustees, Key Employees, and Highest Composed if the organization answered "Yes" on Form 990, Part IV, line 23. Attact to Form 990.       Departure of the Public Inspections MARTIN COUNTES, INC.       Enclose         Demonstration answered "Yes" on Form 990, Part IV, line 23. Martin Hierar Hierary Mart The comparization       Employer identification number MARTIN COUNTES, INC.       Employer identification number 23-7181875         Part I       Questions Regarding Compensation MARTIN COUNTIES, INC.       Employer identification number 23-7181875         Image of 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.       Image items intervent Part II countervent information regarding these items.       Image items intervent Part II countervent information regarding these items.       Image items intervent Part II countervent information regarding these items.       Image items intervent Part II countervent information regarding these items.         Image item organization and gross-up payments       Health or accil club dues or initiation fees Decretoinary spending account       Payment for busines used personal use Personal services (such as maid, chauffur, chef)         Image items items is a 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 Differencemperston of the collowing the ceparization to establish the compensation committee Differencemperator (the explain in themethics and payment orittat) Differencemperation (the	SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.         Open to Public Inspection           Mean of the organization         COMMUNITY FOUNDATION FOR PALM BEACH AND         Employer identification number 23-7181875           Marking 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.         Yes         No           Part I         Questions Regarding Compensation         Yes         No           1         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.         Yes         No           1         Tax indemnification and gross up payments         Health or social club dues or initiation fees         No           2         Discretionary spending account         Personal services (such as maid, chauffeur, relevant)         1b           2         Did the organization require substantiation prior to reinbursing or allowing expenses incurred by all directors, trustese, and offices, includue the ECO-Seculty Director, payment for methods used by a related organization to estabilish the compensation of the organization is CEO/Execultye Director, but explain in Part III.         1b           2         Indicate which, if any, of the following the organization used to establish the compensation or thete CEO/Execultye Director, but explain in Part III.	(Fo	rm 990)	-		20	<b>7</b> 7	
Department of the Tready interaction         Attach to Form 990.         Open 10 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         Imployer identification number 23-7181875           Image: Complete Part III to provide any relevant information regarding these items.         Imployer identification number 23-718187           Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to explain           Image: Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to explain           Image: Complete Part III to explain         Image: Complete Part III to explain         Image: Complete Part III to explain           Image: Complete Part III to explain         Image: Complete Part III to explain         Image: Complete Part III to explain <td></td> <td></td> <td></td> <td></td> <td>ZU</td> <td></td> <td></td>					ZU		
Intervent served         Co to www.irs.gov/Form990 for instructions and the latest information.         Imspection           Name of the organization         COMMUNITY POUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.         Environment 23-7181875           Part II         Questions Regarding Compensation         Yes         No           Is 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.         Yes         No           Travel for companions         Peyments for business use of personal residence Travel for companions appending account         Peyments for business use of personal residence Part VII, Section A, line 1a. Complete Part III to explain         1b         Image: Complete Part III to provide any relevant information regarding these or initiation fees         1b         Image: Complete Part III to explain account         1b           Is indicate which, if any, of the following to or enhousing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?         2         1b           Compensation committee         Written employment contract         Written employment contract         2           Incleate which, if any, of the following board or compensation aroung to study         2         4a         X           A porroval by the board or commenstion committee         Written employment c	Dena	tment of the Treasury			Open to	Publ	ic
MARTIN COUNTIES, INC.         23-7181875           Part I         Questions Regarding Compensation           ************************************			Go to www.irs.gov/Form990 for instructions and the latest information.				
Part I       Questions Regarding Compensation         a 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.       Image: Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Travel for companions       Payments for business use of personal residence       Payments for business use of personal residence         Image: Discretionary spending account       Personal services (such as maid, chauffeur, chef)       Image: Section A, 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       Image: Section A, line 1a, chauffeur, chef)         b If any of the boxes on line ta are checked, 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?       Image: Section A, line 1a, written employment contract         3 Indicate which, if any, of the following the organization used to establish the compensation committee       Written employment contract       Image: Section A, line 1a, with respect to the filing organization to estable organization:         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:       Image: Section SO(CA), SO(CA), SO(CA), So (CA), Pange: Control payment?         4 During	Nam	e of the organization					mber
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.       Yes       No         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Print VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Part VII, Section A, line 1a. Complete Part III to explain       Part VII, Section A, line 1a. Complete Part III to explain       Part VII, Section A, line 1a, vindermitized web or initiation fees       Part organization requires usubstratiation prior to reimburge prepenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       1b         2       Indicate which, if any, of the following the organization used to establish the compensation of the compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any operon listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization committee       2       2         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.       2       3         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X       3a				23-71	18187	5	
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 hinormation regarding these items.       Image: Check and	Pa	rt I Question	s Regarding Compensation				
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these terms.       Image: Complete Part III to provide any relevant information regarding these terms.         Image: Print-Class or charter travel       Housing allowance or residence for personal use         Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain In Part III.       2         Compensation committee       Written employment contract       4a         Indicate which, if any of the following the organization suct and succe payment contract       3a         Approval by the board or compensation committee       Written employment contract         Incleate which, if any of personal succe applicable anonust for each item in Part III.       4a       X         During the year, did any person listed on Form 990,						Yes	No
First class or charter travel       Housing allowance or residence for personal residence         Travel for companions       Payments for business use of personal residence         Tax idheminication and gross-up payments       Personal services (such as maid, chauffeur, cheft)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursment or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the times checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, Director, Due explain in Part III.       Compensation committee         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       X Mittee amployment contract         Independent compensation consultant       X Compensation survey or study       4a       X         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:       4a       X         a Receive a severance payment for an age/of control payment?       4a       X         b Participate in or receive payment from an equity-based compensation arrangement?       4b	1a			990,			
Travel for companions       Payments for business use of personal residence         Tax indeminication and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1 are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to estabilish the compensation of the OEO/Executive Director, bock all that apply. Do not check any boxes for methods used by a related organization to estabilish compensation committee       2							
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1 a 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       10         c       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?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       Written employment contract         CO/DExecutive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish or organization station or a related organizations       2         d       During the year, did any person listed on Form 990, Part VII, Secton A, line 1a, with respect to the filing organization or a related organization:       4a       X         e       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       5a       X         f"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b		_					
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         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?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committe       Written employment contract       Compensation committee         Impendent companization:       X 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:       X         a       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         b       Participate in or receive payment form an equity-based compensation arrangement?       4b       X         ft "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizatio							
b       If any of the boxes on line 1a are checked, did the organization foliow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b       1b         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?       2       1b       1b       1c         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       1V       1C							
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         2       Compensation compensation or the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         4       Compensation committee       Written employment contract       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person sing or and provide the applicable amounts for each item in Part III.       4b       X         4       During the year, did any persons and provide the applicable amounts for each item in Part III.       4b       X         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: <td></td> <td>Discretionary</td> <td>spending account Personal services (such as maid, chauffer</td> <td>ır, chef)</td> <td></td> <td></td> <td></td>		Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         2       Compensation compensation or the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee       2         4       Compensation committee       Written employment contract       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         4       During the year, did any person sing or and provide the applicable amounts for each item in Part III.       4b       X         4       During the year, did any persons and provide the applicable amounts for each item in Part III.       4b       X         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: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, beck all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Compensation committee       Written employment contract         1       Independent compensation consultant       X       Compensation survey or study       X         2       4a       X         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:       4a       X         4       During the year, did any person appenental nonqualified retirement plan?       4a       X         4       During the year, did any person appenental nonqualified retirement plan?       4a       X         4       During the year, did any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         5       For persons listed on Form 990, P	b						
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation ormmitte       Image: Compensation committee         Compensation committee       Written employment contract       Image: Compensation committee         Independent compensation consultant       X Compensation survey or study         X       Form 990 of other organization:         a       Receive a severance payment or change-of-control payment?         b       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 6a 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 organi					. <b>1b</b>		
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.                Compensation committee	2	-					
GEO/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.       Image: Compensation or Compensation consultant       Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee <td></td> <td>trustees, and office</td> <td>rs, including the CEO/Executive Director, regarding the items checked on line 1a?</td> <td></td> <td> 2</td> <td></td> <td></td>		trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
GEO/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.       Image: Compensation or Compensation consultant       Image: Compensation consultant       Image: Compensation committee       Image: Compensation committee <td>_</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	_						
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       Approval by the board or compensation committee         Puring 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:       4a       X         Participate in or receive payment or change-of-control payment?       4b       X         Participate in or receive payment from an equity-based compensation arrangement?       4b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 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:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         contingent on the net earnings of:       a The organization?       6a       X <td>3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	3						
Compensation committee       Written employment contract         Independent compensation consultant       Image: Compensation survey or study         Image: Compensation consultant       Image: Compensation survey or study         Image: Compensation consultant       Image: Compensation committee         Image: Compensation consultant       Image: Compensation survey or study         Image: Compensation committee       Image: Compensation committee         Image: Compensation commission commission commission commission commission contingent on the revenues of:       Image: Compensation pan				on to			
Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X         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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       5a       X         b       Any related organization?       5a       X       5b       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X       5b       X         f "Yes" on line 6a or 6b, describe in Part III.       6a       X       5b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X							
Image: Section 990 of other organizations       Image: Approval by the board or compensation committee         Image: Section 990 of other organizations       Image: Section 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         Image: Section 990 of other organization:       Image: Section 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         Image: Section 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Section 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization or a supplemental nonqualified retirement plan?       Image: Section 90, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from an equity-based compensation arrangement?       Image: Section 90, Part VII, Section A, line 1a, with respect to the filing organization or receive payment from an equity-based compensation arrangement?       Image: Section 90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Section 90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearnings of:       Image: Section 90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Section 90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Section 90, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Image: Section 90, Part VII, Section A, line 1a, did		·					
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         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:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         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:       6a       X         6       Any related organization?       6a       X       6							
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X		X Form 990 of o	ther organizations $X$ Approval by the board or compensation c	ommittee			
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X							
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         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:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a The organization?       5a       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       X	4						
b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly 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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       5b       X         a       The organization?       5a       X       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X		-	-				77
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.       4c       X         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:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       "Yes" on line 6a or 6b, describe in Part III.       7       X							
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Construction 10 (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:       5a       X         a       The organization?       5b       X         b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X         fi "Yes" on line 6a or 6b, describe in Part III.       6a       X         jf "Yes" on line 6a or 6b, describe in Part III.       7       X	b	-	· · · · · · · · · · · · · · · · · · ·				
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?         f       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 describe on lines 5 and 6? If "Yes," describe in Part III.	С				<b>4c</b>		
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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</li> <li>7 X</li> </ul>		If "Yes" to any of lir	hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 5a or 5b, describe in Part III.</li> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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</li> <li>7 X</li> </ul>		Only an ation 504(s					
contingent on the revenues of:       Image: State of	F			n			
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         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:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X	э			лт			
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?         c       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	-	-			5.0		v
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							
<ul> <li>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:</li> <li>a The organization?</li> <li>b Any related organization?</li> <li>if "Yes" on line 6a or 6b, describe in Part III.</li> <li>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.</li> <li>7 X</li> </ul>	b				. dc		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X	6						
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X	0			11			
b Any related organization?       6b X         If "Yes" on line 6a or 6b, describe in Part III.       6b X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7 X	-	-	-		60		v
If "Yes" on line 6a or 6b, describe in Part III.         7         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X							
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X	D						
not described on lines 5 and 6? If "Yes," describe in Part III	-						
	'				-		v
• where any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	~						
initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III 8	ø	-					v
	~				8		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	Э						
Regulations section 53.4958-6(c)?       9         LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.       Schedule J (Form 990) 2022						- 000	0000

232111 10-18-22

Schedule J (Form 990) 2022

MARTIN COUNTIES, INC.

23-7181875

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation			compensation			reported as deferred on prior Form 990
(1) DANITA D. NIAS	(i)	331,837.	51,000.	0.	27,000.	14,963.	424,800.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE LAUDERBAUGH	(i)	169,600.	11,200.	0.	0.	186.	180,986.	0.
VP MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARY KATHERINE MORALES	(i)	161,565.	0.	0.	0.	935.	162,500.	0.
VP FOR PHILANTHROPIC GIVIN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

CHEDULE K       Supplemental Information on Tax-Exempt Bonds         form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.         ame of the organization       Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.         ame of the organization       COMMUNITY FOUNDATION FOR PALM BEACH AND         MARTIN COUNTIES , INC.       23 - 7								C Ir dentif	OMB No. 1545-0047 <b>2022</b> <b>Open to Public</b> <b>Inspection</b> entification number 9 1 9 7 5		lic		
Part I Bond Issues									5 /	<u> </u>	575		
	(h) Januar EIN		(d) Data issued	(a) lass					faced	(h) ()n	hahalf	(i) De	
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(T) Description	on of purpose	( <b>g</b> ) De	eleaseu	feased <b>(h)</b> On beh of issuer			
								No.					
PALM BEACH COUNTY,						FINANCE		Yes	No	Yes	No	Yes	NO
A FLORIDA	59-6000785	000696547	03/04/04	1000		DEVELOPM	۳NM		x		x		х
AFLORIDA	59-0000785	000090347	03/04/04	1099	0130.								
P													
<u></u>								+					
С													
								+					
D													
Part II Proceeds						1			I				
			Α			В	С				D		
1 Amount of bonds retired				0,000.		В	0				<u> </u>		
2 Amount of bonds legally defeased				0,000.									
3 Total proceeds of issue			10.99	6,138.									
4 Gross proceeds in reserve funds				0/1000									
5 Capitalized interest from proceeds													
				7,063.									
				0,879.									
9 Working capital expenditures from proceeds													
10 Capital expenditures from proceeds				9,196.									
44 011 1				- ,									
13 Year of substantial completion				005									
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refunding	issue of tax-exempt b	oonds (or,											
if issued prior to 2018, a current refunding iss	•	( )	X										
15 Were the bonds issued as part of a refunding													
issued prior to 2018, an advance refunding is	sue)?			x									
<b>16</b> Has the final allocation of proceeds been made			X										
17 Does the organization maintain adequate boo	oks and records to sup	oport the											
final allocation of proceeds?			Х										

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

Schedule K (Form 990) 2022

Sch	edule K (Form 990) 2022 MARTIN COUNTIES, INC.			23-	7181875				Page <b>2</b>
Pa	rt III Private Business Use								
			Α		В		С	I	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	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?								
с	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			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		ł		•				
	disposed of		%		%		%		%
с	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?	х							
Par	rt IV Arbitrage		I				<u>.</u>		I
			Δ		В		с		D
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
•	Penalty in Lieu of Arbitrage Rebate?	100	X	100		100		100	
2	If "No" to line 1, did the following apply?		1						<b>I</b>
	Rebate not due yet?		X						
	Exception to rebate?		X						
	No rebate due?		x						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was				1				I
	performed								
3	Is the bond issue a variable rate issue?	Х							
							-		

Schedule K (Form 990) 2022 MARTIN COUNTIES, INC.			23-1	7181875				Page <b>3</b>	
Part IV Arbitrage (continued)									
		4	I	3		C		)	
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No	
hedge with respect to the bond issue?		Х							
<b>b</b> Name of provider									
c Term of hedge									
d Was the hedge superintegrated?									
e Was the hedge terminated?									
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х							
<b>b</b> Name of provider									
c Term of GIC									
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?									
6 Were any gross proceeds invested beyond an available temporary period?		Х							
<ul> <li>7 Has the organization established written procedures to monitor the</li> </ul>									
requirements of section 148?	x								
Part V Procedures To Undertake Corrective Action	•		•		•	•			
		A		3	С		C	)	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No	
of federal tax requirements are timely identified and corrected through the									
voluntary closing agreement program if self-remediation isn't available under									
applicable regulations?	x								
Part VI Supplemental Information. Provide additional information for responses to questions		K. See instr	uctions	1	1	1			

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Inspection

**\_** 

Department of the Treasury
Internal Revenue Service

Part I

### Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

# Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND

Employer identification number 23 - 7181875

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MARTIN	COUNTIES,	INC.	
Types of Property			

		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	c
		applicable		Form 990, Part VIII, line 1g	noncash continou	lion a	nount	, 
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 $\ldots$							
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 organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?	•				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				-
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,			
	describe in Part II							

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

Schedule M (Form 990) 2022

232141 09-09-22

Schedule M	COMMUNITY FOUNDATION FOR PALM BEACH AND (Form 990) 2022 MARTIN COUNTIES, INC. 23-7181875 Page 2
Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
232142 09-09-	Schedule M (Form 990) 202

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. COMMUNITY FOUNDATION FOR PALM BEACH AND



23-7181875

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MARTIN COUNTIES,

ENDOWMENTS. TO PROVIDE COMMUNITY LEADERSHIP ON RELEVANT ISSUES, AND TO

INC.

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 ENSURING RACIAL EQUITY IN TREATMENT FOR CLIENTS, HELPING MEDICAL CARE, 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.

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Schedule O (Form 990) 2022	Page <b>2</b>						
Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875						
ANOTHER STRONG COMPONENT OF THE COMMUNITY FOUNDATION FOR P	ALM 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 PHILANTHRO	PIC INTEREST;						
THE INTEGRITY OF THE DONOR FUND NEVER SHIFTS FROM ITS ORIG	INAL INTENT;						
AND THE FUNDS ASSIST NONPROFITS IN ACHIEVING POSITIVE COMM	UNITY IMPACT.						
IN 2023, OUR FIELD OF INTEREST FUNDS ALSO ADDRESS PRESSING	COMMUNITY						
NEEDS THROUGH OUR THREE CORE FOCUS AREAS, ECONOMIC OPPORTU	NITY,						
EDUCATION AND YOUTH, AND THRIVNG COMMUNITY. WE PARTNERED W	ITH						
ORGANIZATIONS THAT PROVIDED JOB TRAINING OPPORTUNITIES TO	INDIVIDUALS						
WITH DEVELOPMENTAL DISABILITIES; NONPROFITS THAT INCREASED	ACCESS TO						
FOOD; PROGRAMS THAT PROVIDED ENVIRONMENTAL EDUCATION TO YO	UTH;						
ORGANIZATIONS THAT PROVIDED MENTORSHIPS FOR WOMEN-OWNED BU	SINESSES;						
ARTS & CULTURE PROGRAMS THAT DEVELOP YOUTH MUSIC AND DANCE	SKILLS; AND						
PROGRAMS THAT PREVENTED HOMELESSNESS BY STABILIZING INDIVI	DUALS AND						
FAMILIES IN THEIR HOMES AND PROVIDING CASE MANAGEMENT.							
THROUGH OUR FY23 COMPETITIVE GRANT PROCESS. WITH THE SUPPO	RT OF						

THROUGH OUR FY23 COMPETITIVE GRANT PROCESS, WITH THE SUPPORT OF UNRESTRICTED AND FIELD OF INTEREST FUNDS, 116 GRANTS WERE AWARED 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
232212 10-28-22
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16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

 Schedule O (Form 990) 2022
 Page 2

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

 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, EMPLOYEHANDBOOKS, 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

 232212
 10-28-22
 Schedule O (Form 990) 2022

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16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
AND DESIGNATED FUNDS. WE WORK WITH OUR FUNDHOLDERS TO MAKE	GRANTS TO
THE CHARITIES THEY LOVE, AND WE INTRODUCE THEM TO CHARITIE	S THAT ALIGN
WITH THEIR GIVING WISHES. OUR PROCESS OF DUE DILIGENCE INC	LUDES
CONFIRMATION OF EIN/501 (C) (3) STATUS THROUGH GUIDESTAR C	HARITY CHECK
AND IRS.GOV WEBSITE TO ENSURE THE VALIDITY OF THE ORGANIZA	TION. A
BENEFIT OF OUR DONOR ADVISED FUND PROGRAM IS THROUGH OUR O	NLINE PORTAL,
DONORCENTRAL, WHICH MAKES FUND INFORMATION EASILY AVAILABL	E 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 I	S TO HELP
NONPROFITS BUILD A SUSTAINABLE SOURCE OF INCOME. WE HELP L	OCAL
NONPROFITS BUILD THEIR SUSTAINABILITY SO THAT THEIR PROGRA	MS AND
SERVICES CAN CONTINUE FOR YEARS. WE ARE COMMITTED TO STREN	GTHENING AND
SERVING OUR NONPROFIT COMMUNITY. AS PART OF THAT COMMITMEN	T, WE MANAGE
ASSETS AND RESERVES FOR NONPROFIT ORGANIZATIONS. WE CURREN	TLY 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

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CONFLICTS OF INTEREST. THE FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO

THE BEGINNING OF THE FISCAL YEAR.

232212 10-28-22

Name of the organization COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	Employer identification number 23-7181875
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 S	ALARY 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 GENERA	L 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.	

232212 10-28-22

fication of Related Tax-Exempt Organizat zations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34,
(a)	(b)	(c)	(d)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code
of related organization		foreign country)	section
RT PEW PUBLIC EDUCATION FUND -	TYPE 1 SUPPORTING		
01 HERITAGE DRIVE, STE 206,	ORGANIZATION OF THE		
33458	COMMUNITY FDN FOR P.B.&	FLORIDA	501(C)(3)

# **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.

FLORIDA

(c)

Legal domicile (state or

foreign country)

Name of the organization

(a)

Name, address, and EIN (if applicable)

of disregarded entity

CFPBMC HOLDINGS, LLC - 20-0047844 700 SOUTH DIXIE HWY SUITE 200

WEST PALM BEACH FL 33401

SCHEDULE R (Form 990)

(f)

Direct controlling

entity

(d)

Total income

(e)

End-of-year assets

(e)

Public charity

status (if section

501(c)(3))

**Open to Public** Inspection

(g) Section 512(b)(13)

controlled

entity?

No

Yes

OMB No. 1545-0047

2022

Employer identification number 23-7181875

(f)

Direct controlling

entity

Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITY FOUNDATION FOR PALM BEACH AND

(b)

Primary activity

FURTHER THE CHARITABLE

PURPOSE OF CFPBMC.

MARTIN COUNTIES, INC.

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

ne 34, because it had one or more related tax-exempt Identific Part II organiza

ANIZATION OF THE			۱ I		
			1	1	
MUNITY FDN FOR P.B.& F	LORIDA	501(C)(3)	LINE 12A, I		Х
				i l	
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				i l	
				i l	
			┢─────────────────────────────	 	
			<u> </u>	 <u> </u>	—
					UNITY PDN FOR P.B.& FLORIDA 501(C)(3) LINE 12A, 1

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022

# Schedule R (Form 990) 2022 MARTIN COUNTIES, INC.

23-7181875 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?			al or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	lo
											<u> </u>
	1										
	1										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	l contr	<b>i)</b> tion b)(13) rolled ity?
		country)		or addy		400010		Yes	No

Schedule R (F	Form 990	) 2022
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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?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		Х	
f	Dividends from related organization(s)	1f		Х	
	Sale of assets to related organization(s)	1g		Х	
	Purchase of assets from related organization(s)	1h		Х	
	Exchange of assets with related organization(s)	1i		Х	
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х	
	Sharing of paid employees with related organization(s)	10		Х	
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х	
r	Other transfer of cash or property to related organization(s)	1r		Х	
s	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) MARY AND ROBERT PEW PUBLIC EDUCATION FUND	L	0.	FEE BASED 1/2% FMV PER MONTH
(2)			
(3)			
<u>(</u> 4)			
<u>(</u> 5)			
(6) 232163 09-14-22			Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MARTIN COUNTIES, INC.

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

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

(a)	(b)	(c)	(d)	(e	)	(f)	(g)	0	ו)	(i)	(j)	(k)												
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e) Are a partners 501(c) orgs	all s sec.	Share of	Share of		opor- nate	Code V-UBI	General	Percentage												
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c) orgs	)(3) .?	total		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin partner?	ownership												
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No													
					_																			
					_							+												
					_																			

Schedule R (Form 990) 2022

COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.

23-7181875 Page 5

# Schedule R (Form 990) 2022 MART 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

Schedule R (Form 990) 2022

232165 09-14-22

	EXTENDED TO MAY 15, 2024								
Form <b>990-T</b>									
	(and proxy tax under section 6033(e))								
	For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023.								
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.								
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c	,, ,	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if	Name of organization ( Check box if name changed and see instructions.)	DEmp	loyer identification number						
address changed.	COMMUNITY FOUNDATION FOR PALM BEACH AND								
B Exempt under section	Print MARTIN COUNTIES, INC.		3-7181875						
<b>X</b> 501( <b>c</b> )( <b>3</b> )	or Number, street, and room or suite no. If a P.O. box, see instructions.		p exemption number instructions)						
408(e) 220(e)	700 SOUTH DIXIE HIGHWAY, 200								
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		7						
529(a) 529A	WEST PALM BEACH, FL 33401	F └_	Check box if						
	<b>C</b> Book value of all assets at end of year		an amended return.						
G Check organization		State	college/university						
H Check if filing only to Check if a 501(c)(3)									
	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	····· └── └── └── └── └── └── └── └── └─						
	attached Schedules A (Form 990-T) was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group'	<u> </u>	Yes X No						
	ame and identifying number of the parent corporation.								
L The books are in car		561-	659-6800						
	related Business Taxable Income		0000						
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see								
		1	89,065.						
2 Reserved		2							
3 Add lines 1 and 2		3	89,065.						
4 Charitable contrib	utions (see instructions for limitation rules) STMT 1 STMT 2	4	0.						
	siness taxable income before net operating losses. Subtract line 4 from line 3	5	89,065.						
	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 fro	m line 5	7							
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.						
9 Trusts. Section 19	99A deduction. See instructions	9							
10 Total deductions	. Add lines 8 and 9	10	1,000.						
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,								
enter zero		11	0.						
Part II Tax Com	•								
	xable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.						
	trust rates. See instructions for tax computation. Income tax on the amount on								
Part I, line 11 from									
3 Proxy tax. See ins									
	s. See instructions								
	um tax (trusts only)								
	liant facility income. See instructions	-	0						
	through 6 to line 1 or 2, whichever applies	7	0 • Form <b>990-T</b> (2022)						
LHA For Paperwork F	Reduction Act Notice, see instructions.		Form 330-1 (2022)						

Form 9	90-T (2022)		F	2 Page						
Part	III Tax and Payments									
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)									
b	Other credits (see instructions) 1b									
с	General business credit. Attach Form 3800 (see instructions)									
d	Credit for prior year minimum tax (attach Form 8801 or 8827)									
е	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: Form 4255 Form 8611 Form 8697 Form 8866									
	Other (attach statement)	3								
4	Total tax. Add lines 2 and 3 (see instructions).									
	section 1294. Enter tax amount here	4		0.						
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)									
6a	Payments: A 2021 overpayment credited to 2022									
b	2022 estimated tax payments. Check if section 643(g) election applies 6b									
с	Tax deposited with Form 8868 6c									
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d									
е	Backup withholding (see instructions) 6e									
f	Credit for small employer health insurance premiums (attach Form 8941) 6f									
g	Other credits, adjustments, and payments: Form 2439									
	Form 4136 Other Total 6g									
7	Total payments. Add lines 6a through 6g	7								
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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								
	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		Yes	No						
	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			X						
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						
	If "Yes," see instructions for other forms the organization may have to file.									
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$		_							
4	Enter available pre-2018 NOL carryovers here \$6,392,396. Do not include any post-2017 NOL car	ryover								
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part	•								
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 c		_							
		39,259.	_							
	\$		_							
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	Under penalties of perjury, I declare that correct, and complete. Declaration of pre-					wledge	e and belief, it is true,
Here	CFO						the IRS discuss this return with reparer shown below (see
	Signature of officer	Date	Date Title			uctions)? X Yes No	
	Print/Type preparer's name	Preparer's signatu	Preparer's signature		Check	if	PTIN
Paid					self- employed		
Preparer	. TYLER JOHNSON	TYLER JOH	TYLER JOHNSON				P01959117
Use Only		COOPERMAN ADVI	MAN ADVISORS LLC				87-2525370
eee enig		6550 N. FEDERAL HIGHWAY, 4TH FLOOR					
	Firm's address FT. LAUDERDALE, FL 33308					95	4-771-0896
223711 01-16-2	23						Form <b>990-T</b> (2022)

# $16410327 \ 790347 \ 239175$

96 2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

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	N/A	
III, LP CHARITABLE CONTRIBUTIONS - VIA	N/A	2.
ENERGY III, LP CHARITABLE CONTRIBUTIONS -	N/A	10.
JUNIPER CAPITAL II, LP	N/A	114.
TOTAL TO FORM 990-T, PART I, LI	INE 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 CARRYOVER14TOTAL CURRENT YEAR 10% CONTRIBUTIONS131	
TOTAL CONTRIBUTIONS AVAILABLE145TAXABLE INCOME LIMITATION AS ADJUSTED0	
EXCESS CONTRIBUTIONS145EXCESS 100% CONTRIBUTIONS0TOTAL EXCESS CONTRIBUTIONS145	
ALLOWABLE CONTRIBUTIONS DEDUCTION	0
TOTAL CONTRIBUTION DEDUCTION	0

ORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 3
PRE-2018 NOL DEDUCTI	DRWARD FROM PRIOR YEAR DN INCLUDED IN PART I, LINE 6	6,392,396. 89,065.
SCHEDULE A PORTION O SCHEDULE A ENTITY	PRE-2018 NOL SCHEDULE A SHARE	
1	0.	
2	0.	
TOTAL SCHEDULE A SHA NET OPERATING DEDUCT		0. 89,065.
BALANCE AFTER PRE-20		0.
EXPIRING NET OPERATI		574,954.
CARRY FORWARD OF NET	OPERATING LOSS	5,728,377.

FORM 990-T	PRE-201	8 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 CARRYOV	YER AVAILABLE THIS	YEAR	6,392,396.	6,392,396.

SCHEDULE A (Form 990-T)	Unrelated Business Taxable Income From an Unrelated Trade or Business			
5 <i></i>	Go to www.irs.gov/Form990T for instructions and the latest informati			
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is			

### st information.

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

OMB No. 1545-0047 2022

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

2

1

of

D Sequence:

COMMUNITY FOUNDATION FOR PALM BEACH AND B Employer identification number Α Name of the organization MARTIN COUNTIES, INC. 23-7181875

531120 Unrelated business activity code (see instructions) С

# COMMERCIAL RENTAL INCOME @ 700 S. DIXIE HWY.

ΕI	Describe the unrelated trade or business COMMERCIAL F	RENTA	AL INCOME @ 7	700 S. DIXIE	HWY.
Pa	rt 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			
С	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)	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	Depreciation (attach Form 4562). See instructions 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				
	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.	Schedu	le A (Form 990-T) 2022		

223741 01-16-23

1

C ala a di	No. 6 / E 000 TV 0000					1
Part	ule A (Form 990-T) 2022 III Cost of Goods Sold Enter met	hod of inventory valuati	ion			Page 2
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				8	
9 Part	Do the rules of section 263A (with respect to property IV Rent Income (From Real Property and					Yes No
1	Description of property (property street address, city, s	•	-		<b>Ly</b> )	
	в 🗌					
	c 🗌					
	D					
		A	В	С		D
2	Rent received or accrued					
а	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)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. En	nter here and on Part I,	line 6, column (B)			0.
Part	V Unrelated Debt-Financed Income (s	ee instructions)				
1	Description of debt-financed property (street address,	• • • • •		instructions.		
	$\mathbf{A} \sqsubseteq \frac{700 \text{ s. dixie hwy, west}}{2}$	PALM BEACH,	FL 33401			
	B					
	D		Р	<u> </u>		
2	Gross income from or allocable to debt-financed	A	В	С		D
~	property	849,190.				
3	Deductions directly connected with or allocable					
-	to debt-financed property					
а	Straight line depreciation (attach statement)	0.				
b	Other deductions (attach statement) STMT 8	967,061.				
с	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.				F24 040
8	Total gross income (add line 7, columns A through D)	). Enter here and on Par	rt I, line 7, column (A)			534,242.
~		608,397.				
9 10	Allocable deductions. Multiply line 3c by line 6	· · · · · · · · · · · · · · · · · · ·	hon Part Lline 7 activ	mn (B)		608,397.
10 11	Total allocable deductions. Add line 9, columns A the Total dividends-received deductions included in line	-	a on Fart I, line 7, colur	nn (B)	·	000,397.
223721 (		, 19		e	chedule A	(Form 990-T) 2022
		101		0		

101 2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

	/=											1
	ule A (Form 990-T) 2022		alties. and R	ents fror	n Control	led Or	ganizations	S (se	e instruct	ions)		Page <b>3</b>
	,		,				Exempt Control	,				
	1. Name of controlled organization		<b>2.</b> Employer identification		et unrelated 4. Total		Total of specified 5 avments made th		<b>5.</b> Part of column 4 that is included in the controlling organiza-		6. Deductions direct	
			number	(see ins	structions)				gross inc		inco	ome in column 5
<u>(1)</u>												
<u>(2)</u>												
(3)												
<u>(4)</u>												
		0.11			Controlled O	-	1			44	Dealu	
	. Taxable Income	inco	t unrelated ome (loss) nstructions)		otal of specif yments mad		<b>10.</b> Part of column 9 that is included in the controlling organization's gross income		in the ation's	11. Deductions directly connected with income in column 10		ected with
<u>(1)</u>												
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I, (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals									0.			0.
Part			a Section 50	)1(c)(7), (			nization <sub>(s</sub>	ee inst	ructions)			
	1. Description of income				income directly co		3. Deduction directly connormal (attach stater	nected (attach statem				
(1)												
(2)												
(3)												
(4)												
					Add amou column 2							Add amounts in column 5. Enter
					here and o							ere and on Part I,
					line 9, colu						li	ine 9, column (B)
Totals						0.						0.
Part	Exploited E		tivity Income	, Other T	nan Adve	ertising	g income (	see ins	structions)			
1	Description of exploite											
2	Gross unrelated busin									2		
3	Expenses directly con	•						-				
A	line 10, column (B) Net income (loss) from		ada ar buainaga							3		
4												
5	•									4 5		
6	Expenses attributable									6		
7	Excess exempt expense											
•	4. Enter here and on P									7		

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporti	ng two or more periodicals on a	a consolidated basi	S.	
	Α				
	В				
	c 🗌				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or				0.
	5	, , , , ,			
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	n l			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
•	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
Ŭ	deduction. For each column showing a gain	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g		I otal or zero here ar	nd on	
u	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees	(see instructions)		
	•	-	()	3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
<u></u>		I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total	Enter here and on Part II, line 1				0.
Part		ee instructions)			

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FORM 990-T SCHEDULE A

DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY

STATEMENT 5

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

### TO FORM 990-T, SCHEDULE A, LINE E

990-T SCH .	A POST-201	7 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 CARRYO	VER AVAILABLE THIS	YEAR	1,339,259.	1,339,259.

23-7181875

FORM 990-T (A)	PART V	<b>-</b>	UNRELATED	DEBT-FI	INANCED	INCOME
		AVE	RAGE ACQUI	ISITION	DEBT	

STATEMENT 7

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401	1	DEBT
BEGINNING FIRST MONTH BEGINNING SECOND MONTH BEGINNING THIRD MONTH BEGINNING FOURTH MONTH BEGINNING FIFTH MONTH BEGINNING SIXTH MONTH BEGINNING EIGHTH MONTH BEGINNING NINTH MONTH BEGINNING TENTH MONTH BEGINNING TENTH MONTH BEGINNING TWELFTH MONTH		4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000. 4,500,000.
TOTAL OF ALL MONTHS NUMBER OF MONTHS IN YEAR		54,000,000. 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 UTILITIES		94,405. 406,794.		
INTEREST EXPENSES INSURANCE		30,940. 96,765.		
RENTAL MANAGEMENT FEES - SUBTO	TAL - 1	338,157. 967,061.		967,061.
TOTAL OF FORM 990-T, SCHE	DULE A, PART V,	LINE 3(B)		967,061.

\_

FORM 990-T (A) AVERAGE ALLOCABLE T	STATEMENT 9		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
700 S. DIXIE HWY, WEST PALM BEA 33401 - S	CH, FL UBTOTAL - 1	7,152,832.	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

1

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

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

2 22

2

	artment of the Treasury mal Revenue Service	Do not enter SSN	numbers on this form as	s it may b	be made pu	blic if your or	ganizatio	n is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
4	Name of the organizatio	on COMMUNITY	FOUNDATION	FOR	PALM	BEACH	AND	B Employer identified	cation number
	MARTIN CO	OUNTIES, INC	•					23-71818	75

525990 **C** Unrelated business activity code (see instructions)

UNRELATED BUSINESS INCOME FROM PRIVATE LIMITE

D Sequence:

2

of

<u>E</u> [	Describe the unrelated trade or business UNRELATED BU	SIN	ESS INCOME FF	ROM PRIVATE	LIMITE
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT</b> 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.
Pa	<b>t II</b> Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in			luctions. Deduction	ns must be
1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages				
3	Repairs and maintenance				

14 15	Other deductions (attach statement) Total deductions. Add lines 1 through 14			0.
13 14	Excess readership costs (Part IX)			
12	Excess exempt expenses (Part VIII)			
11	Employee benefit programs			
10	Operativity of the standard operation along			
9	Depletion			
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	
7	Depreciation (attach Form 4562). See instructions			
6	Taxes and licenses			
5	Bad debts Interest (attach statement). See instructions		5	
3 4	Repairs and maintenance			

2 OMB No. 1545-0047

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Scrieu	ule A (Form 990-T) 2022				2 Bago (
Part		nod of inventory valuation	n		Page 2
1	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter h Do the rules of section 263A (with respect to property p				Yes No
9 Part					
1	Description of property (property street address, city, s	-	-		
	A 🗌	, ,			
	В				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
с	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		nd on Part I, line 6, colu		
4 5	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A  B	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A  B C C	ter here and on Part I, li ee instructions)	ne 6, column (B)		
4 5 Part	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A  B C C	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, of A B C Gross income from or allocable to debt-financed	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> 1 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A  B C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> 1 1	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> 1 2 3	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 <u>5</u> Part 1 2 3 a b	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A  B C C C C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	0.
4 5 Part 1 2 3 a b c 4	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c A B C C C C C C C C C C C C C C C C C C	ter here and on Part I, li ee instructions) bity, state, ZIP code). Ch	ne 6, column (B)	nstructions.	D
4 5 Part 1 2 3 a b c 4 5	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A	ter here and on Part I, Ii ee instructions) Sity, state, ZIP code). Ch	B B	C	0. D
4 5 7 2 3 a b c 4 5 6	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En  Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A	ter here and on Part I, li         be instructions)         bity, state, ZIP code). Ch         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         A         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B	B B %	C C	0. 0. 0.
4 5 Part 1 2 3 a b c 4 5 4 5 6 7 8 9	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A  B  C  G  Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D) Allocable deductions. Multiply line 3c by line 6	ter here and on Part I, Ii ee instructions) Sity, state, ZIP code). Ch	ne 6, column (B)           eck if a dual-use. See ir           B           B           I, line 7, column (A)	C	0. D %
4 5 Part 1 2 3 a b c 4 5 6 7 8	in lines 2(a) and 2(b) (attach statement)  Total deductions. Add line 4 columns A through D. En Unrelated Debt-Financed Income (se Description of debt-financed property (street address, c  A B C C C C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income (add line 7, columns A through D)	ter here and on Part I, Ii ee instructions) Sity, state, ZIP code). Ch A A A S S S S S S S S S S S S S S S S	ne 6, column (B)           eck if a dual-use. See ir           B           B           I, line 7, column (A)	C	0. D %

108 2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

											2
	ule A (Form 990-T) 2022 VI Interest, Annu		valtics and D	onte from	n Control		aanizationa	. (		:	Page 3
Part	VI Interest, Annu		Jyanies, and ne				Exempt Control	,	ee instruct	,	
	1. Name of controlle	d	2. Employer	3. Net	unrelated		al of specified	· · · · ·	art of colur		
	organization		identification	incon	ome (loss) paym		nents made		included	in the	connected with
			number	(see instructions)				olling orga s gross inc		income in column 5	
(1)											
(2)											
(3)											
(4)				 novomnt (	Controlled O	 aonizati	000				
7	. Taxable Income	18	Net unrelated	· · · · ·	Controlled Or otal of specif	<u> </u>	10. Part o	of colu	mn 9	11	Deductions directly
'			icome (loss)		yments mad		that is inc	luded	in the		connected with
		(see	e instructions)				controlling aross	organiz incom		income in column 10	
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I.
							line 8, c		,		ine 8, column (B)
Totals									0.		0.
Part		Income	of a Section 50	1(c)(7), (	9). or (17)	Organ	nization (s	ee inst	ructions)		
		cription of i			2. Amou		3. Deductio		4. Set-	asides	5. Total deductions
					incon	ne	directly conne (attach stater		(attach st	atemer	(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	inte in					Add amounts in
					column 2						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B)
Totals						0.					0 •
Part		xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see ins	structions)		
1	Description of exploite	-					•		/		
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
_	lines 5 through 7									4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expense									6	
'	4. Enter here and on P									7	
	Entor hore and off	aren, 1110									

Schedule A (Form 990-T) 2022

223731 01-16-22

	ule A (Form 990-T) 2022					Page 4
Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if reportin	ng two or more pe	riodicals on a	consolidated basis	S.	
	Α					
	в 🗌					
	c 🗌					
	D					
Enter a	amounts for each periodical listed above in the	corresponding co	lumn.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		lumn (A)	•	·	0.
а	C C	, ,	( )			
3	Direct advertising costs by periodical					
a	Add columns A through D. Enter here and or	-	lumn (B)	1	1	0.
u	Add columns / through D. Enter here and or		(D)			
4	Advertising gain (loss). Subtract line 3 from li	ne				
-	2. For any column in line 4 showing a gain,					
		n				
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
F	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
-	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain of					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	reater of the line 8	a, columns t	otal or zero here an	d on	•
Davel	Part II, line 13					0.
Part	X Compensation of Officers, Di	rectors, and T	rustees	see instructions)		
					3. Percentage	4. Compensation
	<b>1.</b> Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
	. Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (se	ee instructions)				

223732 01-16-23

2

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
ROCKEFELLER ACCESS FU	IND I, LLC - ORDINARY BUSINESS INCOME	
(LOSS)		736.
ROCKEFELLER ACCESS FU	IND I, LLC - OTHER INCOME (LOSS)	-3.
	AL PARTNERS, LP - OTHER INCOME (LOSS)	-37.
	E EQUITY III, LP - ORDINARY BUSINESS	
INCOME (LOSS)		1,570.
	PARTNERS 2008, LLC - ORDINARY BUSINESS	
INCOME (LOSS)		-1,712.
	PARTNERS 2008, LLC - DIVIDEND INCOME	1.
	PARTNERS 2008, LLC - OTHER INCOME	
(LOSS)		-1,336.
	IERS XIV, LP - ORDINARY BUSINESS	
INCOME (LOSS)		1,145.
	IERS XIV, LP - NET RENTAL REAL ESTATE	
INCOME		-50.
	IERS XIV, LP - OTHER NET RENTAL INCOME	
(LOSS)		1.
	IERS XIV, LP - INTEREST INCOME	49.
	IERS XIV, LP - DIVIDEND INCOME	11.
	IERS XIV, LP - ROYALTIES	2.
	IERS XIV, LP - OTHER INCOME (LOSS)	-2,326.
	ATE PARTNERS GLOBAL III, LP - NET	
RENTAL REAL ESTATE IN		100.
	ATE PARTNERS GLOBAL III, LP -	
DIVIDEND INCOME		41.
	IERS XV, LP - ORDINARY BUSINESS INCOME	
(LOSS)		3,979.
	IERS XV, LP - NET RENTAL REAL ESTATE	
		-25.
	IERS XV, LP - INTEREST INCOME	52.
	IERS XV, LP - DIVIDEND INCOME	2.
	IERS XV, LP - ROYALTIES	24.
	IERS XV, LP - OTHER INCOME (LOSS)	-630.
JEM REALTY FUND V, LF	P - ORDINARY BUSINESS INCOME (LOSS)	
•		-6,716.
JEM REALTY FUND V, LF	P - OTHER INCOME (LOSS) JP - ORDINARY BUSINESS INCOME (LOSS)	12,656.
JEM REALTY FUND VI, L	P - ORDINARY BUSINESS INCOME (LOSS)	-6. 072
	JP - NET RENTAL REAL ESTATE INCOME	-972.
VIA ENERGI III, LP -	ORDINARY BUSINESS INCOME (LOSS)	162,926.
VIA ENERGI III, LP -	INTEREST INCOME	238. 204.
VIA ENERGI III, LP -	DIVIDEND INCOME	204. 287.
TA ENERGI III, DF -	OTHER DORTEOLIO INCOME (LOGG)	-64.
TA ENERGI III, DF -	OTHER FORFOLIO INCOME (LOSS)	-178,789.
TE TRONSTORS FNERGY	FIIND TT-A I.D - ORDINARY RUGINECC	-1/0,/09.
INCOME (LOSS)	1012 II II, II ONDIMANI DODIMADD	149,125.
OLD TRONSTDES ENERGY	ORDINARY BUSINESS INCOME (LOSS)         INTEREST INCOME         DIVIDEND INCOME         ROYALTIES         OTHER PORTFOLIO INCOME (LOSS)         OTHER INCOME (LOSS)         FUND II-A, LP - ORDINARY BUSINESS         FUND II-A, LP - OTHER INCOME (LOSS)         ORDINARY BUSINESS	-189, 123.
AG REALTY FUND IX I.P	P - ORDINARY BUSINESS INCOME (LOSS)	24,942.
	P - NET RENTAL REAL ESTATE INCOME	
AG REALTY FUND IX, LF		
AG REALTY FUND TX I.F	P - OTHER INCOME (LOSS)	838. 1,944.
JUNIPER CAPITAL IT I	P - OTHER INCOME (LOSS) JP - ORDINARY BUSINESS INCOME (LOSS)	261.954.
	111	STATEMENT(S) 10
10327 790347 239175	2022.05080 COMMUNITY FOUN	DATION FOR 239175

16410327 790347 239175

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	DESCRIPTION OF ORGANIZATION'S	UNRELATED	STATEMENT 11
SCHEDULE A	BUSINESS ACTIVIT	Y	

UNRELATED BUSINESS INCOME FROM PRIVATE LIMITED PARTNERSHIPS.

TO FORM 990-T, SCHEDULE A, LINE E

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

OMB No. 1545-0123

Yes X No

Employer identification number

23-7181875

Attach t	0 Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,	
120-ND. 1	120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990	-Т
, .	Go to www.irs.gov/Form1120 for instructions and the latest information.	•

Name

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

1

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

#### If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I

See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(g) Adjustments to ga or loss from Form(s) 89	(h) Gain or (loss) Subtract column (e) from		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	Cost (or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
<ul> <li>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</li> </ul>					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
<b>3</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					-3,771.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-kine	d exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compute				6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in columr	1 h		7	-3,771.
	ns and Losses - Ass	ets Held More Than	n 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 carbot whele delugated in the second seco	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.					
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 <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
<b>10</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					<u>10,612.</u> 229,441.
				11	229,441.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-king					
14 Capital gain distributions					
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	nh		15	240,053.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	236,282.
<b>18</b> Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns	S	18	236,282.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2022

	Sales and O	ther Disp	oositions	of Capital	Asset	S OMB	No. 1545-0074
Form <b>8949</b>		-		• d the latest inforn		2	2022
Department of the Treasury Internal Revenue Service Fi	le with your Schedule D					D. Atta	chment uence No. <b>12A</b>
Name(s) shown on return COMMUNITY FO MARTIN COUNT	OUNDATION F	-		,,,,,		Social sec taxpayer i	urity number or dentification no. 181875
Before you check Box A, B, or ( statement will have the same in broker and may even tell you wi	C below, see whether formation as Form 10 hich box to check	you received any 99-B. Either will	y Form(s) 1099-B o show whether you	or substitute staten r basis (usually you	nent(s) fron r cost) was	n your broker. A su reported to the IF	ibstitute IS by your
Part I Short-Term. Tra transactions, see page Note: You may aggreg	insactions involving capit	ctions reported on	Form(s) 1099-B show	ving basis was reporte	d to the IRS	and for which no ac	ljustments or ctions).
You must check Box A, B, or C be If you have more short-term transactions the state of the state	han will fit on this page for on ns reported on Form(s	e or more of the boxes 6) 1099-B showir	s, complete as many form I <b>g basis was repor</b>	ns with the same box che ted to the IRS (see	cked as you n	eed.	each applicable box.
X (C) Short-term transaction							
1 (a) Description of property (Example: 100 sh. XYZ Co.	(b) Date acquired	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	loss. If ye in column	t, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of acjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
LANDMARK EQUITY						•	
PARTNERS XIV, LE	<u>&gt;</u>						7.
LANDMARK EQUITY							16
PARTNERS XV, LP VIA ENERGY III,	LP						16.
OLD IRONSIDES							<u> </u>
ENERGY FUND II-A	Α,						
LP							-3,883.
AG REALTY FUND I	IX,						
LP							-85.
2 Totals. Add the amounts in	columns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter ea Schedule D, line 1b (if Box a above is checked), or line 3	A above is checked),	line 2 (if Box B					-3,771.
abovo is chockod) or line 3	UT HOY ( ' above is ch	necked)	1				

Form 8949 (2022)

Namely shown on return, Name and SNM or taxopyer (defification no. not required if shown on page 1 COMMUNITY FOUNDINES, INC.  Second State of the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information as from (1997 PLM BEACH AND MARTIN COUNTIES, INC.  Provide the second information is provide an information information is provide an information is provide an information information is provide an information	Form 8949 (2022)				Attachn	nent Sequen	nce No. 12A	Page <b>2</b>			
MARTIN COUNTIES, INC.         12.3-118.875           Backing work, and key D, F. of Exols, see whether you necessed any Form(1) 1084 B or substitution statements) for more block. A substitute statements to more block and pairs of the block work work work work of the block work work work work work work work wor											
Before purchase         Dary C Field Bury D, E or Field way, see whether your basic basily your control to the BFS by your           Before your basility of the bas											
Perturbation         Long-Term.         Transactions involving capital assets you held more than 1 year are generally long term (period term for the that and term that the that term that the that the that term that the that the that term that the that term that the that the that term that term term term term term term term ter	Before you check Box D, E, or F belo statement will have the same information	ow, see whether y ation as Form 109	vou received any 99-B. Either will s	Form(s) 1099-B o show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was r					
Note: 50a mag appears all long-term transactors reported on Form(a) 1009 all aboving basis vas reported to the FRS, and the part of the set basis on From Mald (being the set basis) and the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the set basis of the FRS and the part of the FRS and	Part II Long-Term. Transaction		al assets you held n	nore than 1 year are	generally long-term (s	ee instruction	s). For short-term t	ransactions,			
You must check Bao D, E, of Pelokw. Check and you be box.         If we that any long the tot magnet for the constraint on the same tot any long. Carpoint a sequence must be any long the same tot any long.           Dig U comptem transactions reported on Form(s) 1099-B showing basis was reported to the IRS.         Adjustment, if any, to gain of the same tot any long.           If (L) congitam transactions reported on Form(s) 1099-B showing basis was reported to the IRS.         Adjustment, if any, to gain of the same tot any long.           If (B) congitam transactions reported on Form(s) 1099-B showing basis was reported to the IRS.         Adjustment, if any, to gain of the same tot any long.           If (B) congitam transactions reported on period by any of the same tot any long.         Adjustment, if any, to gain of the same tot any long.         Cont or the same tot any long.	Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or										
□ (D) Longterm transactions reported on Form(§) 1098-B showing basis was reported to the IRS         □ (D) Longterm transactions not reported to tyou on Form 1099-B         1       (a)         1       (a)         0       (b)         (b)       (c)         (c)       (c)											
Image: Instruction in the sponted to you on Form (3080-8 showing basis waren'reported to the IRS         Image: Instructions not property (Example: 100 sh. XYZ Go)       Date social or disposed to you on Form (3090-8 showing basis waren'reported to the IRS         Image: Instruction of property (Example: 100 sh. XYZ Go)       Date social or disposed to you on Form (3090-8 showing basis waren'reported to the IRS         Image: Instruction of property (Example: 100 sh. XYZ Go)       Date social or disposed to you on Form (3090-8 showing basis waren'reported to the IRS         ROCKEPELLER ACCESS       Image: Im						-					
1       (a)       (b)       (c)       (c)       Adjustment       Adjustment       (c)	(E) Long-term transactions rep	orted on Form(s)	) 1099-B showing	g basis <b>wasn't</b> re	<b>`</b>		-,				
Description of property (Example: 100 sh: XYZ Co.)       Date sequed (Mo, day, yr.)       Date sequed (Mo, day, yr.)       Cost of the sales. Sect in the instructions       Iss. Humin (or, continue), effer a sinout (Cost in the fault of the instructions       Subtract of the subtract of the fault of the instructions         PRIVATE EQUITY       III, LP       III, P       III, 787.       Cost of the subtract of the fault of the instructions       Subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of the subtract of	(· / == · · g · · · · · · · · · · · · · · ·				(e)	Adjustment.	if any, to gain or	(h)			
(Example: 100 sh. XYZ Co.)     (Mo., day, yr.)     (disposed of (Mo., day, yr.)     (sales proc)     basis. See the Note below and see Column (e) in the instructions     Subtract column (e) contine the result with column (e) result and contine the result with column (f)       ROCKEFELLER ACCESS     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       ROCKEFELLER ACCESS     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       ROCKEFELLER ACCESS     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       PRIVATE EQUITY     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the result with column (f)       2008, LLC     Image: Column (f) contine the result with column (f)     Image: Column (f) contine the resu				Proceeds		loss. If you	i enter an amount	Gain or (loss).			
(Mol., Lay, yr)     see Column (e) in (f)     contine the result with column (i)       ROCKEFELLER ACCESS     contine the result with column (i)       FUND I, LLC     in the instructions     cold(s)     contine the result with column (i)       BERDEEN U.S.     in the instructions     cold(s)     contine the result with column (i)       BERDEEN U.S.     is the instructions     colspan="2">contine the result with column (i)       BERDEEN U.S.     is the instructions     colspan="2">contine the result with column (i)       PRIVATE EQUITY     jand colspan="2">contine the result with column (i)       Colspan="2">contine the result with column (i)       contine the result with column (i)       Contine the result with column (i)       Contine the res with basks are	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)							
Image: Code(s)         Amount (g) adjustment         With column (g) adjustment         With column (g) adjustment           FUND I, LLC         1         309.         C           ABERDEEN U.S.         1         1         1           PILVATE         5,959.         C           EQUITY PARTNERS         1         1,787.         C           ANDMARK EQUITY         1         -2447.         C           ANDMARK EQUITY         1,891.         C         C           PARTNERS XIV, LP         1,891.         C         C           AG REALTY FUND IX,         9100.         C         C           VIII, LLC         30.         C         C         C           VIII, LLC         3.         C         C         C           IP         1,891.         C         C         C           UP         2         3.         C         C           UII, LLC         3.         C         C         C           III, ALC         IIII, LC         IIII, IIII         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			(Mo., day, yr.)			(f)	(g)				
ROCEFFELLER ACCESS       309.         FUND I, LLC       309.         ABERDERN U.S.       910.         PRIVATE EQUITY       1,787.         COORDITY PARINERS       1,787.         QOOS, LLC       1,787.         LANDMARK EQUITY       -247.         PARTNERS XIV, LP       -247.         LANDMARK EQUITY       1,891.         AG REALTY FUND IX,       910.         LP       910.         LEGACY VENTURE       3.         VIII, LLC       3.         C       4.						Code(s)		with column (g)			
ABERDEEN U.S.       PRIVATE EQUITY         PRIVATE EQUITY       5,959.         CORS, LLC       1,787.         CUNTY PARTNERS       2008, LLC         LANDMARK EQUITY       -247.         PARTNERS XIV, LP       -247.         LANDMARK EQUITY       -247.         CANDMARK EQUITY       910.         CLANDMARK EQUITY       910.         CLANDARK EQUITY       910.         CLANDARK EQUITY       910.         CLANDARK EQUITY       910.         CLEGACY VENTURE       910.         VIII, LLC       3.         C       3.         C </td <td>ROCKEFELLER ACCESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td> <td></td> <td></td>	ROCKEFELLER ACCESS						•				
PRIVATE EQUITY       5,959.       c         III, LP       5,959.       c         EQUITY PARTNERS       1,787.       c         LANDMARK EQUITY       -247.       c         PARTNERS XIV, LP       1,891.       c         LANDMARK EQUITY       910.       c         VIII, LLC       910.       c         UP       910.       c         UIII, LLC       3.       c         UIII, LLC       3.       c         III, LC       1,0,012.       c         IIII, LC       1,0,012.       c         IIIII, LC       1,0,012.       c         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	FUND I, LLC							309.	С		
III, LP       5,959. C         TIFF PRIVATE       1,787. C         2008, LLC       1,787. C         LANDMARK EQUITY       -247. C         PARTNERS XIV, LP       1,891. C         AG REALTY FUND IX,       1,891. C         LEGACY VENTURE       910. C         VIII, LLC       3. C         VIII, LLC       3. C         2       1,801. C         2       1,801. C         2       1,801. C         2       1,801. C         2       1,0,612.         2       1,0,612.         2       10,612.	ABERDEEN U.S.										
TIFF PRIVATE	PRIVATE EQUITY										
EQUITY PARTNERS       1,787.         2008, LLC       1,787.         LANDMARK EQUITY       -247.         PARTNERS XIV, LP       -247.         LANDMARK EQUITY       1,891.         PARTNERS XV, LP       1,891.         AG REALTY FUND IX,       910.         LF       910.         VIII, LLC       3.         C       3.         C       3.         C       4.         C       4.         VIII, LLC       3.         C       4.         C       5.         C       5.      <	III, LP							5,959.	С		
2008, LLC       1,787. C         LANDMARK EQUITY       -247. C         PARTNERS XIV, LP       -247. C         LANDMARK EQUITY       1,891. C         AG REALTY FUND IX,       910. C         LF       910. C         VIII, LLC       3. C         Image: Comparison of the provide of the pro											
LANDMARK EQUITY       -247.       C         PARTNERS XIV, LP       -247.       C         PARTNERS XV, LP       1,891.       C         AG REALTY FUND IX,       910.       C         LEGACY VENTURE       910.       C         VIII, LLC       3.       C         Image: Comparison of the system of the											
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LANDMARK EQUITY       1,891.         PARTNERS XV, LP       1,891.         AG REALTY FUND IX,       910.         LP       910.         UEGACY VENTURE       3.         VIII, LLC       3.         C       0.00000000000000000000000000000000000											
PARTNERS XV, LP       1,891. C         AG REALTY FUND IX,       910. C         LP       910. C         LEGACY VENTURE       3. C         VIII, LLC       3. C         Image: Strain S								-247.	С		
AG REALTY FUND IX,       910.         LP       910.         LEGACY VENTURE       3.         VIII, LLC       3.         C       0         Image: Constraint of the state state of the state								1 001	_		
LP       910. C         LEGACY VENTURE       3. C         VIII, LLC       3. C         Image: Constraint of the state of the stat								1,891.	С		
LEGACY VENTURE       3.       C         VIII, LLC       3.       C								010	~		
VIIII, LLC       3. C         VIIII, LLC       3. C         Image: State of the state								910.	C		
Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box F above is checked)								2	c		
negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked)								<u> </u>	C		
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Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)       10,612.         Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an											
above is checked), or line 10 (if Box F above is checked)       10,612.         Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an	•										
Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an								10 610			
						hadia					

223012 10-24-22

Form		9	7
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# 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.

OMB No. 1545-0184
2022

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

Name(s) shown on return	Ide	Identifying number	
COMMUNITY FOUNDATION FOR PALM BEACH AND			
MARTIN COUNTIES, INC.		<u>23-7181875</u>	
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	1a		
<b>b</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	1b		
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS			
assets	1c		
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Convers	sions	From Other	

Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

		meetisepe			(See instruction	3)			
2 SI	(a) Description of property SE STATEMENT 12	(b) Date acquired (mo., day, yr.)	te acquired (C) Date sold (d) Gross sales allowed or allowed or improvemen improvemen		(f) Cost or o basis, plu improvement expense of	is s and	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)		
3	Gain, if any, from Form 4684, line 39						3		
4	Section 1231 gain from installment sa	ales from Form 6	252, line 26 or 3	7			4		
5	Section 1231 gain or (loss) from like-k	kind exchanges fr	rom Form 8824				5		
6	Gain, if any, from line 32, from other t	han casualty or t	heft				6		
7	Combine lines 2 through 6. Enter the	gain or (loss) her	re and on the ap	propriate line as fo	llows		7	229,441.	
	<ul> <li>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.</li> <li>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.</li> </ul>								
8	Nonrecaptured net section 1231 loss	es from prior vea	urs. See instructio	ons			8		
9	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								
_							_ <b>J</b>	229,441.	
Pa	art II Ordinary Gains and I	LOSSES (see in:	structions)						
10	Ordinary gains and losses not includ	led on lines 11 th	nrough 16 (incluc	le property held 1	year or less):				

11	Loss, if any, from line 7						11	( )		
12	Gain, if any, from line 7 or amount from	m line 8, if applic	able				12			
13	Gain, if any, from line 31						13			
14	Net gain or (loss) from Form 4684, line	- 01 and 00a					14			
15	<ul> <li>For the gain or (loss) from Form 4084, lines 31 and 38a</li> <li>Ordinary gain from installment sales from Form 6252, line 25 or 36</li> </ul>									
16	Ordinary gain or (loss) from like-kind e	xchanges from I	Form 8824				16			
17	Combine lines 10 through 16						17			
18	For all except individual returns, enter									
	a and b below. For individual returns,	complete lines a	and b below.							
а	If the loss on line 11 includes a loss fr	om Form 4684,	line 35, column (	b)(ii), enter that pa	rt 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									
b	Redetermine the gain or (loss) on line	17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule	e 1				
	(Form 1040), Part I, line 4		18b							
LH	HA For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2022)									

23-7181875 Page 2

Pa	rt III Gain From Disposition of Propert	y Und	ler Sections 124	5, 1250, 1252	2, 125	4, and 1255 (se	ee instructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 1255	property:			<b>(b)</b> Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A							
<u> </u>							
<u> </u>							
D				1			
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	в	Property C	Property D
20	Gross sales price ( <b>Note:</b> See line 1a before completing.)	20					
21	Cost or other basis plus expense of sale	21					
22	Depreciation (or depletion) allowed or allowable $\dots$	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:						
а	Depreciation allowed or allowable from line 22	25a					
b	Enter the smaller of line 24 or 25a	25b					
26	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions	26a					
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
с	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d	Additional depreciation after 1969 and before 1976	26d					
	Enter the smaller of line 26c or 26d	26e					
g	Section 291 amount (corporations only)	26f 26g					
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.						
	Soil, water, and land clearing expenses	27a					
	Line 27a multiplied by applicable percentage	27b					
28	Enter the smaller of line 24 or 27b If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	27c 28a					
b	Enter the smaller of line 24 or 28a	28b					
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a					
b	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Su	mmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before	going	to line 30.	
30	Total gains for all properties. Add property columns	A throu	ugh D, line 24				)
31	Add property columns A through D, lines 25b, 26g,	27c. 28	3b. and 29b. Enter he	re and on line 13	3	31	1
32	Subtract line 31 from line 30. Enter the portion from		ty or theft on Form 46	884, line 33. Ente		portion	
Pa	from other than casualty or theft on Form 4797, line <b>rt IV</b> Recapture Amounts Under Sectio (see instructions)	ons 17	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to 50	% or Less
	× 7					(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable i	n prior years		33		
34	Recomputed depreciation. See instructions				34		
35	Recapture amount. Subtract line 34 from line 33. Se	ee the ir	nstructions for where	to report	35		
2180	2 12-12-22						Form <b>4797</b> (2022

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16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

# COMMUNITY FOUNDATION FOR PALM BEACH AND

# 23-7181875

FORM 4797	PRO	PERTY HELI	D MORE THAN	N ONE YEAR	ST.	ATEMENT 12
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC ABERDEEN U.S.						-146.
PRIVATE EQUITY III, LP TIFF PRIVATE						48.
EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP METROPOLITAN REAL						202.
ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP OLD IRONSIDES						5,256.
ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PA	RT I, LINE	2				229,441.

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

OMB No. 1545-0123

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 112	20-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 11	120-SF. or certain Forms 990-T
Go to www.irs.gov/Form1120 for instructions and	

Name

l Employer identification number

23-718187	5
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Yes 🔀 No

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?	
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or	loss.

COMMUNITY FOUNDATION FOR PALM BEACH AND

MARTIN COUNTIES, INC.

#### Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts Т (a)

See instructions for how to figure the amounts to enter on the lines below.		(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This rou	s form may be easier to complete if you nd off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column (		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 <b>Box A</b> checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box B</b> checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box C</b> checked					-3,771.
	Short-term capital gain from installment sales				4	
	Short-term capital gain or (loss) from like-kine				5	
6	Unused capital loss carryover (attach computa	ation)			6	()
	Net short-term capital gain or (loss). Combin	e lines 1a through 6 in columr	<u>1 h</u>		7	-3,771.
_	Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
to e This	e instructions for how to figure the amounts inter on the lines below. Is form may be easier to complete if you nd off cents to whole dollars.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	<b>(g)</b> Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	(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 <b>Box D</b> checked					
9	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box E</b> checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with <b>Box F</b> checked					<u>    10,612.</u> 229,441.
11	Enter gain from Form 4797, line 7 or 9				11	229,441.
	Long-term capital gain from installment sales				12	
13	Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	
14	Capital gain distributions	14				
_15	Net long-term capital gain or (loss). Combine	240,053.				
	Part III Summary of Parts I and			Т		r
	Enter excess of net short-term capital gain (lir				16	
	Net capital gain. Enter excess of net long-term				17	236,282.
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the ap	plicable line on other returns		18	236,282.
	Note: If losses exceed gains, see Capital Los	ses in the instructions.				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

	Sal	es and O	ther Disp	ositions	of Capital	Asset	S OMB	No. 1545-0074
Form <b>8949</b>			-		-		2	2022
Department of the Treasury Internal Revenue Service		•			id the latest inform 2, 3, 8b, 9, and 10 o		D. Atta Seq	chment uence No. <b>12A</b>
Name(s) shown on return								urity number or
COMMUNITY			OR PALM E	BEACH AND				dentification no.
MARTIN CO				- () (000 -				181875
Before you check Box A, E statement will have the sa broker and may even tell y	3, or C belo me informa ou which b	ow, see whether ation as Form 109 box to check.	you received any 99-B. Either will s	r Form(s) 1099-B show whether you	or substitute statem Ir basis (usually you	r cost) was	reported to the IF	ibstitute RS by your
Part I Short-Term	1. Transacti		al assets you held	1 year or less are ge	enerally short-term (see	e instructions	s). For long-term	
transactions, see Note: You may a	agaregate all	short-term transac	tions reported on I	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	and for which no ac	ljustments or
codes are require You must check Box A, B, o					to report these trans			
If you have more short-term transact	ctions than will	I fit on this page for one	e or more of the boxes	, complete as many for	ms with the same box che	cked as you n	eed.	
(A) Short-term trans			,	<b>o</b> 1		Note abo	ove)	
(B) Short-term trans	-	-	-	-	eported to the IRS			
X (C) Short-term trans	actions no	t reported to you			1			1
1 (a)		(b)	(c)	(d) Proceeds	(e)	Adjustmen   loss. If vo	<b>t, if any, to gain or</b> bu enter an amount	(h)
Description of prop	,	Date acquired	Date sold or	(sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XY	Z C0.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	· · · /	Note below and	( /	. See instructions.	from column (d) &
			(100., day, yr.)		see Column (e) in	(f) Code(s)	<b>(g)</b> Amount of	combine the result
					the instructions		adjustment	with column (g)
LANDMARK EQUI								
PARTNERS XIV,								7.
LANDMARK EQUI								
PARTNERS XV,								16.
VIA ENERGY II	-							174.
OLD IRONSIDES								
ENERGY FUND I	I-A,							
LP								<3,883.
AG REALTY FUN	D IX,							
LP								<85.2
					1			
2 Totals. Add the amour	nts in colun	nns (d), (e), (a), a	nd (h) (subtract		1			
negative amounts). Ent								
Schedule D, line 1b (if			•					
above is checked), or			·					<3,771.
					1			

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

Form 8949 (2022)				Attachm	nent Seque	nce No. 12A	Page <b>2</b>			
	Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1       Social security number or         COMMUNITY FOUNDATION FOR PALM BEACH AND       taxpayer identification no.									
MARTIN COUNTIE		-				23-7	181875			
Before you check Box D, E, or F belo statement will have the same informat broker and may even tell you which b Part II Long-Term. Transaction	w, see whether y ation as Form 109 box to check.	99-B. Either will s	how whether you	r basis (usually you	r cost) was	reported to the IF	RS by your			
see page 1.			-							
<b>Note:</b> You may aggregate all codes are required. Enter the										
You must check Box D, E, or F below. O If you have more long-term transactions than will	Check only one bo	x. If more than one be	ox applies for your long-	-term transactions, compl	ete a separate	Form 8949, page 2, for				
(D) Long-term transactions than will										
(E) Long-term transactions rep	orted on Form(s)	) 1099-B showing	g basis <b>wasn't</b> re	,	Note abc	(VE)				
X         (F) Long-term transactions not           1         (a)	(b)	(c)	(d)	(e)	Adjustmen	t, if any, to gain or	(h)			
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	où enter an amount	Gain or (loss).			
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		(g), enter a code in . See instructions.	Subtract column (e)			
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result			
				the instructions	Code(s)	Amount of adjustment	with column (g)			
ROCKEFELLER ACCESS						aujustment	(0)			
FUND I, LLC							309.			
ABERDEEN U.S.										
PRIVATE EQUITY										
III, LP							5,959.			
TIFF PRIVATE										
EQUITY PARTNERS										
2008, LLC							1,787.			
LANDMARK EQUITY										
PARTNERS XIV, LP							<247.>			
LANDMARK EQUITY										
PARTNERS XV, LP							1,891.			
AG REALTY FUND IX,										
LP							910.			
LEGACY VENTURE										
VIII, LLC							3.			
2 Totals. Add the amounts in colum	nns (d), (e). (a). a	nd (h) (subtract		1						
negative amounts). Enter each to										
Schedule D, <b>line 8b</b> (if <b>Box D</b> abo										
above is checked), or <b>line 10</b> (if <b>E</b>							10,612.			
Note: If you checked Box D above b			was incorrect, ent	er in column (e) the	basis as r	eported to the IRS	S, and enter an			
adjustment in column (g) to correct t						•				

223012 10-24-22

Form 8949 (2022)

Form		9	7
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Department of the Treasury Internal Revenue Service

# 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.

OMB No. 1545-0184
2022

Attachment Sequence No. 27

Name(s) shown on return	Identifying number		
COMMUNITY FOUNDATION FOR PALM BEACH AND MARTIN COUNTIES, INC.	23-7181875		
<b>1a</b> 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	1a		
<b>b</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	1b		
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c		

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) Part I

	Than Casually of Them	-wost Prope			(see instruction	IS)		
2 SI	(a) Description of property EE STATEMENT 13	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or othe basis, plus improvements an expense of sale	nd	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment sa						4	
5	Section 1231 gain or (loss) from like-k						5	
6	Gain, if any, from line 32, from other t						6	
7	Combine lines 2 through 6. Enter the						7	229,441.
	Partnerships and S corporations. F							
	line 10, or Form 1120-S, Schedule K,		. , .		,	,		
	Individuals, partners, S corporation	n shareholders, a	and all others.	lf line 7 is zero or a	loss, enter the am	nount		
	from line 7 on line 11 below and skip	-						
	1231 losses, or they were recaptured	l in an earlier yea	r, enter the gain	from line 7 as a lor	ng-term capital gai	n on		
	the Schedule D filed with your return	and skip lines 8,	9, 11, and 12 be	elow.				
8	Nonrecaptured net section 1231 loss	es from prior vez	ars. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or l						•	
Ŭ	line 9 is more than zero, enter the am	-	-	e e				
	capital gain on the Schedule D filed v			and onlor the gain		°	9	229,441.
		•				·····	5	
Ра	rt II Ordinary Gains and I	LOSSES (see in	structions)					
10	Ordinary gains and losses not includ	ded on lines 11 th	rough 16 (inclue	de property held 1	vear or less):			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ý ý			
11	Loss, if any, from line 7						11	(
12	Gain, if any, from line 7 or amount fro						11 12	
13							12 13	
13 14	Gain, if any, from line 31						13 14	
							1 <del>4</del> 15	
15	Ordinary gain from installment sales f							
16 17	Ordinary gain or (loss) from like-kind e						16	
17 10				oppropriate line of			17	
18	For all except individual returns, ente			appropriate line of	your return and sl	ap lines		
	a and b below. For individual returns,	•			4 - 646 - 1	E		
а	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	•			, , ,	· –		
	as an employee.) Identify as from "Fo						8a	
b	Redetermine the gain or (loss) on line	e 17 excluding the	e loss, if any, on	line 18a. Enter her	e and on Schedule			
	(Form 1040), Part I, line 4						8b	

LHA For Paperwork Reduction Act Notice, see separate instructions. 218011 12-12-22

Form	4707	(0000)
LOUIU	4191	(2022)

Form 4797 (2022) MARTIN COUNTIES, INC.

23-7181875 Page 2

<b>19</b> (a) Description of social 1245 1250 1252 1254 or 1255 present:						(b) Date acquired	(c) Date sold
<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:						(mo., day, yr.)	(mo., day, yr.)
Α							
В							
С							
D							
	hese columns relate to the properties on		Duou outro A	Duousert		Duon orto O	Dueu entre D
	nes 19A through 19D.		Property A	Propert	ув	Property C	Property D
	iross sales price ( <b>Note:</b> See line 1a before completing.)	20					
	Cost or other basis plus expense of sale	21 22					
	Depreciation (or depletion) allowed or allowable	22					
	otal gain. Subtract line 23 from line 20	23					
	f section 1245 property:	24					
	Depreciation allowed or allowable from line 22	25a					
	Enter the <b>smaller</b> of line 24 or 25a	25b					
	f section 1250 property: If straight line depreciation	200					
W	as used, enter -0- on line 26g, except for a corporation ubject to section 291.						
<b>a</b> A	dditional depreciation after 1975. See instructions	26a					
	pplicable percentage multiplied by the <b>smaller</b> f line 24 or line 26a. See instructions	26b					
	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip						
	nes 26d and 26e	26c					
d A	dditional depreciation after 1969 and before 1976	26d					
еE	nter the <b>smaller</b> of line 26c or 26d	26e					
fS	Section 291 amount (corporations only)	26f					
gА	dd lines 26b, 26e, and 26f	26g					
di	section 1252 property: Skip this section if you didn't ispose of farmland or if this form is being completed for partnership.						
	oil, water, and land clearing expenses	27a					
b Li	ine 27a multiplied by applicable percentage	27b					
сE	inter the <b>smaller</b> of line 24 or 27b	27c					
<b>a</b> Ir fo	f section 1254 property: ntangible drilling and development costs, expenditures or development of mines and other natural deposits, nining exploration costs, and depletion. See instructions	28a					
	inter the smaller of line 24 or 28a	28b					
) If	section 1255 property:						
a A fr	pplicable percentage of payments excluded rom income under section 126. See instructions	29a					
	Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
umi	mary of Part III Gains. Complete property c	olumns	A through D through	n line 29b before	e going	to line 30.	
) т	otal gains for all properties. Add property columns	A throu	gh D, line 24				
	dd proparty columna A through D. Kees O.S	070 00	h and OOh Fatarity	ro and an line f	°		
	Add property columns A through D, lines 25b, 26g,					31	
	Subtract line 31 from line 30. Enter the portion from		y or thett on Form 40	084, IINE 33. EN	ter the p	ortion <b>32</b>	
Part		ns 179	9 and 280F(b)(2)	When Busi	ness l	Jse Drops to 50%	or Less
	(see instructions)						
						(a) Section 179	(b) Section 280F(b)(2)
							2001 (0)(2)
<u>،</u> د	Contian 170 expense deduction or depresention -	wahla -	prior vegra		22		
	Section 179 expense deduction or depreciation allo Recomputed depreciation. See instructions		n prior years		33 34		

123

### 16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

# COMMUNITY FOUNDATION FOR PALM BEACH AND

# 23-7181875

FORM 4797	PRO	PERTY HELI	D MORE THAN	N ONE YEAR	ST.	ATEMENT 13
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC ABERDEEN U.S.						-146.
PRIVATE EQUITY III, LP TIFF PRIVATE						48.
EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP METROPOLITAN REAL						202.
ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP OLD IRONSIDES						5,256.
ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PA	RT I, LINE	2				229,441.

F-7004 R. 01/17

### Information for Filing Florida Form F-7004

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

Florida Income/Franchise Tax Due
1. 0.00
2. 0.00
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 Inc Florida Tentative Income / Franchise Tax R and Application for Extension of Time to File COMMUNITY FOUNDATION FOR PALM BEACH AND	eturn	<b>1019</b> F-7004 R. 01/17
Name Address	MARTIN COUNTIES, INC. 700 SOUTH DIXIE HIGHWAY	Taxable Year End       06/30/23         FILING STATUS       Partnership         S-corporation	on
City/State/ZIF	WEST PALM BEACH, FL 33401	All other federal returns to be file Tentative Tax Due $0$ .	

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		ise Tax Retu	irn F-11	20, R. 01/23 1019 Rule 120-1.051
	For calendar year 2022 or tax year beginning	JUL 1	, 2022 ending <b>JUN</b>	30, 2023	Florida Administrative Code Effective 01/23 Page 1 of 6
83330202306300002005037432	237181875000	03			
COMMUNITY FOUNDATION Name MARTIN COUNTIES, IN Address 700 SOUTH DIXIE HIG City/State/ZIP WEST PALM BEACH, FL	C. HWAY 33401	EACH AND			
Computation of Florida Net Income Tax					
1. Federal taxable income (see instructions) - Attach p		Check here if negative			0.00
2. State income taxes deducted in computing federal ta		Chaole have if pagative			
(attach schedule) 3. Additions to federal taxable income (from Schedule		Check here if negative Check here if negative			89,065.00
4. Total of Lines 1, 2 and 3		Check here if negative			89,065.00
<ol> <li>Subtractions from federal taxable income (from Sch</li> </ol>	edule II)	Check here if negative		6	246,312.00
<ol> <li>6. Adjusted federal income (Line 4 minus Line 5)</li> </ol>		Check here if negative			157,247.00
<ol> <li>7. Florida portion of adjusted federal income (see instr</li> </ol>		-	<u>X</u>		157,247.00
<ol> <li>Nonbusiness income allocated to Florida (from Sche</li> </ol>		•		• ,	
9. Florida exemption					0.00
10. Florida net income (Line 7 plus Line 8 minus Line 9					0.00
	/				0.00
12. Credits against the tax (from Schedule V)					
<ol> <li>Total corporate income/franchise tax due (Line 11 n</li> </ol>					0.00
	) Other				
c) Interest: F-2220 d	) Other	Line 14 Total			
15. Total of Lines 13 and 14					
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$		$\neg$			
17. Total amount due: Subtract Line 16 from Line 15. If		here and on payment co	upon.		
If the amount is negative (overpayment), enter on Li			-		
18. Credit: Enter amount of overpayment credited to ne					
19. Refund: Enter amount of overpayment to be refund	ed here and on payment co	upon			
244081 10-04-22					
<b>D</b>					
Payment Coupor	n for Florida (	Corporate Ir	ncome la	ax Return	1019 F-1120
To ensure proper	Do Not credit to your account, encl	Detach ose your check with tax		NG_06/30/2 ng.	
COMMUNITY FOUNDATIO	~				
Name MARTIN COUNTIES, IN		f 6/30 year end, return i	-		
Address 700 SOUTH DIXIE HIG City/State/ZIP WEST PALM BEACH, FL		axable year, otherwise ( of the taxable year.	return is due 1st (	day of the 5th month	after the close
	·				
237181875 8906500	0		0		

237181875	8906500	0	0
20220701	624631200	0	0
20230630	-615724700	0	0
00000000	0.00000	0	0
012	624631200	0	0
202	0	0	0
0	0	0	0
0	0	0	0



# COMMUNITY FOUNDATION FOR PALM BEACH

23-7181875

FEIN

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. Title Sign here CFO Date Signature of officer (must be an original signature) Preparer Preparer's PTIN TYLER JOHNSON check if self-P01959117 Preparer's Paid signature Date 03/27/24 employed preparers only 87-2525370 CITRIN COOPERMAN ADVISORS LLC Firm's name FEIN 🕨 (or yours if self-employed) 6550 N. FEDERAL HIGHWAY, 4TH FLOOR and address FT. LAUDERDALE, FL ZIP > 33308 All Taxpayers Must Answer Questions A through L Below - See Instructions YES NO X If yes, provide: G-2. Part of a federal consolidated return? State of incorporation: A. Florida Secretary of State document number: В. FEIN from federal consolidated return: NO X YES C Florida consolidated return? Name of corporation: NOX Initial return Final return (final federal return filed) G-3. The federal common parent has sales, property, or payroll in Florida? D Principal Business Activity Code (as pertains to Florida) Н. Location of corporate books: Ε. 700 S. DIXIE HIGHWAY, STE 200 531120 City, State, ZIP: WEST PALM BEACH, FL 33401 NO X Taxpayer is a member of a Florida partnership or joint venture? YES NO X A Florida extension of time was timely filed? YES F. Ι. G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list. J. Enter date of latest IRS audit: a) List years examined: Contact person concerning this return: **STEVEN ERJAVEC** a) Contact person telephone number: 561-659-6800b) Contact person e-mail address: SERJAVEC@CFPBMC.ORG 1120S or 990-T Type of federal return filed 1120 1 **Online Information Reporting Requirement Remember:** Visit the Department website to obtain a list of the required Make your check payable to the Florida information, due date, penalty rate and application to enter the Department of Revenue. information. (See section 220.27, Florida Statutes) Write your FEIN on your check. Where to Send Payments and Returns Make check payable to and mail with return to: Sign your check and return. Florida Department of Revenue 5050 W Tennessee Street Attach a copy of your federal return. Tallahassee FL 32399-0135 If you are requesting a refund (Line 19), send your return to: Attach a copy of your Florida Form F-7004 Florida Department of Revenue (extension of time) if applicable. PO Box 6440

Tallahassee FL 32314-6440



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

<ol> <li>Interest excluded from federal taxable income (see instructions)</li> </ol>	1.
2. Undistributed net long-term capital gains (see instructions)	2.
3. Net operating loss deduction (attach schedule)	3. <b>89,065.</b> 0
4. Net capital loss carryover (attach schedule) STATEMENT 3	4.
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.
<ol> <li>Ad valorem taxes allowable as an enterprise zone property tax credit (Florida Form F-1158Z)</li> </ol>	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.
<ol> <li>Florida tax credit scholarship program credit (credit for contributions to nonprofit scholarship-funding organizations)</li> </ol>	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.	
Schedule II - Subtractions from Federal Taxable Income	
Schedule II - Subtractions from Federal Taxable Income 1. Gross foreign source income less attributable expenses	
I. Gross foreign source income less attributable expenses	
I. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC, income \$	1.
I. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$         (b) plus s. 862, IRC, dividends       \$	
I. 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	
I. 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	
I. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.
I. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.
	1. Total
I. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	1.
1. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	Total  2.
1. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	Total     1.       Total     2.       STMT     4
1. Gross foreign source income less attributable expenses         (a) Enter s. 78, IRC, income       \$	Total     1.       Total     2.       STMT     4       36,246,312.0
	Total     1.       Total     2.       STMT     4.
	Total     1.       Total     2.       STMT     4.       5.
	Total $\blacktriangleright$ 1. Total $\blacktriangleright$ 2. STMT 4 36,246,312.0 4. 5. 6.
	Total     1.       Total     2.       STMT     4.       5.
Gross foreign source income less attributable expenses     (a) Enter s. 78, IRC, income     \$	Total $\blacktriangleright$ 1. Total $\blacktriangleright$ 2. STMT 4 3.6,246,312. 4. 5. 6.
	Total     1.       Total     2.       STMT     4.       5.     6.       7.     7.
	Total $\blacktriangleright$ 1. Total $\blacktriangleright$ 2. STMT 4 3.6,246,312. 4. 5. 6. 7. 8.
Gross foreign source income less attributable expenses     (a) Enter s. 78, IRC, income     \$	Total $\blacktriangleright$ Total $\triangleright$ 2. STMT 4 3.6,246,312. 4. 5. 6. 7. 8. 9.

244091 10-04-22

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

Sc	Schedule III - Apportionment of Adjusted Federal Income					
III-A	For use by taxpayers doing	ı business outside Florida,	except those providing	insurance or transportation	n services.	
		(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHER (Denominator)	E Col. (a) ÷ Col. (b) Rounded to Six Decir Places	(d) Weight If any factor in Column (b) is zero see note on Pg 9 of the instruction	(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 L	ines 1, 2, and 3, Column [e]). Ent	er here and on Schedule IV,	ine 2.		1.000000
III-B	For use in computing avera	age value of property	WIT	HIN FLORIDA	TOTAL E	VERYWHERE
	original cost).		a. Beginning of yea	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 a	assets				
3.	Land owned					
4.	Other tangible and intangible (financial o	rg. 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 Flo	rida) 6a			
	b. Add Line 5, Columns (c) and	(d) and divide by 2 (for total every	/where)		6b	
7.	Rented property (8 times net ann	ual rent)				
	a. Rented property in Florida		7a			
	b. Rented property Everywhere				7b	
8.	Total (Lines 6 and 7). Enter on Lir	ne 1, Schedule III-A, Columns (a) a	and (b).			
	a. Enter Lines 6 a. plus 7 a. and	also enter on Schedule III-A, Lin	e 1,			
	Column (a) for total average p	property in Florida	8a			
	b. Enter Lines 6 b. plus 7 b. and	also enter on Schedule III-A, Lin	e 1,			
	Column (b) for total average p	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 Flo	rida purchasers				N/A
3.	Other gross receipts (rents, royal	ties, interest, etc. when applicabl	e)			
4.	TOTAL SALES (Enter on Schedul	e III-A, Line 3, Columns [a] and [b	0			
III-D	Special Apportionment Fra	ctions (see instructions)		(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ([a] ÷ [b]) Rounded to Six Decimal Places
1.	Insurance companies (attach cop	y of Schedule T - Annual Report)				
2.	Transportation services					

So	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.			

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# 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

	Туре			Amount
То	tal allocated to Florida		1	
	nter here and on Page 1, Line 8)			
Line 2. N	onbusiness income (loss) allocated else	ewhere		
	Туре	State/country allocated to		Amount
Т	otal allocated elsewhere		2	
Line 3. To	otal nonbusiness income			
Gr	and total. Total of Lines 1 and 2		3	
	nter here and on Schedule II, Line 7)			

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

### Estimated Tax Worksheet

1.	Florida income expected in taxa	ble year		1.	\$ -6,157,247.00
2.					
				2.	\$ 
3.	Estimated Florida net income (L	ine 1 less Line 2)		3.	\$
4.			\$		
			\$		\$ 
5.	Computation of installments:				
	Payment due dates and	If 6/30 year end, last o	day of 4th month,		
	payment amounts:	otherwise last day of	5th month - Enter 0.25 of Line 4		
		Last day of 6th month	1 - Enter 0.25 of Line 4		
			1 - Enter 0.25 of Line 4		
		Last day of fiscal year	- Enter 0.25 of Line 4	5d.	
	NOTE: If your estimated tax sl below to determine the amend	hould change during the year ded amounts to be entered o	r, you may use the amended computa In the declaration (Florida Form F-112	ition DES).	
			·	-	
1.	Amended estimated tax				\$ 
2.					
	(a) Amount of overpayment from	m last year elected for credit			
	to estimated tax and applied	d to date	2a \$		
	(b) Payments made on estimated tax declaration (Florida Form F-1120ES) 2b \$				
					\$ 
3.	Unpaid balance (Line 1 less Line	e 2(c))			\$ 
4.			nstallments)		\$ 

# 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.

#### 244094 08-24-23

8

FL F-1120		NET OPERATING LOSS CARRYOVERS STATEME				
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	08	0.	663,915.	0.	663,915.00	
2004	08	0.	91,803.	0.	91,803.00	
2005	08	0.	102,176.	0.	102,176.00	
2006	08	0.	575,922.	0.	575,922.00	
2007	08	0.	410,698.	0.	410,698.00	
2008	08	0.	706,515.	0.	706,515.00	
2009	08	0.	538,461.	0.	538,461.00	
2010	08	0.	512,328.	0.	512,328.00	
2011	08	0.	420,478.	0.	420,478.00	
2012	08	0.	625,161.	0.	625,161.00	
2013	08	0.	464,787.	0.	464,787.00	
2014	08	0.	355,322.	0.	355,322.00	
2016	08	0.	24,292.	0.	24,292.00	
2017	08	0.	90,580.	0.	90,580.00	
2018	08	0.	146,084.	0.	146,084.00	
2018	08	0.	841,613.	0.	841,613.00	
2019	08	0.	226,795.	0.	226,795.00	
TOTAL	NET OPERAT	TING LOSS CARRYO	VER AVAILABLE		7,460,804.00	

=

FL F-1120	FEDERAL CARRYOVER I	DEDUCTIONS	STATEMENT 3
CARRYOVERS DEDU	CTED IN FEDERAL TAXABLE INCOM	E	AMOUNT
NET OPERATING L( NET CAPITAL LOS EXCESS CHARITAB EXCESS EMPLOYEE	S	_	89,065.00
FL F-1120	NET OPERATING LOSS I	DEDUCTION	STATEMENT 4
1. FLORIDA TAX	ABLE INCOME BEFORE NOL		89,065.
			09,005.
2. PRE-2018 NO	L AVAILABLE	6,246,312.	09,003.
	L AVAILABLE -2018 NOL DEDUCTION	6,246,312.	6,246,312.
	-2018 NOL DEDUCTION DL AVAILABLE	6,246,312. 1,214,492. 71,252.	
100% OF PRE- 3. POST-2017 NG 80% OF LINE POST-2017 NG	-2018 NOL DEDUCTION DL AVAILABLE	1,214,492. 71,252.	

COMMUNITY FOUNDATION FOR PALM BEACH AND

23-7181875



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	8906500	0	0
2	0	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	1.000000



1019 F-1120 R. 01/23

	FEIN 23-71	81875	
		DATA Page 2 of 2	
237181875	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
0	0	0	0
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0	0	0	0

		EXTENDED TO MAY 15, 2024				
Form 990-T Exempt Organization Business Income Tax Retu				OMB No. 1545-0047		
	(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		Go to www.irs.gov/Form990T for instructions and the latest information.				
Internal Revenue Service	Do no	ot 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		
A Check box if		me of organization ( 🔲 Check box if name changed and see instructions.)	DEmple	oyer identification number		
address changed.		OMMUNITY FOUNDATION FOR PALM BEACH AND				
B Exempt under section		ARTIN COUNTIES, INC.		3-7181875		
<b>X</b> 501( <b>c</b> )( <b>3</b> )	TVDO	mber, street, and room or suite no. If a P.O. box, see instructions.		o exemption number nstructions)		
408(e) 220(e)	1 1	00 SOUTH DIXIE HIGHWAY, 200	_			
408A 530(a)		y or town, state or province, country, and ZIP or foreign postal code				
529(a) 529A		EST PALM BEACH, FL 33401	_ F └_	Check box if		
		value of all assets at end of year $244,681,756$ .		an amended return.		
G Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university		
H Check if filing only to Check if a 501(c)(3)		Claim credit from Form 8941 Claim a refund shown on Form 2439				
		n filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	<u></u> 2		
		Schedules A (Form 990-T) rporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No		
		entifying number of the parent corporation.	L			
L The books are in car			561-	659-6800		
		Susiness Taxable Income	<u> </u>	0000		
1 Total of unrelated	business ta	axable income computed from all unrelated trades or businesses (see				
			1	89,065.		
2 Reserved			2			
3 Add lines 1 and 2			3	89,065.		
4 Charitable contrib		instructions for limitation rules) STMT 5 STMT 6	4	0.		
		ble income before net operating losses. Subtract line 4 from line 3	5	89,065.		
		oss. See instructions STATEMENT 7	6	89,065.		
7 Total of unrelated	business ta	axable income before specific deduction and section 199A deduction.				
Subtract line 6 fro	m line 5 .		7			
8 Specific deduction	(generally	\$1,000, but see instructions for exceptions)	8	1,000.		
9 Trusts. Section 19	99A deduct	tion. See instructions	9			
10 Total deductions	Add lines	8 and 9	10	1,000.		
11 Unrelated busine	ss taxable	income. Subtract line 10 from line 7. If line 10 is greater than line 7,				
enter zero	<u> </u>		11	0.		
Part II Tax Com						
		prporations. Multiply Part I, line 11 by 21% (0.21)	1	0.		
		See instructions for tax computation. Income tax on the amount on				
Part I, line 11 from		Fax rate schedule or   Schedule D (Form 1041)				
3 Proxy tax. See ins			3			
4 Other tax amounts			4			
5 Alternative minimu			5			
	-	y income. See instructions	6	0		
		to line 1 or 2, whichever applies	7	0 • Form <b>990-T</b> (2022)		
LHA For Paperwork F	reduction /	Act Notice, see instructions.		Form 990-1 (2022)		

Form 9	90-T (2022)			P	age <b>2</b>			
Part	III Tax and Payments							
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)							
b	Other credits (see instructions) 1b							
с	General business credit. Attach Form 3800 (see instructions)							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)							
е	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: Form 4255 Form 8611 Form 8697 Form 8866							
	Other (attach statement)	3						
4	Total tax. Add lines 2 and 3 (see instructions).							
	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							
b	2022 estimated tax payments. Check if section 643(g) election applies 6b							
с	Tax deposited with Form 8868 6c							
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d							
е	Backup withholding (see instructions) 6e							
f	Credit for small employer health insurance premiums (attach Form 8941)							
g	Other credits, adjustments, and payments: Form 2439							
	Form 4136 Other Total 6g							
7	Total payments. Add lines 6a through 6g	7						
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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						
	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	,	Y	es	No			
	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				<u> </u>			
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a							
	foreign trust?		L		<u>X</u>			
	If "Yes," see instructions for other forms the organization may have to file.							
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$\$							
4	Enter available pre-2018 NOL carryovers here \$ 6,392,396. Do not include any post-2017 NOL carryovers here	arryover						
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Pa	rt I, line 6	j.					
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduc	e						
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instruction	S.						
	Business Activity Code Available post-2017 NOL							
	531120 \$ 1,	<u>339,2</u>	:59.					
	\$							
6a	Did the organization change its method of accounting? (see instructions)		L		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 e correct, and complete. Declaration of preparer (c					May t	and belief, it is true, the IRS discuss this return with reparer shown below (see	
	Signature of officer	Date					instructions)? X Yes No	
	Print/Type preparer's name	Preparer's signature		Date	Check	if	PTIN	
Paid					self- employed			
Preparer	. TYLER JOHNSON	TYLER JOHN	SON	03/27/24			P01959117	
Use Only		OPERMAN ADVIS	ORS LLC		Firm's EIN		87-2525370	
	6550 N.	FEDERAL HIGH	WAY, 4ТН	FLOOR				
	Firm's address <b>FT</b> • <b>LA</b>	JDERDALE, FL 3	3308		Phone no.	95	4-771-0896	
223711 01-16-	23						Form <b>990-T</b> (2022)	
			14					

# 16410327 790347 239175

2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

SCHEDULE A (Form 990-T)	Unrelated Business Taxable Income From an Unrelated Trade or Business	
	Go to www.irs.gov/Form990T for instructions and the latest information.	
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	

# OMB No. 1545-0047

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

2

1

D Sequence:

of

Α	Name of the organization	COMMUNITY	FOUNDATION	FOR	PALM	BEACH	AND	в	Employer identification number
	MARTIN COU	NTIES, INC	1 • •						23-7181875

531120 C Unrelated business activity code (see instructions)

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

ΕI	Describe the unrelated trade or business COMMERCIAL R	ENT	AL INCOME @ 7	OU S. DIXIE	HWY.
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	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			
С	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

				4	
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			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	-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.			Schedu	le A (Form 990-T) 2022

223741 01-16-23

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

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

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

2022

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of

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your o								Open to Public Inspection fo 501(c)(3) Organizations Onl	
A	Name of the organizatio	n COMMUNITY DUNTIES, INC		FOR	PALM	BEACH	AND	B Employer identifi 23-71818	

525990 C Unrelated business activity code (see instructions)

D Sequence:

E I	Describe the unrelated trade or business UNRELATED BU	SIN	ESS INCOME FF	ROM PRIVAT	re l	IMITE
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances <b>c</b> 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				
с	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) STATEMENT 11	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.
Pa	<b>rt II</b> Deductions Not Taken Elsewhere See instructi directly connected with the unrelated business in			luctions. Dedu	iction	s must be
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 (1562) See instructions					

LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	le A (Form 990-T) 2022
18	Unrelated business taxable income. Subtract line 17 from line 16			18	89,065.
17	Deduction for net operating loss. See instructions			17	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from column (C)		, ,	16	89,065.
15	Total deductions. Add lines 1 through 14				0.
14	Other deductions (attach statement)			14	-
13	Excess readership costs (Part IX)			13	
	Excess exempt expenses (Part VIII)				
11	Employee benefit programs			11	
10	Contributions to deferred compensation plans			10	
9	Depletion			9	
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
'	Depreciation (attach Form 4302). See instructions	'			

Part 1	ule A (Form 990-T) 2022				1 Page 2
1		hod of inventory valuation	on		
	Inventory at beginning of year			1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line 2			
9	Do the rules of section 263A (with respect to property				Yes No
Part		· · · ·	-		
1	Description of property (property street address, city, s	state, ZIP code). Check i	f a dual-use. See instr	uctions.	
	B				
	D		_		
		A	В	C	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5					
Part	Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s		ine 6, column (B)		0.
Part )	V Unrelated Debt-Financed Income (s	ee instructions)			0.
Part 1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	ee instructions) city, state, ZIP code). Cr	neck if a dual-use. See		0.
	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST	ee instructions) city, state, ZIP code). Cr	neck if a dual-use. See		0.
	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address,         A         700 S. DIXIE HWY, WEST         B           B	ee instructions) city, state, ZIP code). Cr	neck if a dual-use. See		0.
	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B 700 C	ee instructions) city, state, ZIP code). Cr	neck if a dual-use. See		0.
	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address,         A         700 S. DIXIE HWY, WEST         B           B	ee instructions) city, state, ZIP code). Ch PALM BEACH,	neck if a dual-use. See FL 33401	instructions.	
1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D	ee instructions) city, state, ZIP code). Cr	neck if a dual-use. See		0. D
	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed	ee instructions) city, state, ZIP code). Cr PALM BEACH ,	neck if a dual-use. See FL 33401	instructions.	
1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B	ee instructions) city, state, ZIP code). Ch PALM BEACH,	neck if a dual-use. See FL 33401	instructions.	
1	V       Unrelated Debt-Financed Income (s         Description of debt-financed property (street address, A       700 S. DIXIE HWY, WEST         B	ee instructions) city, state, ZIP code). Cr PALM BEACH ,	neck if a dual-use. See FL 33401	instructions.	
1 2 3	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	ee instructions) city, state, ZIP code). Cr PALM BEACH, A 849,190.	neck if a dual-use. See FL 33401	instructions.	
1	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement)	ee instructions) city, state, ZIP code). Cr PALM BEACH ,	neck if a dual-use. See FL 33401	instructions.	
1 2 3 a	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) STMT 14	ee instructions) city, state, ZIP code). Cr PALM BEACH, A 849,190. 0.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 a b	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) STMT 14 Total deductions (add lines 3a and 3b,	ee instructions) city, state, ZIP code). Cr PALM BEACH, A 849,190. 0. 967,061.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 a b	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) STMT 14 Total deductions (add lines 3a and 3b, columns A through D)	ee instructions) city, state, ZIP code). Cr PALM BEACH, A 849,190. 0.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 b c	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) STMT 14 Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 967,061.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 6 c 4	V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A 700 S. DIXIE HWY, WEST B C D C D C C D C C D C C D C C C D C C C C C C C C C C C C C C C C C C C C	ee instructions) city, state, ZIP code). Cr PALM BEACH, A 849,190. 0. 967,061.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 b c	V       Unrelated Debt-Financed Income       (s         Description of debt-financed property (street address, A       700 S. DIXIE HWY, WEST       700         B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 148,500,000.	neck if a dual-use. See FL 33401	instructions.	
1 2 3 6 c 4	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         A           A         700 S. DIXIE HWY, WEST         A         A         A         A         A         A         A         A         A         A         A         A         A         B         A         A         B         A         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 148,500,000.	B	instructions.	D
1 2 3 b c 4 5	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         F           B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 967,061.	neck if a dual-use. See FL 33401	instructions.	D
1 2 3 a b c 4 5 6	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         A           A         700 S. DIXIE HWY, WEST         A         A         A         A         A         A         A         A         A         A         A         A         A         B         A         A         B         A         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         A         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B         B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 143,500,000. 7,152,832. 62.912% 534,242.	B %	c	D
1 2 3 6 7	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         F           B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 143,500,000. 7,152,832. 62.912% 534,242.	B %	c	D
1 2 3 6 7	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         F           B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 143,500,000. 7,152,832. 62.912% 534,242.	B %	c	D
1 2 3 6 7 8	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         F           B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 148,500,000. 7,152,832. 62.912% 534,242. 0. Enter here and on Part 608,397.	B B B B B b b b b b b b b b b b b b b b	c C	D
1 2 3 6 7 8 9	V         Unrelated Debt-Financed Income         (s           Description of debt-financed property (street address, A         700 S. DIXIE HWY, WEST         A           B	ee instructions) city, state, ZIP code). Cr PALM BEACH, 849,190. 0. 967,061. 148,500,000. 7,152,832. 62.912% 534,242. b. Enter here and on Part 608,397. rough D. Enter here and	B B B B B b b b b b b b b b b b b b b b	c C	D D % % 534,242.

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Sahadi	ule A (Form 990-T) 2022				2 Dago (
Part		nod of inventory valuat	ion		Page 2
1	Inventory at beginning of year	-			
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6 7	Total. Add lines 1 through 5				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				
9	Do the rules of section 263A (with respect to property p				Yes No
Part					
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instru	uctions.	
	A				
	в				
	D	•		•	
2	Rent received or accrued	Α	В	C	D
2 a	From personal property (if the percentage of				
a	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)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
5 Part 1	V         Unrelated Debt-Financed Income         (set (set))           Description of debt-financed property (street address, compared to the set)         (set)	ee instructions)			0.
	Α 🛄				
	в				
	c				
	D	•			
•	Orace income from an allocable to debt financed	Α	В	С	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
с	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 Pa	rt I, line 7, column (A)	·····	0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thr		d on Part I, line 7, colur	nn (B)	
11	Total dividends-received deductions included in line	10			0.
223721 (	)1-16-23	1 0		Schedule A	(Form 990-T) 2022

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												1
	ule A (Form 990-T) 2022 VI Interest, Annu		alties, and R	ents fror	n Control	led Or	ganization	<b>S</b> (se	ee instruct	tions)		Page 3
Tart			Junico, una m				Exempt Contro	,		,		
	1. Name of controlled organization	d	<b>2.</b> Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made				mn 4 in the aniza-	connec	ions directly cted with n column 5
(1)									5 91055 110	Joine		
(2)												
(3)												
(4)												
			No	onexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	inc	et unrelated ome (loss) nstructions)		otal of specif yments mad		<b>10.</b> Part of that is inconstruction controlling gross	luded	in the zation's		Deduction connected come in co	d with
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I, I (A)	Ente	d columns er here anc line 8, colu	l on Part I, mn (B)
Totals Part		Incomo o	f a Section 50	1(0)(7) (	0) or (17)	Organ	ization (		0.			0.
		cription of in		<u>, ((),(, , (</u>	2. Amou incor	nt of	3. Deduction directly connection (attach states)	ons ected	ructions) <b>4.</b> Set- (attach st	asides tateme	nt) and	I deductions set-asides ols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals					Add amo column 2 here and o line 9, colu	. Enter n Part I,					colur here a	amounts in nn 5. Enter nd on Part I, , column (B) <b>0</b> •
Part	VIII Exploited E	xempt Ac	tivity Income	, Other 1	han Adve	ertising	g Income	(see ins	structions)	)		
1	Description of exploite	ed activity:										
2	Gross unrelated busine		from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con											
										3		
4	Net income (loss) from	n unrelated ti	rade or business.	Subtract lir	ne 3 from lin	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expense											
	4. Enter here and on P	Part II, line 12	2			<u></u>				7		

Schedule A (Form 990-T) 2022

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											2
	ule A (Form 990-T) 2022 VI Interest, Annu		valtics and D	onte from	n Control		aanizationa	. (		:	Page 3
Part	VI Interest, Annu		Jyanies, and ne				Exempt Control	,	ee instruct	,	
	1. Name of controlle	d	2. Employer	3. Net	unrelated		al of specified	· · · · ·	art of colur		6. Deductions directly
	organization		identification	incon	ne (loss)		nents made		included	in the	connected with
			number	(see ins	tructions)				olling orga s gross inc		income in column 5
(1)											
(2)											
(3)											
(4)					Controlled O	 aonizati	000				
7	. Taxable Income	18	Net unrelated	· · · · ·	Controlled Or otal of specif	<u> </u>	10. Part o	of colu	mn 9	11	Deductions directly
'			icome (loss)		yments mad		that is inc	luded	in the		connected with
		(see	e instructions)				controlling aross	organiz incom		inc	come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here				d columns 6 and 11. Fr here and on Part I.
							line 8, c		,		ine 8, column (B)
Totals									0.		0.
Part		Income	of a Section 50	1(c)(7), (	9). or (17)	Organ	nization (s	ee inst	ructions)		
		cription of i			2. Amou		3. Deductio		4. Set-	asides	5. Total deductions
					incon	ne	directly conne (attach stater		(attach st	atemer	(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	inte in					Add amounts in
					column 2						column 5. Enter
					here and or line 9, colu	,					here and on Part I, line 9, column (B)
Totals						0.					0 •
Part		xempt A	ctivity Income	, Other T	han Adve	ertising	g Income	see ins	structions)		
1	Description of exploite	-					•		/		
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,			
	line 10, column (B)									3	
4	Net income (loss) from										
_	lines 5 through 7									4	
5	Gross income from ac									5	
6 7	Expenses attributable Excess exempt expense									6	
'	4. Enter here and on P									7	
	Entor hore and off	aren, 1110									

Schedule A (Form 990-T) 2022

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	ule A (Form 990-T) 2022				Page 4
Part	<b>v</b>				
1	Name(s) of periodical(s). Check box if reportir	ng two or more periodicals on a	consolidated basis	S.	
	A				
	B				
	c				
<b>-</b> .					
Enter a	amounts for each periodical listed above in the			-	
•		A	B	C	D
2	Gross advertising income				0.
•	Add columns A through D. Enter here and on	Part I, Ine TT, column (A)			
а З	Direct advortiging costs by pariodical	[			
з а	Direct advertising costs by periodical				0.
a	Add columns A through D. Enter here and on				
4	Advertising gain (loss). Subtract line 3 from li				
-	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in	n			
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	ss			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, columns to	tal or zero here an	d on	
_	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3)				%	
(4)				%	
Total	Enter here and on Part II, line 1				0.
Part					0.
i uit					

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	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals	on a consolidated ba	asis.	
	Α 🗌				
	в				
	c 🗌				
	D				
Entor	amounts for each periodical listed above in the	corresponding column			
LINCI		A A	В	С	D
•			D	U	<b>D</b>
2	Gross advertising income				0.
	Add columns A through D. Enter here and or	n Part I, line 11, column (A)			0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and or	n Part I, line 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from li	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i	'n			
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	reater of the line 8a, colum	nns total or zero here	and on	
	Part II, line 13				0.
Part	X Compensation of Officers, Di	rectors, and Trustee	(see instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Ti	itle	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
				%	
(4)				/0	
Total	. Enter here and on Part II, line 1				0.
Part					0.
Γαιι		ee instructions)			

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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

OMB No. 1545-0123

Yes X No

(b) Gain or (loss)

23-7181875

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 20-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.	2022
Employ	ver identification number

Name

COMMUNITY	FOUNDAT	TION	FOR	PALM	BEACH	AND
MARTIN COU	JNTIES,	INC.				

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

## 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 Image: Comparison of the second second

to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		column (d) and combine the result with column (g)
<ul> <li>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</li> </ul>					
<b>1b</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box A</b> checked					
2 Totals for all transactions reported on					
Form(s) 8949 with <b>Box B</b> checked					
3 Totals for all transactions reported on					
Form(s) 8949 with <b>Box C</b> checked					-3,771.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach computa				6	()
7 Net short-term capital gain or (loss). Combin				7	-3,771.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Tha	n 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.	<b>(d)</b> Proceeds (sales price)	<b>(e)</b> Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(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 <b>Box D</b> checked					
9 Totals for all transactions reported on					
Form(s) 8949 with <b>Box E</b> checked					
<b>10</b> Totals for all transactions reported on					
Form(s) 8949 with <b>Box F</b> checked					10,612.
				11	229,441.
12 Long-term capital gain from installment sales				12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
				14	040.050
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in colum	nh		15	240,053.
Part III Summary of Parts I and					1
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	I loss (line 15)		16	0.000
17 Net capital gain. Enter excess of net long-term					
	n capital gain (line 15) over net		-	17	236,282.
18 Add lines 16 and 17. Enter here and on Form Note: If losses exceed gains, see <i>Capital Los</i>	n capital gain (line 15) over net 1120, page 1, line 8, or the ap		-	17 18	236,282.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2022

221051 12-16-22

	Sal	es and O	ther Disp	ositions	of Capital	Asset	S OMB	No. 1545-0074
Form <b>8949</b>			-		d the latest inforn		2	2022
Department of the Treasury Internal Revenue Service		•			2, 3, 8b, 9, and 10 c		D. Atta Seq	<sup>chment</sup> uence No. <b>12A</b>
Name(s) shown on return								urity number or
COMMUNITY MARMIN CO			OR PALM E	BEACH AND				dentification no.
MARTIN CC			vou received anv	/ Form(s) 1099-B (	or substitute statem	nent(s) from		
Before you check Box A, statement will have the sa broker and may even tell Part I Short-Tern	<u>/ou which b</u>	ox to check.						S by your
transactions, se	e page 2.				nerally short-term (see			liustments or
codes are requir You must check Box A, B, c	ed. Enter the	totals directly on S	Schedule D, line 1a	; you áren't required	I to report these trans	actions on F	orm 8949 (see instru	ctions).
If you have more short-term transa	ctions than will	fit on this page for one	e or more of the boxes	s, complete as many form	ms with the same box che	cked as you n	eed.	each applicable box.
(A) Short-term trans		•	,	0		Note abo	ove)	
(B) Short-term trans	-		-	-	eported to the IRS			
1 (a)	Sactions not	(b)	(c)	) (d)	(e)	Adjustmen	t, if any, to gain or	(h)
Description of prop	perty	Date acquired	Date sold or	Proceeds	Cost or other	loss. If yo	(g), enter a code in	Gain or (loss).
(Example: 100 sh. X)	′Z Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		. See instructions.	Subtract column (e) from column (d) &
			(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
LANDMARK EQUI								
PARTNERS XIV,								7.
LANDMARK EQUI								1.0
PARTNERS XV, VIA ENERGY II								<u> </u>
OLD IRONSIDES	-							1/4.
ENERGY FUND I								
LP	,							<3,883.
AG REALTY FUN	D IX,							-
LP								<85.
2 Totals. Add the amou	nts in colum	ns(d)(e)(a) a	nd (h) (subtract					
negative amounts). En								
Schedule D, line 1b (if			•					

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### 2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

Form 8949 (2022)				Attachn	nent Sequer	nce No. 12A	Page <b>2</b>
Name(s) shown on return. Name and						Social secur	rity number or
COMMUNITY FOUN		OR PALM E	BEACH AND				ntification no.
MARTIN COUNTIE							181875
Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	oox to check.		-				
Part II Long-Term. Transaction	ons involving capita	Il assets you held n	nore than 1 year are	generally long-term (s	ee instructior	ns). For short-term t	ransactions,
Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. C	Check only one bo	x. If more than one be	ox applies for your long	-term transactions, compl	ete a separate F	orm 8949, page 2, for e	
If you have more long-term transactions than will	1 0				,		
(D) Long-term transactions rep	orted on Form(s)	1099-B showing	g basis <b>wasn't</b> re		Note abov	ve)	
<b>X</b> (F) Long-term transactions not					Adjustment	if any to gain or	
1 (a) Description of property	(b) Date acquired	<b>(c)</b> Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	, <b>if any, to gain or</b> u enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the		g), enter a code in <b>See instructions</b> .	Subtract column (e)
	(1101, ddy, yr.)	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (a)
ROCKEFELLER ACCESS						adjustment	(9)
FUND I, LLC							309.
ABERDEEN U.S.							505.
PRIVATE EQUITY							
III, LP							5,959.
TIFF PRIVATE							0,0000
EQUITY PARTNERS							
2008, LLC							1,787.
LANDMARK EQUITY							
PARTNERS XIV, LP							<247.>
LANDMARK EQUITY							
PARTNERS XV, LP							1,891.
AG REALTY FUND IX,							
LP							910.
LEGACY VENTURE							
VIII, LLC							3.
							· · · ·
2 Totals. Add the amounts in colum	nns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
above is checked), or <b>line 10</b> (if <b>E</b>	<b>Box F</b> above is cl	necked)					10,612.
Note: If you checked Box D above b adjustment in column (g) to correct t							

223012 10-24-22

Form 8949 (2022)

Form		9	7
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# 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.

OMB No. 1545-0184
2022

Attachment Sequence No. 27

Department of the Treasury Internal Revenue Service

Name(s) shown on return	Identifying number
COMMUNITY FOUNDATION FOR PALM BEACH AND	
MARTIN COUNTIES, INC.	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	1a
<b>b</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	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS	
assets	1c
Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Convers	ions From Other

Faiti Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

	-	-	-		<b>i i i i i i i i i i</b>	,		
2 SI	(a) Description of property EE STATEMENT 16	(b) Date acquired (mo., day, yr.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)
_							•	
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like-	kind exchanges fr	om Form 8824				5	
6	Gain, if any, from line 32, from other	than casualty or t	heft				6	
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	229,441.
	Partnerships and S corporations. I line 10, or Form 1120-S, Schedule K				r Form 1065, Sche	dule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9. If li I in an earlier year	ine 7 is a gain ar r, enter the gain	nd you didn't have from line 7 as a lor	any prior year sect	tion		
8	Nonrecaptured net section 1231 loss	ses from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an			•				
	capital gain on the Schedule D filed			•			9	229,441.

#### Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included or	n lines 11 th	rough 16 (includ	le property held 1	year or less):			
11	Loss, if any, from line 7						11	( )
12	Gain, if any, from line 7 or amount from line	e 8, if applic	able				12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lines 31	and 38a					14	
15	Ordinary gain from installment sales from F						15	
16	Ordinary gain or (loss) from like-kind exchan						16	
17							17	
18	For all except individual returns, enter the a							
	a and b below. For individual returns, comp	olete lines a	and b below.					
а	If the loss on line 11 includes a loss from F	orm 4684, li	ne 35, column (	b)(ii), enter that pa	rt of the loss here.	Enter the		
	loss from income-producing property on So	chedule A (F	orm 1040), line	16. (Do not includ	e any loss on prope	erty used		
	as an employee.) Identify as from "Form 47	'97, line 18a	." See instruction	ons			18a	
b	Redetermine the gain or (loss) on line 17 ex							
	(Form 1040), Part I, line 4						18b	
LH	A For Paperwork Reduction Act Notice,	see separa	ate instructions					Form <b>4797</b> (2022)
2180	11 12-12-22							

16410327 790347 239175

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-	-	_	-	-	-			

Form 4797 (2022) MARTIN COUNTIES, INC.

23-7181875

Page **2** 

					(b) Date acquired	(c) Date sold
(a) Description of section 1245, 1250, 1252, 1254, o		(mo., day, yr.)	(mo., day, yr.			
4						
3						
C						
			1			
These columns relate to the properties on		Droporty A	Droporty	D	Bronorty C	Bronorty
lines 19A through 19D. Gross sales price (Note: See line 1a before completing.)	00	Property A	Property	D	Property C	Property I
Gross sales price ( <b>Note:</b> See line 1a before completing.) Cost or other basis plus expense of sale	20 21					
Depreciation (or depletion) allowed or allowable	22					
Adjusted basis. Subtract line 22 from line 21	23					
Total gain. Subtract line 23 from line 20	24					
If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 25a	25b					
<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
<b>a</b> Additional depreciation after 1975. See instructions	26a					
<b>b</b> Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b					
<b>c</b> Subtract line 26a from line 24. If residential rental property <b>or</b> 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					
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>b</b> Line 27a multiplied by applicable percentage	27b 27c					
<ul> <li>c Enter the smaller of line 24 or 27b</li> <li>If section 1254 property:         <ul> <li>a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions</li> </ul> </li> </ul>	27C 28a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 28a	28b					
If section 1255 property: a Applicable percentage of payments excluded	ΙŤ					
from income under section 126. See instructions	29a					
<b>b</b> Enter the <b>smaller</b> of line 24 or 29a. See instructions	29b					
Immary of Part III Gains. Complete property of	columns	A through D through	1 line 29b before	going	to line 30.	
Total gains for all properties. Add property columns	A throu	igh D, line 24				0
						_
Add property columns A through D, lines 25b, 26g, Subtract line 31 from line 30. Enter the portion from					<u>3</u>	1
Subtract line 31 from line 30. Enter the portion from from other than casualty or theft on Form 4797 line		-				
from other than casualty or theft on Form 4797, line art IV Recapture Amounts Under Section	ons 17	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to 50	2 )% or Less
(see instructions)						
. ,					(a) Section	(b) Section
					179	280F(b)(2)
Section 179 expense deduction or depreciation allo	wable ir	n prior years		33		
				34		
Recapture amount. Subtract line 34 from line 33. Se	oo tho ir	structions for where	to report	35		1

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2022.05080 COMMUNITY FOUNDATION FOR 239175\_1

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	N/A	
III, LP CHARITABLE CONTRIBUTIONS - VIA	N/A	2.
ENERGY III, LP CHARITABLE CONTRIBUTIONS -	N/A	10.
JUNIPER CAPITAL II, LP	N/A	114.
TOTAL TO FORM 990-T, PART I, LI	NE 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 TOTAL CURRENT YEAR 10% CONTRIBUTIONS	14 131
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	145 0
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	145 0 145
ALLOWABLE CONTRIBUTIONS DEDUCTION	0
TOTAL CONTRIBUTION DEDUCTION	0
TOTAL CONTRIBUTION DEDUCTION	0

FORM 990-T	PRE 2018 NOL SCHEDULE	STATEMENT 7
	FORWARD FROM PRIOR YEAR TION INCLUDED IN PART I, LINE 6	6,392,396. 89,065.
SCHEDULE A PORTION SCHEDULE A ENTITY	OF PRE-2018 NOL SCHEDULE A SHARE	
1 2	0.	
_	2018 NOL DEDUCTION TING LOSSES	0. 89,065. 0. 574,954. 5,728,377.

FORM 990-T	PRE-201	8 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 CARRYOV	VER AVAILABLE THIS	YEAR	6,392,396.	6,392,396.

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 9
COMMERCIAL F	RENTAL INCOME @ 700 S. DIXIE HWY. & 639 S. O	
TO FORM 990-1	, SCHEDULE A, LINE E	

990-T SCH	A POST-201	7 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 CARRYO	VER 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 FU	JND I, LLC - ORDINARY BUSINESS INCOME	
(LOSS)		736.
ROCKEFELLER ACCESS FU	JND I, LLC - OTHER INCOME (LOSS)	-3.
	AL PARTNERS, LP - OTHER INCOME (LOSS)	-37.
	E EQUITY III, LP - ORDINARY BUSINESS	
INCOME (LOSS)		1,570.
	PARTNERS 2008, LLC - ORDINARY BUSINESS	
INCOME (LOSS)		-1,712.
	PARTNERS 2008, LLC - DIVIDEND INCOME	1.
	PARTNERS 2008, LLC - OTHER INCOME	1 226
(LOSS)		-1,336.
	NERS XIV, LP - ORDINARY BUSINESS	1 1/5
INCOME (LOSS)		1,145.
LANDMARK EQUITI PARTI INCOME	VERS XIV, LP - NET RENTAL REAL ESTATE	-50.
	JERS XIV, LP - OTHER NET RENTAL INCOME	-50.
(LOSS)	TERS XIV, DF - OTHER NET RENTAL INCOME	1.
	JERS XIV, LP - INTEREST INCOME	49.
~	VERS XIV, LP - DIVIDEND INCOME	11. 11.
	VERS XIV, LP - ROYALTIES	2.
	NERS XIV, LP - OTHER INCOME (LOSS)	-2,326.
	TATE PARTNERS GLOBAL III, LP - NET	2,520
RENTAL REAL ESTATE IN		100.
	TATE PARTNERS GLOBAL III, LP -	
DIVIDEND INCOME		41.
	VERS XV, LP - ORDINARY BUSINESS INCOME	
(LOSS)		3,979.
LANDMARK EQUITY PARTN	IERS XV, LP - NET RENTAL REAL ESTATE	
INCOME		-25.
	JERS XV, LP - INTEREST INCOME	52.
LANDMARK EQUITY PARTN	NERS XV, LP - DIVIDEND INCOME	2.
	NERS XV, LP – ROYALTIES	24.
	NERS XV, LP - OTHER INCOME (LOSS)	-630.
GEM REALTY FUND V, LE	P - ORDINARY BUSINESS INCOME (LOSS)	
•	<i>i</i> ,	-6,716.
GEM REALTY FUND V, LE	? - OTHER INCOME (LOSS) LP - ORDINARY BUSINESS INCOME (LOSS)	12,656.
JEM REALTY FUND VI, I	JP - ORDINARY BUSINESS INCOME (LOSS)	-6.
	LP - NET RENTAL REAL ESTATE INCOME	-972.
VIA ENERGY III, LP -	ORDINARY BUSINESS INCOME (LOSS)	162,926.
VIA ENERGI III, LP -	INTEREST INCOME	238. 204.
TA ENERGI III, DF -	BOVALTIES	204. 287.
TA ENERGI III, DF -	OTHER DORTFOLIO INCOME (LOSS)	-64.
/IA ENERGY III, HI	OTHER INCOME (LOSS)	-178,789.
OLD TRONSTDES ENERGY	FUND TI-A LP - ORDINARY BUSINESS	170,709.
INCOME (LOSS)		149,125.
OLD IRONSIDES ENERGY	INTEREST INCOME INTEREST INCOME DIVIDEND INCOME ROYALTIES OTHER PORTFOLIO INCOME (LOSS) OTHER INCOME (LOSS) FUND II-A, LP - ORDINARY BUSINESS FUND II-A, LP - OTHER INCOME (LOSS)	-189,449.
AG REALTY FUND IX. LI	P - ORDINARY BUSINESS INCOME (LOSS)	24,942.
AG REALTY FUND IX. LE	P - NET RENTAL REAL ESTATE INCOME	-20,508.
AG REALTY FUND IX, LE	P - INTEREST INCOME	838.
AG REALTY FUND IX, LE	P - OTHER INCOME (LOSS)	838. 1,944.
JUNIPER CAPITAL II, I	P - OTHER INCOME (LOSS) LP - ORDINARY BUSINESS INCOME (LOSS)	261,954.
	32	STATEMENT(S) 11

16410327 790347 239175

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	DESCRIPTION OF ORGANIZATION'S UNRELATED	STATEMENT 12
SCHEDULE A	BUSINESS ACTIVITY	

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	STATEMENT 13
	AVERAGE ACQUISITION DEBT	

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

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

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

FORM 990-T (A) AVERAGE ADJUST ALLOCABLE TO DEBT	STATEMENT 15		
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
700 S. DIXIE HWY, WEST PALM BEACH, FL 33401		7,152,832.	
- SUBTOTA TOTAL OF FORM 990-T, SCHEDULE A, PART			7,152,832.

### COMMUNITY FOUNDATION FOR PALM BEACH AND

### 23-7181875

FORM 4797	PROPERTY HELD MORE THAN ONE YEAR ST.					ATEMENT 16
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
ROCKEFELLER ACCESS FUND I, LLC ABERDEEN U.S.						-146.
PRIVATE EQUITY III, LP TIFF PRIVATE						48.
EQUITY PARTNERS 2008, LLC						166.
LANDMARK EQUITY PARTNERS XIV, LP METROPOLITAN REAL						202.
ESTATE PARTNERS GLOBAL						2,550.
LANDMARK EQUITY PARTNERS XV, LP						72.
GEM REALTY FUND VI, LP						94,522.
VIA ENERGY III, LP OLD IRONSIDES						5,256.
ENERGY FUND II-A, LP						98,412.
AG REALTY FUND IX, LP						28,359.
TOTAL TO 4797, PA	RT I, LINE	2				229,441.